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Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2023

Open to Public

A For the 2023 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change GENEVA LAKE CONSERVANCY, INC. Name change 39-1418947 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 262-275-5700 PO BOX 588 1,330,524. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return 53125-0588 FONTANA, WI H(a) Is this a group return Applica-tion pending F Name and address of principal officer: DONALD J. PARKER, for subordinates? Yes X No SAME AS C ABOVE __Yes **H(b)** Are all subordinates included? Tax-exempt status: **X** 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: HTTPS://GENEVALAKECONSERVANCY.ORG H(c) Group exemption number K Form of organization: X Corporation Trust Year of formation: 1982 M State of legal domicile; WI Association Part I Summary Briefly describe the organization's mission or most significant activities: TO PRESERVE AND ADVOCATE FOR **Activities & Governance** WALWORTH COUNTY WATERWAYS, NATURAL AREAS AND WORKING LANDS. 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 17 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 0 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 915,170. 1,077,193. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 14,209. 25,129. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -47,435. 88,597. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 881,944 1,190,919 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 328,037. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 343,399. 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 301,769. $\overline{291}, 539.$ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 634,938. 629,806. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 252,138. 555,981. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 3,435,504. 4,056,617. Total assets (Part X, line 16) 21,859 17,023. 21 Total liabilities (Part X, line 26) 三年 418,481. 4,034,758 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign DONALD J. PARKER, JR, TREASURER Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name JON S CHAMBERLAIN, C 10/22/24 self-employed P00192767 JON S CHAMBERLAIN, CPA Paid Firm's EIN 39-1971296 Firm's name CHAMBERLAIN | OTTE, CPAS, LLP Preparer Firm's address 421 BROAD ST., SUITE 100 Use Only Phone no. (262) 249-1100 LAKE GENEVA, WI 53147 X Yes May the IRS discuss this return with the preparer shown above? See instructions

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: PRESERVE AND ADVOCATE FOR WALWORTH COUNTY WATERWAYS, NAUTRAL AREAS AND
	WORKING LANDS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
•	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$367,664. including grants of \$) (Revenue \$) THE GENEVA LAKE CONSERVANCY PROMOTES LAND AND WATER USE POLICIES THAT
	PROTECT THE NATURAL ENVIRONMENT AND THE QUALITY OF LIFE IN THE WALWORTH
	COUNTY AREA. THE CONSERVANCY HAS WORKED DILIGENTLY WITH DEVELOPERS IN
	THE PLANNING STAGES OF DEVELOPMENTS AND IS HELPING BRING AWARENESS TO
	CONSERVATION SUBDIVISIONS. OTHER THAN ADVOCATING ITS VIEWS BEFORE
	LOCAL GOVERNMENT ENTITIES, THE CONSERVANCY DOES NOT ENGAGE IN
	LEGISLATIVE ADVOCACY. THE GENEVA LAKE CONSERVANCY WAS ACCREDITED BY THE
	LAND TRUST ACCREDITATION COMMISSION IN 2018. THIS IS AWARDED TO LAND
	TRUSTS THAT MEET THE HIGHEST NATIONAL STANDARDS FOR EXCELLENCE AND
	CONSERVATION PERMANENCE
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$) Total program convice expenses 367, 664.
40	Total program convice expanses $\frac{1}{1}$ $\frac{1}{1}$ $\frac{1}{1}$ $\frac{1}{1}$ $\frac{1}{1}$ $\frac{1}{1}$

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Form 990 (2023) GENEVA LAKE CONSERVANCY, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	1	X	_
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		,,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		3,7
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		, v
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			 ₩
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_	v	
_	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			X
_	Schedule D, Part III	8		_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		X
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		
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,		х	
	Part VI	11a	Λ	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		X
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		-
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
ч	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
u		11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f		116		
•	the organization's separate of consolidated financial statements for the tax year monde a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	izu		
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	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? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
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		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 (2023) GENEVA LAKE 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_^
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"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		Х
	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		X
29	Did the organization receive more than \$25,000 in noncash 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? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
9E -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
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		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	"		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
		38	Х	L
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		l

Form Par	990 (2023) GENEVA LAKE CONSERVANCY, INC. 39-1418 t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	947	P	age 5
	continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		100	110
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	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		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		<u> </u>
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		<u> </u>
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).	_		v
	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		<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		\vdash
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		x
له.	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		
		7e		
e f		7 6		
g	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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	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.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.	120		
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
b	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	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
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	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 recult in the imposition of an excise tay under section 4051, 4052 or 40532	17		1

If "Yes," complete Form 6069.

Form 990 (2023) GENEVA LAKE CONSERVANCY, INC. 39-141894/ Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response Page 6 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			37
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40-	Did the constitution have been been been been been as a fill shoot	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		Λ
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b		
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	1 Ia	21	
		12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
·	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		Х
	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		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed WI, IL			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 262-275-5700 PO BOX 588 FONTANA WT 53125-0588			

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.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average			(C Pos	C) ition)		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box	, unles cer an	ss per	son i	s both	n an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) KAREN YANCEY	32.00									
EXECUTIVE DIRECTOR				Х				97,126.	0.	0.
(2) KEVIN BRUNNER	6.00	-								
CHAIRMAN				Х				0.	0.	0.
(3) MARK BROMLEY DIRECTOR	6.00	X						0.	0.	0.
(4) JOHN COBB	6.00									
DIRECTOR		Х						0.	0.	0.
(5) MARY CONSTABLE	6.00									
DIRECTOR		Х						0.	0.	0.
(6) STEVE DIAMOND	6.00									
DIRECTOR		Х						0.	0.	0.
(7) KATHERINE HOLLAND	6.00									
DIRECTOR		Х						0.	0.	0.
(8) TOM NICKOLS	6.00									
VICE CHAIRMAN				Х				0.	0.	0.
(9) DON PARKER	6.00									
TREASURER				Х				0.	0.	0.
(10) SUSAN STEELE	6.00									
DIRECTOR		Х						0.	0.	0.
(11) MARK ASCHLIMAN	6.00									
DIRECTOR		Х						0.	0.	0.
(12) KRISTEN FREYTAG	6.00	1								_
DIRECTOR		Х						0.	0.	0.
(13) BRUCE JOHNSON	6.00	1								_
DIRECTOR		Х						0.	0.	0.
(14) CINDY MILOJEVIC	6.00	1								_
DIRECTOR		Х						0.	0.	0.
(15) KATE GARDINER	6.00	1								_
DIRECTOR		Х						0.	0.	0.
(16) CATHLEEN JOHNSON	6.00									_
DIRECTOR	6.00	Х				_		0.	0.	0.
(17) NINA OWEN	6.00								_	^
DIRECTOR		X						0.	0.	0.

332007 12-21-23 Form **990** (2023)

Section A. Officers, Directors, Trust	tees, Key Em	<u> JIOY</u>	ees,	and	Hiç	gnes	st C	ompensated Employee	s (continued)				
(A) Name and title	(B) (C) Average Position (do not check more than one							(D) Reportable	(E) Reportable	- 1		(F) stimate	
	hours per week (list any	box	box, unless person is both an officer and a director/trustee)				n an	compensation from the	compensation from related			nount other pensa	
	hours for	or direct	92			ated		organization	organization (W-2/1099-MIS	SC/	fr	om th	е
	related organizations	trustee	al truste		yee	m pens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		_	anizat d relat	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	,			orga	anizati	ons
(18) KAREN RAPPAPORT	6.00	트	드	ō	, X	王吉	굔						
DIRECTOR		Х						0.		0.			0.
		├								\dashv			
		-											
		<u> </u>								=			
		1											
		<u> </u>								\dashv			
1b Subtotal								97,126.		0.			0.
c Total from continuation sheets to Part VII								97,126.		0.			0.
d Total (add lines 1b and 1c)									000 of reportable				0.
compensation from the organization													0
3 Did the organization list any former officer,	director trust	ee k	ev e	mnl	ove	e or	hia	thest compensated empl	ovee on	ſ		Yes	No
line 1a? If "Yes," complete Schedule J for si	•		•	•	•		•	•	•		3		Х
4 For any individual listed on line 1a, is the su													Х
and related organizations greater than \$150Did any person listed on line 1a receive or a	•		•								4		Λ
rendered to the organization? If "Yes." com											5		Х
Section B. Independent Contractors							41-	t i d t l (h	100,000 of comm		: f		
1 Complete this table for your five highest conthe organization. Report compensation for the organization.										Jensai	.1011 110	וווכ	
(A)	addraga	37/		_				(B)	om vio o o		()	C)	_
Name and business	address	NC	ONE	<u> </u>				Description of s	ervices		ompe	nsatio	n
							_						
2 Total number of independent contractors (ir \$100,000 of compensation from the organize		ot lin	nited	to t	thos (•	ted	above) who received mo	ore than				

		Check if Schedule O contains a respon	se or note to any lir	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					iunction revenue	business revenue	sections 512 - 514
S, S	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b						
ဗ် ဗို		Fundraising events 1c		-			
fts,		I Related organizations 1d		1			
ية إق		Government grants (contributions) 1e	253,000.	-			
Sir			233,000				
utio	ī	All other contributions, gifts, grants, and	824,193.				
έş		similar amounts not included above 1f	024,193.	-			
out	g			1 077 102			
Og	h	Total. Add lines 1a-1f		1,077,193.			
			Business Code				
Se	2 a		_				
ē Ķ	b	·	_				
S	С	·	_				
ar eve	d	I	_				
Program Service Revenue	е	·					
ሷ	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, in	terest, and				
		other similar amounts)		25,316.			25,316.
	4	Income from investment of tax-exempt bon					
	5	Royalties	•				
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	h	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	4	Net rental income or (loss)					
		Gross amount from sales of (i) Securitie	es (ii) Other				
	<i>i</i> a	(7	(ii) Oti ioi				
		assets other than inventory 7a					
•	D	Less: cost or other basis and sales expenses 7b 18'	,				
n				-			
Revenue			I	-187.			-187.
ı,		Net gain or (loss)		-18/.			-18/.
ther	8 a	Gross income from fundraising events (not					
Ö		including \$ of					
		contributions reported on line 1c). See	000 015				
			8a 228,015.	-			
			8b 139,418.				
		Net income or (loss) from fundraising event	s	88,597.			88,597.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19	9a				
	b	Less: direct expenses	9b				
	С	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances	10a				
	b		10b				
		Net income or (loss) from sales of inventory	·				
	_		Business Code				
Snc	11 a	L					
ne The	b						
Miscellaneous Revenue	c						
Sc		All other revenue					
Σ		Total. Add lines 11a-11d					
	12	Total revenue. See instructions		1,190,919.	0.	0.	113,726.

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 response or note to any line in this Part IX (B)
Program service
expenses (**D**)
Fundraising (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b. expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 97,126. 48,563. 29,138. 19,425. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 217,408. 106,510. 55,219. 55,679. 7 Pension plan accruals and contributions (include 1,334. 4,881. 2,396. 1,151. section 401(k) and 403(b) employer contributions) Other employee benefits 9 5,751. 23,984. 11,606. 6,627. 10 Payroll taxes 11 Fees for services (nonemployees): Management 5,651. 2,825. 1,639. 1,187. Legal 2,934. 2,125. 10,118. 5,059. Accounting Lobbying Professional fundraising services. See Part IV, line 17 3,333. 3,333. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 9,004. 4,502. 2,611. 1,891. column (A), amount, list line 11g expenses on Sch O.) 3,509. 1,754. 1,018. 737. Advertising and promotion 12 21,574. 10,787. 6,256. 4,531. 13 Office expenses 1,448. 724. 420. 304. 14 Information technology Royalties 15 16 Occupancy 9,197. 5,426. 2,299. 1,472. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 14,621.5,405. 9,216. Depreciation, depletion, and amortization 22 12,758. 6,379. 3,700. 2,679. 23 Other expenses. Itemize expenses not covered 24 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.) 101,804. 101,804. LAND MANAGEMENT REPAIRS AND MAINT 41,267. 29,139. 12,128. 7,744. 26,702. 13,351. 5,607. POSTAGE AND PRINTING 4,630. 22,046. 6,393. d MEMBERSHIPS AND SUBSCRI 11,023. 8,507. 411. 381. 7,715. e All other expenses _ 634,938. 367,664. 152,390. 114,884. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2023)
Part X Balance Sheet

Pai	tΧ	Balance Sneet					
		Check if Schedule O contains a response or not	e to any	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		507,874.	1	53,735.	
	2	Savings and temporary cash investments			293,237.	2	669,534.
	3	Pledges and grants receivable, net				3	13,530.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	se perso	ons		5	
	6	Loans and other receivables from other disqualit					
		under section 4958(f)(1)), and persons described	l in sect	tion 4958(c)(3)(B)		6	
<u>s</u>	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ĕ	9				11,136.	9	9,005.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,753,688.			
	b	Less: accumulated depreciation	10b	167,071.	2,127,529.	10c	2,586,617.
	11	Investments - publicly traded securities			495,728.	11	714,156.
	12	Investments - other securities. See Part IV, line 1			12	10,040.	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa	3,435,504.	16	4,056,617.		
	17	Accounts payable and accrued expenses		17,023.	17	21,859.	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I	Part IV	of Schedule D		21	
S	22	Loans and other payables to any current or form					
Ě		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24).	. Complete Part X			
		of Schedule D			17 000	25	01 050
	26	Total liabilities. Add lines 17 through 25		77	17,023.	26	21,859.
S		Organizations that follow FASB ASC 958, che	ck here	e X			
če		and complete lines 27, 28, 32, and 33.			001 106		045 650
alar	27			·····	891,106.	27	945,650.
Ä	28	Net assets with donor restrictions	2,527,375.	28	3,089,108.		
Ĕ		Organizations that do not follow FASB ASC 9	58, che	eck here			
Ĕ		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or ed				30	
Ä	31	Retained earnings, endowment, accumulated in			2 /10 /01	31	1 024 750
ž	32	Total net assets or fund balances			3,418,481.	32	4,034,758.
	33	Total liabilities and net assets/fund balances			3,435,504.	33	4,056,617.

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	<u>,19</u>				
2	Total expenses (must equal Part IX, column (A), line 25)	2				38.		
3	Revenue less expenses. Subtract line 2 from line 1	3		55	<u>5,9</u>	81.		
4	2							
5	Net unrealized gains (losses) on investments	5		6	0,2	96.		
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	4	,03	4,7	58.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?			2c				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		dit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				

Form **990** (2023)

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.

Open to Public

Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

	GENE	VA LAKE COI	NSERVANCY, II	VC.			3	9-1418947		
Part I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.				
The organ	ization is not a private found									
1	A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).				
2	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)						
з 🗌	A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).				
4	A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(i	ii). Enter	the hospital's name,		
	city, and state:									
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
	section 170(b)(1)(A)(iv). (Complete Part II.)									
6	A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7 X										
	section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8 🗌	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)						
9 🗌	An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a la	ınd-grant	college		
	or university or a non-land-g	grant college of agrice	ulture (see instructions).	Enter the i	name, city	, and state of th	ne college	or		
	university:									
10	An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membership	fees, and	d gross receipts from		
	activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support f	rom gross investment		
	income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the orga	nization a	after June 30, 1975.		
	See section 509(a)(2). (Con	mplete Part III.)								
11 🔲	An organization organized a	and operated exclusi	vely to test for public sat	ety. See	section 50)9(a)(4).				
12	An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functio	ns of, or to carr	y out the	purposes of one or		
	more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section \$	509(a)(2).	See section 50	9(a)(3). (Check the box on		
	lines 12a through 12d that	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and 1	2g.			
а	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), typ	ically by	giving		
	the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustees	of the su	upporting		
	organization. You must o	complete Part IV, Se	ections A and B.							
b	Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by hav	/ing		
	control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage	the supp	ported		
	organization(s). You mus	t complete Part IV,	Sections A and C.							
С	Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally	integrate	ed with,		
	its supported organization	n(s) (see instructions)). You must complete F	Part IV, Se	ctions A,	D, and E.				
d		integrated. A supp	orting organization oper	ated in co	nnection v	ith its supporte	ed organiz	zation(s)		
	that is not functionally int	egrated. The organiz	ation generally must sat	sfy a distr	ibution red	quirement and a	ın attentiv	veness		
	requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.				
e	Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II,	Type III			
	functionally integrated, or	Type III non-function	nally integrated supporting	ng organiz	ation.					
	er the number of supported o	•								
	vide the following information (i) Name of supported			(iv) le the oraș	ınization listed	()		(.:\		
	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of n support (see inst	•	(vi) Amount of other support (see instructions)		
	organization		above (see instructions))	Yes	No	dapport (dec indi	. raotionoj	Support (See instructions)		
 Total										
· otal								I .		

332021 12-21-23

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	902,995.	1383571.	1075716.	771,243.	526,651.	4660176.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	902,995.	1383571.	1075716.	771,243.	526,651.	4660176.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						431,688.
6	Public support. Subtract line 5 from line 4.						4228488.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	902,995.	1383571.	1075716.	771,243.	526,651.	4660176.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2,376.	1,216.	4,515.	14,209.	25,315.	47,631.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	11,450.					11,450.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						4719257.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	D1(c)(3)	
	organization, check this box and stor	here					
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	89.60 %
15	Public support percentage from 2022	Schedule A, Part I	I, line 14			15	87.91 %
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the o						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ition			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pul	blicly supported or	ganization		
b	10% -facts-and-circumstances test	- 2022. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	ck this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	
_	· · · · · · · · · · · · · · · · · · ·						

Schedule A (Form 990) 2023 GENEVA LAKE CONSERVANCY, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
4		
1		
2		
3a		
3b		
- OD		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
40.		
10b		

Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of	one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's or	fficers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supporting organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations	3		
Seci				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructions).		
а				
b				
C	= 5 Times you supported a governmental on	tity (see instructior	l ' l	NI.
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
b	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	24		
IJ	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
.	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	32		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Sche	dule A (Form 990) 2023 GENEVA LAKE CONSERVANC	Y, INC.		39-1418947 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (<i>explain ir</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ist complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3	4		

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

5

6

Schedule A (Form 990) 2023

Income tax imposed in prior year

instructions).

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

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2023

and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2024. Add lines 3j

Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2019 **b** Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

GENEVA LAKE CONSERVANCY. INC.

39-1418947

	011.	NEVA LAKE CONDERVANCE, INC.	JJ 1410J47				
Organiz	Organization type (check one):						
Filers of	:	Section:					
Form 99	0 or 990-EZ	$\boxed{\mathbf{X}}$ 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.				
General	Rule						
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's					
Special	Rules						
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) F line 1. Complete Parts I and II.	I that received from any one				
	For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this be is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$		ore than \$1,000. If this box s, charitable, etc., eceived <i>nonexclusively</i>					
answer	: An organization tha	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, requirements of Schedule B (Form 990).	orm 990), but it must				

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

Schedule B (Form 990) (2023)

Name of organization Employer identification number

GENEVA LAKE CONSERVANCY, INC.

39-1418947

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	\$ 95,009.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$50,000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll

Name of organization Employer identification number

GENEVA LAKE CONSERVANCY, INC.

39-1418947

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				

Name of organization **Employer identification number** GENEVA LAKE CONSERVANCY, INC.

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

GENEVA LAKE CONSERVANCY, INC. **Employer identification number** 39-1418947

		(a) Donor advised	d funds	(b) Funds	and other accou	nts
1	Total number at end of year	()		· · ·		
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w	riting that the assets hel	d in donor advised fur	nds		
_	are the organization's property, subject to the organization's e	~			Yes	□ N
6	Did the organization inform all grantees, donors, and donor ac					
_	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?			•	Yes	□ N
Pa	t II Conservation Easements. Complete if the org					
1	Purpose(s) of conservation easements held by the organization			,		
•	X Preservation of land for public use (for example, recreat		Preservation of a his	torically im	noortant land area	ì
	X Protection of natural habitat		Preservation of a cer	-	-	•
	X Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribu	tion in the form of a c	onservatio	n easement on th	e last
_	day of the tax year.				eld at the End of th	
а	Total number of conservation easements			2a		37
b				2b	2,855	.29
c	Number of conservation easements on a certified historic stru			2c	,	
	Number of conservation easements included on line 2c acquir					
_	on a historic structure listed in the National Register	•		2d		
3	Number of conservation easements modified, transferred, rele				ring the tax	
_	year 0	assa, skangaishea, si is	area e, are ergar		9	
4	Number of states where property subject to conservation ease	ement is located	1			
5	Does the organization have a written policy regarding the peri		on, handling of			
	violations, and enforcement of the conservation easements it	• .			X Yes	□ No
6	Staff and volunteer hours devoted to monitoring, inspecting, h					ear
	400	,	· ·		,	
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enf	orcing conservation ea	asements	during the year	
	139,742.					
8	Does each conservation easement reported on line 2d above	satisfy the requirements	of section 170(h)(4)(B)	(i)		
	and section 170(h)(4)(B)(ii)?	•			X Yes	☐ No
9	In Part XIII, describe how the organization reports conservatio					
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's	financial statements th	nat describ	oes the	
	organization's accounting for conservation easements.	· ·				
Pai	t III Organizations Maintaining Collections of	Art, Historical Trea	sures, or Other	Similar A	Assets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its reve	nue statement and ba	lance shee	et works	
	of art, historical treasures, or other similar assets held for publ	ic exhibition, education,	or research in furthera	ince of pul	blic	
	service, provide in Part XIII the text of the footnote to its finance	cial statements that desc	ribes these items.			
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue	statement and balance	e sheet w	orks of	
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furtherand	e of public	c service,	
	provide the following amounts relating to these items.					
	(i) Revenue included on Form 990, Part VIII, line 1			\$		
2	If the organization received or held works of art, historical trea			provide .		
	the following amounts required to be reported under FASB AS					
а	Revenue included on Form 990, Part VIII, line 1	~		\$		
	Assets included in Form 990 Part X			\$	_	

Pai	t III	Organizations Maintaining Co	ollections of Ar	t, Histo	orical Tre	easures, or	Other S	imilar A	ssets	(contin	ued)	
3	Usin	g the organization's acquisition, accession	on, and other record	s, check	any of the f	following that	make sign	ificant use	of its	-		
	colle	ction items (check all that apply).										
а		Public exhibition	c	i 🔲 i	Loan or exc	hange prograi	m					
b		Scholarly research	e	, 🔲	Other							
С		Preservation for future generations										
4	Prov	ide a description of the organization's co	llections and explain	n how the	ey further th	ne organizatior	n's exempt	t purpose i	n Part	XIII.		
5	Durir	ng the year, did the organization solicit or	receive donations	of art, his	storical treas	sures, or other	similar as	sets				
	to be	e sold to raise funds rather than to be ma	intained as part of t	he organ	nization's co	llection?			. [Yes		No
Par	t IV	Escrow and Custodial Arrang	gements Comple	te if the	organizatior	n answered "Y	es" on Fo	m 990, Pa	art IV, lir	ne 9, or		
		reported an amount on Form 990, Par			_							
1a	Is th	e organization an agent, trustee, custodia	an, or other intermed	diary for	contribution	ns or other ass	ets not inc	cluded				
	on F	orm 990, Part X?							\square	Yes		No
b		es," explain the arrangement in Part XIII a										
										Amount		
С	Begi	nning balance						1c				
		tions during the year						1d				
е		ibutions during the year						1e				
f		ng balance						1f				
2a		he organization include an amount on Fo						?	\square	Yes		No
b	If "Y	es," explain the arrangement in Part XIII.										
Pai	t V	Endowment Funds Complete if	the organization ans	swered "	Yes" on For	m 990, Part I\	/, line 10.					
			(a) Current year	(b) P	rior year	(c) Two years	back (d)	Three year	s back	(e) Four	years b	ack
1a	Begi	nning of year balance										
b	Cont	ributions										
С		nvestment earnings, gains, and losses										
d	Gran	rts or scholarships										
е	Othe	er expenditures for facilities										
	and	programs										
f	Adm	inistrative expenses										
g		of year balance										
2	Prov	ide the estimated percentage of the curre	ent year end balance	e (line 1g	j, column (a)) held as:						
а	Boar	d designated or quasi-endowment		_%								
b	Pern	nanent endowment	%									
С	Term	n endowment	%									
	The	percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.									
За	Are t	here endowment funds not in the posses	ssion of the organiza	ation that	t are held ar	nd administere	d for the			_		
	orga	nization by:									Yes	No
	(i) (Jnrelated organizations?								3a(i)		
	٠,									3a(ii)		
b	If "Y	es" on line 3a(ii), are the related organizat	tions listed as requir	ed on So	chedule R?					3b		
4		cribe in Part XIII the intended uses of the		wment fu	unds.							
Par	t VI	ຼ Land, Buildings, and Equipm										
		Complete if the organization answered	d "Yes" on Form 990), Part IV	, line 11a. S	See Form 990,	Part X, lin	e 10.				
		Description of property	(a) Cost or o		` '	or other		umulated		(d) Book	value	
			basis (investr	ment)		(other)	depre	eciation	\bot			_
		l				7,066.				2,357		
		lings			39	6,622.	16	57,071	•	229	,55	<u>1.</u>
С	Leas	ehold improvements							\bot			
d	Equi	pment										
е	Othe	er							\bot			
Total	. Add	lines 1a through 1e. (Column (d) must ed	gual Form 990. Part	X. line 10	Oc. column	(B))			. '	2,586	61,61	7.

Schedule D (Form 990) 2023

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

		11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G) (H)			
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1)		1	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	
(a) D			
(u) E	escription		(b) Book value
(1)	rescription		(b) Book value
· · · · · · · · · · · · · · · · · · ·	escription		(b) Book value
(1)	escription		(b) Book value
(1) (2)	escription		(b) Book value
(1) (2) (3) (4) (5)	escription		(b) Book value
(1) (2) (3) (4) (5) (6)	escription		(b) Book value
(1) (2) (3) (4) (5) (6) (7)	escription		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)	escription		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col.			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities	(B))		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o	(B))		
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o	(B))		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o . (a) Description of liability (1) Federal income taxes	(B))		
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2)	(B))		
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3)	(B))		
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o . (a) Description of liability (1) Federal income taxes (2) (3) (4)	(B))		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	(B))		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o . (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	(B))		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o . (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	(B))		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	(B))		

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part X	<u> </u>		Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.			1 227 222
	tal revenue, gains, and other support per audited financial statements			1	1,387,298.
	nounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	60.004		
	et unrealized gains (losses) on investments		60,294.	-	
	onated services and use of facilities			-	
	ecoveries of prior year grants		139,418.	-	
	her (Describe in Part XIII.)		-	-	199,712.
	Id lines 2a through 2d			2e 3	1,187,586.
	ibtract line 2e from line 1 nounts included on Form 990, Part VIII, line 12, but not on line 1:			3	1,107,300.
	vestment expenses not included on Form 990, Part VIII, line 7b	4a			
	her (Describe in Part XIII.)		3,333.	-	
	1.12		•	4c	3.333.
	id lines 4a and 4b tal revenue. Add lines 3 and 4c. <i>(This must equal Form 990. Part I. line 1</i>			5	3,333. 1,190,919.
Part X	III Reconciliation of Expenses per Audited Financial S	Statements With	Expenses per F		
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.			
1 To				1	771,021.
	nounts included on line 1 but not on Form 990, Part IX, line 25:				•
	onated services and use of facilities	2a			
	ior year adjustments				
	her losses	_			
d Ot	her (Describe in Part XIII.)		139,416.		
e Ad	ld lines 2a through 2d			2e	139,416.
	btract line 2e from line 1			3	631,605.
	nounts included on Form 990, Part IX, line 25, but not on line 1:				
a Inv	vestment expenses not included on Form 990, Part VIII, line 7b	4a			
b Ot	her (Describe in Part XIII.)	4b	3,333.		
	ld lines 4a and 4b			4c	3,333.
5 To	tal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line (IIII Supplemental Information	: 18.)		5	634,938.
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and			; Part X	, line 2; Part XI,
lines 2a a	and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional inform	nation.		
PART	XI, LINE 2D - OTHER ADJUSTMENTS:				
	int, little by official indoormality.				
FUNDI	RAISING EXPENSES				139,418.
					,
PART	XI, LINE 4B - OTHER ADJUSTMENTS:				
INVE	STMENT EXPENSE				3,333.
PART	XII, LINE 2D - OTHER ADJUSTMENTS:				
					100 116
F.UNDI	RAISING EXPENSES				139,416.
חם עם	YII IINE /D _ OMBED ADTHOMENMO.				
TULI	XII, LINE 4B - OTHER ADJUSTMENTS:				
TNVES	STMENT EXPENSE				3,333.

Schedule D (Form 990) 2023	GENEVA	LAKE	CONSERVANCY,	INC.	39-1418947	Page 5
Schedule D (Form 990) 2023 Part XIII Supplemental Infor	mation (con	tinued)	·			
	(00					

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.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization Employer identification number							
GENEVA LAKE CONSERVANCY, INC. 39-1418947							947
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 through any of the following activities. Check all that apply. a							
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ntrol of	(iv) Gross receipts from activity	to (Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
3 List all states in which the organization or licensing.	on is registered or licensed to solicit c	ontrib	utions	or has been notified	it is	exempt from re	gistration

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

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines i and ob. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			SUMMER EVENT	HOLLY BALL	2	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue					· · · · · · · · · · · · · · · · · · ·	
evel	1	Gross receipts	25,625.	144,110.	50,962.	220,697.
æ						
	2	Less: Contributions				
			25 625	144 110	F0 060	222 627
	3	Gross income (line 1 minus line 2)	25,625.	144,110.	50,962.	220,697.
	1	Cash prizes				
	7	Oash phizes				
	5	Noncash prizes				
es						
ens	6	Rent/facility costs				
Direct Expenses						
rect	7	Food and beverages				
Ö		Estataianant				
		Entertainment Other direct expenses	18,558.	46,382.	57,838.	122,778.
		Direct expense summary. Add lines 4 through		10/3021	•	122,778.
		Net income summary. Subtract line 10 from li	. ,			97,919.
Pa	rt I	Gaming. Complete if the organization a				
		\$15,000 on Form 990-EZ, line 6a.	Τ			
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				billyo/progressive billyo		coi. (a) through coi. (c)
Re	4	Gross revenue				
	•	Gross revenue				
S	2	Cash prizes				
nse						
xpe	3	Noncash prizes				
Direct Expenses						
Dire	4	Rent/facility costs				
	_	Other direct expenses				
	3	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No	
				<u> </u>		
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
_						
		ter the state(s) in which the organization condu the organization licensed to conduct gaming ac				Yes No
		No," explain:				1e3 140
~						
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax y	ear?	Yes No
b	If "	Yes," explain:				
	_					

Sch	edule G (Form 990) 2023 GENEVA LAKE CONSERVANCY, INC. 39-1	<u>410</u>	94/	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	O 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	O No
13	Indicate the percentage of gaming activity conducted in:	1		
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. 🔲	Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
c	s If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	s the organization required under state law to make charitable distributions from the gaming proceeds to			
_	retain the state gaming license?		Yes	☐ No
h	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year \$			
Pa	irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par	t III. lir	nes 9.	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

332083 09-13-23 Schedule G (Form 990) 2023

Schedule G	(Form 990)	GENEVA LA	KE CONSERVANCY	, INC.	39-1418947 Page 4
Part IV	(Form 990) Supplemental Infor	mation (continued	d)		
_					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Inspection **Employer identification number**

_	GENEVA LAKE	CONSER	VANCY, INC	C	39-1	L4189	47	
Pai	t I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of d noncash contrib	etermini		S
1	Art - Works of art			, ,				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	3		FMV ON DATE	OF	ACÇ	ĮUI
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (SILENT AUCTION)	X	136	46,283.	FMV ESTABLI	SHED) B3	Z D
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organia	zation during	the tax year for c	ontributions	•			
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 throug	gh 28, that it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and wh	ich isn't required to be used	for			
	exempt purposes for the entire holding period	_		· 		30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribu	tions?	31		Х
		•	•	•	***************************************			
						32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	column (c) fo	r a type of property	y for which column (a) is che	cked,			
	describe in Part II	. ,			•			

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

Schedule M (Form 990) 2023

Schedule M	(Form 990) 2023 GENEVA LAKE CONSERVANCY, INC.	39-1418947 Page 2
Part II	Supplemental Information. Provide the information required by Part I, line is reporting in Part I, column (b), the number of contributions, the number of items this part for any additional information.	s 30b, 32b, and 33, and whether the organization received, or a combination of both. Also complete

SCHEDULE 0 (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 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

GENEVA LAKE CONSERVANCY TNC Employer identification number 39-1418947

GENEVA HARE CONDERVANCI, INC. 35 1410547
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS REVIEWED AND APPROVED BY MEMBERS OF THE BOARD BEFORE THE
RETURN IS FILED.
FORM 990, PART VI, SECTION B, LINE 12C:
ANNUALLY, ALL DIRECTORS, OFFICERS AND EMPLOYEES ARE ASKED TO COMPLETE AND
SIGN A STATEMENT THAT DISCLOSES INTERESTS THAT COULD GIVE RISE TO CONFLICT.
THE SIGHNED STATEMENTS ARE REVIEWED BY THE MEMBERS OF THE BOARD. ANY
PERSON WITH A CONFLICT IS PROHIBITED FROM PARTICIAPTING IN THE BOARD'S
DECISION IN THE TRANSACTION.
FORM 990, PART VI, SECTION B, LINE 15A:
THE BOARD REVIEWS EXECUTIVE COMPENSATION AND COMPARES TO SIMILAR POSTIONS.
COMPENSATION IS NOTED IN THE MINUTES TO THE BOARD MEETINGS.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAIALBLE TO THE PUBLIC UPON REQUEST.

Depreciation and Amortization

(Including Information on Listed Property)

990 Attach to your tax return.

OMB No. 1545-0172

Sequence No. 179

Department of the Treasury Internal Revenue Service

Part IV

Summary (See instructions.) 21 Listed property. Enter amount from line 28

portion of the basis attributable to section 263A costs

Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return Business or activity to which this form relates Identifying number GENEVA LAKE CONSERVANCY, INC. FORM 990 PAGE 10 39-1418947 Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1,160,000. **1** Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 3 2,890,000. Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property 6 7 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 ... 12 13 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 **15** Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Don't include listed property. See instructions.) Section A 14,512 17 MACRS deductions for assets placed in service in tax years beginning before 2023 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (business/investment use only - see instructions) (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction 3-year property 19a 5-year property b 7-year property C 10-year property d 6,435. 15 YRS. MO SL 109 15-year property 20-year property S/L 25 yrs. 25-year property g S/L 27.5 yrs MM Residential rental property h S/L 27.5 yrs MM S/L MM 39 vrs. i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20a Class life 12 yrs. S/L 12-year b 30-year 30 yrs MM S/L С 40-vear 40 yrs MM S/L d

23 For assets shown above and placed in service during the current year, enter the

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.

Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.

14,621.

21

22

23

Part V

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a,

Section A - Depreciation and Other Information (Caution: See this instructions for limits for passenger surceivables.) 4.8 a D you have decidence to support the bisinestivisticines are bisinessessive through a plan (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d		24b, columns (1. 11 1		
(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c																
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	42	Amortization of costs th	at begins du	ring your 2020	3 tax yea	r:										
					: :											
					<u> </u>											
	43	Amortization of costs th	at began bef	ore your 2023	tax year								43			

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STATE COPY

office Use Only	ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT
T #	Illinois Attorney General Kwame Raoul

INUAL REPORT	ī	Form AG990-IL
Raoul		Revised 04/24
Salla St	CO #	

Check all items attached:

PMT #	ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT Illinois Attorney General Kwame Raoul Charitable Trust Bureau, 115 S. LaSalle St Chicago, IL 60603	со
AMT	Report for the Fiscal Period:	X
	Beginning 01/01/2023 Make Checks Payable to Illinois Charity	X
INIT	Bureau Fund	X

Copy of IRS Return **Audited Financial Statements Reviewed Financial Statements** Copy of Form IFC \$15 Annual Report Filing Fee \$100 Late Report Filing Fee Federal ID # 39-1418947 MO DAY YR Date organization was created: Are contributions to the organization tax deductible? X Yes □No MO DAY YR Legal Name: GENEVA LAKE CONSERVANCY, INC. YEAR-END **AMOUNTS** Mail Address: PO BOX 588 A) ASSETS 4,056,617. A) \$ City, State: FONTANA, WI B) LIABILITIES 21,859 B) \$ Zip Code: 53125-0588 C) NET ASSETS 4,034,758. C) \$ SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR: **PERCENTAGE** AMOUNT 69.206% 824,193. D) \$ D) PUBLIC SUPPORT, CONTRIBUTIONS AND PROGRAM SERVICE REV. (GROSS AMTS.) 21.244% E) \$ 253,000. E) GOVERNMENT GRANTS AND MEMBERSHIP DUES 9.549% 113,726. F) \$ F) OTHER REVENUES G) \$ 1,190,919. G) TOTAL REVENUES, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F) 100 % SUMMARY OF ALL EXPENDITURES DURING THE YEAR: 57.905% H) OPERATING CHARITABLE PROGRAM EXPENSE H) \$ 367,664. **EDUCATION PROGRAM SERVICE EXPENSE** 1) \$ 57.905% 367,664. J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I) J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J) GRANTS TO OTHER CHARITABLE ORGANIZATIONS K) \$ 57.905% L) \$ 367,664 L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K) 24.001% 152,390. MANAGEMENT AND GENERAL EXPENSE M) \$ 18.094% 114,884 N) FUNDRAISING EXPENSE N) \$ 634,938. 0) TOTAL EXPENDITURES THIS PERIOD (ADD L, M & N) 100 % 0) \$III. SUMMARY OF ALL PAID FUNDRAISER & CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign (Form IFC). One for each PFR.) PROFESSIONAL FUNDRAISERS: 0. P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS 100 % P) \$ Q) TOTAL FUNDRAISERS FEES AND EXPENSES Q) \$ R) NET RECEIVED BY THE CHARITY (P MINUS Q=R) R) \$ % • PROFESSIONAL FUNDRAISING CONSULTANTS: S) \$ 0. S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR: T) NAME, TITLE: KAREN YANCEY 98,411. T) \$ U) NAME, TITLE: JANET HAPP U) \$ 84,401. V) NAME, TITLE: KIERA THEYS V) \$ 58,203. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES List on back side of instructions CODE 07-15-24 W) DESCRIPTION: PRESERVATION/CONVERSATION OF NATURAL RESOURCES 080 W)# X) DESCRIPTION: X) # Y) DESCRIPTION: Y) #

IF	THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		X
2.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PART TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	2.		X
	ANTIFIING OF VALUE NOT REPORTED AS COMPENSATIONS	۷.		71
3.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	3.		X
4.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	4.		X
5.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	5.		X
6a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	6.		X
6b.	IF "YES", ENTER	0.		
	(I) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$;			
	(II) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$;			
	(III) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$			
7.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	. 7.		X
8.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR	0		X
	REVOKED BY ANY GOVERNMENTAL AGENCY?	8.		Δ
9.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION,			
	COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	9.		Х
10.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: FIRST NATIONAL BANK AND TRUST, 105 HWY 67, WALWORTH, WI 53184			
	COMMUNITY FOUNDATION OF SOUTHERN WI, 26 S. JACKSON ST., JANESV	ILL	E, W:	I 5
	VANGUARD FUNDS, PO BOX 3009, MONROE, WI 53566			
11.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: THE ORGANIZATION - 262-275-5700			
	A ALL ATTACUMENTS MUST ACCOMPANY THIS DEPORT. SEE INSTRUCTIONS A			

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS ●

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:	KAREN YANCEY, EXEC. D	OIR.	
1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.	PRESIDENT or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
2.) FOR FEES DUE SEE INSTRUCTIONS.	DONALD J. PARKER, JR.		
3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.	TREASURER OF TRUSTEE (PRINT NAME)	SIGNATURE	DATE

KAREN YANCEY, EXEC. DIR.

JON	S CHAMBERLAIN,	CPA	
	PREPARER (PRINT NAME)	SIGNATURE	DATE

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 01069971

Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2023

Open to Public

A For the 2023 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change GENEVA LAKE CONSERVANCY, INC. Name change 39-1418947 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 262-275-5700 PO BOX 588 1,330,524. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return 53125-0588 FONTANA, WI H(a) Is this a group return Applica-tion pending F Name and address of principal officer: DONALD J. PARKER, for subordinates? Yes X No SAME AS C ABOVE __Yes **H(b)** Are all subordinates included? Tax-exempt status: **X** 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: HTTPS://GENEVALAKECONSERVANCY.ORG H(c) Group exemption number K Form of organization: X Corporation Trust Year of formation: 1982 M State of legal domicile; WI Association Part I Summary Briefly describe the organization's mission or most significant activities: TO PRESERVE AND ADVOCATE FOR **Activities & Governance** WALWORTH COUNTY WATERWAYS, NATURAL AREAS AND WORKING LANDS. 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 17 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 0 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 915,170. 1,077,193. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 14,209. 25,129. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -47,435. 88,597. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 881,944 1,190,919 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 328,037. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 343,399. 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 301,769. 291,539. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 634,938. 629,806. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 252,138. 555,981. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 3,435,504. 4,056,617. Total assets (Part X, line 16) 21,859 17,023. 21 Total liabilities (Part X, line 26) 三年 418,481. 4,034,758 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign DONALD J. PARKER, JR, TREASURER Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name JON S CHAMBERLAIN, C 10/22/24 self-employed P00192767 JON S CHAMBERLAIN, CPA Paid Firm's EIN 39-1971296 Firm's name CHAMBERLAIN | OTTE, CPAS, LLP Preparer Firm's address 421 BROAD ST., SUITE 100 Use Only Phone no. (262) 249-1100 LAKE GENEVA, WI 53147 X Yes May the IRS discuss this return with the preparer shown above? See instructions

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: PRESERVE AND ADVOCATE FOR WALWORTH COUNTY WATERWAYS, NAUTRAL AREAS AND
	WORKING LANDS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
•	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$367,664. including grants of \$) (Revenue \$) THE GENEVA LAKE CONSERVANCY PROMOTES LAND AND WATER USE POLICIES THAT
	PROTECT THE NATURAL ENVIRONMENT AND THE QUALITY OF LIFE IN THE WALWORTH
	COUNTY AREA. THE CONSERVANCY HAS WORKED DILIGENTLY WITH DEVELOPERS IN
	THE PLANNING STAGES OF DEVELOPMENTS AND IS HELPING BRING AWARENESS TO
	CONSERVATION SUBDIVISIONS. OTHER THAN ADVOCATING ITS VIEWS BEFORE
	LOCAL GOVERNMENT ENTITIES, THE CONSERVANCY DOES NOT ENGAGE IN
	LEGISLATIVE ADVOCACY. THE GENEVA LAKE CONSERVANCY WAS ACCREDITED BY THE
	LAND TRUST ACCREDITATION COMMISSION IN 2018. THIS IS AWARDED TO LAND
	TRUSTS THAT MEET THE HIGHEST NATIONAL STANDARDS FOR EXCELLENCE AND
	CONSERVATION PERMANENCE
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$) Total program convice expenses 367, 664.
40	Total program convice expanses $\frac{1}{1}$ $\frac{1}{1}$ $\frac{1}{1}$ $\frac{1}{1}$ $\frac{1}{1}$ $\frac{1}{1}$

Page 3

Form 990 (2023) GENEVA LAKE CONSERVANCY, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	1	X	_
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		,,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		3,7
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		, v
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			 ₩
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_	v	
_	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			X
_	Schedule D, Part III	8		_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		X
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		
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,		х	
	Part VI	11a	Λ	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		X
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		-
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
ч	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
u		11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f		116		
•	the organization's separate of consolidated financial statements for the tax year monde a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	izu		
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	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? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
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		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 (2023) GENEVA LAKE 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_^
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"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		Х
	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		X
29	Did the organization receive more than \$25,000 in noncash 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? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
9E -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
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		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	"		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
		38	Х	L
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		l

Form Par	990 (2023) GENEVA LAKE CONSERVANCY, INC. 39-1418 t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	947	P	age 5
	continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		100	110
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	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		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		<u> </u>
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		<u> </u>
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).	_		v
	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		<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		\vdash
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		x
له ما	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		
		7e		
e f		7 6		
g	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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	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.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.	120		
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
b	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	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
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	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 recult in the imposition of an excise tay under section 4051, 4052 or 40532	17		1

If "Yes," complete Form 6069.

Form 990 (2023) GENEVA LAKE CONSERVANCY, INC. 39-141894/ Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response Page 6 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			37
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40-	Did the constitution have been been been been been as a fill shoot	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		Λ
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b		
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	1 Ia	21	
		12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
·	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		Х
	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		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed WI, IL			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 262-275-5700 PO BOX 588 FONTANA WT 53125-0588			

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.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average			(C Pos	C) ition)		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box	, unles cer an	ss per	son i	s both	n an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) KAREN YANCEY	32.00									
EXECUTIVE DIRECTOR				Х				97,126.	0.	0.
(2) KEVIN BRUNNER	6.00	-								
CHAIRMAN				Х				0.	0.	0.
(3) MARK BROMLEY DIRECTOR	6.00	X						0.	0.	0.
(4) JOHN COBB	6.00									
DIRECTOR		Х						0.	0.	0.
(5) MARY CONSTABLE	6.00									
DIRECTOR		Х						0.	0.	0.
(6) STEVE DIAMOND	6.00									
DIRECTOR		Х						0.	0.	0.
(7) KATHERINE HOLLAND	6.00									
DIRECTOR		Х						0.	0.	0.
(8) TOM NICKOLS	6.00									
VICE CHAIRMAN				Х				0.	0.	0.
(9) DON PARKER	6.00									
TREASURER				Х				0.	0.	0.
(10) SUSAN STEELE	6.00									
DIRECTOR		Х						0.	0.	0.
(11) MARK ASCHLIMAN	6.00									
DIRECTOR		Х						0.	0.	0.
(12) KRISTEN FREYTAG	6.00	1								_
DIRECTOR		Х						0.	0.	0.
(13) BRUCE JOHNSON	6.00	1								_
DIRECTOR		Х						0.	0.	0.
(14) CINDY MILOJEVIC	6.00	1								_
DIRECTOR		Х						0.	0.	0.
(15) KATE GARDINER	6.00	1								_
DIRECTOR		Х						0.	0.	0.
(16) CATHLEEN JOHNSON	6.00									_
DIRECTOR	6.00	Х				_		0.	0.	0.
(17) NINA OWEN	6.00								_	^
DIRECTOR		X						0.	0.	0.

332007 12-21-23 Form **990** (2023)

Section A. Officers, Directors, Trust	tees, Key Em	<u> JIOY</u>	ees,	and	Hiç	gnes	st C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average		not c	(C Posi heck r	ition more	than o		(D) Reportable	(E) Reportable	- 1		(F) stimate	
	hours per week (list any	box	, unles	ss per id a di	son i	is both	n an	compensation from the	compensation from related organization	ı		nount other pensa	
	hours for	or direct	e e			ated		organization	(W-2/1099-MIS	SC/	fr	om th	е
	related organizations	trustee	al truste		yee	m pens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		_	anizat d relat	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	,			orga	anizati	ons
(18) KAREN RAPPAPORT	6.00	트	드	ō	, X	王吉	굔						
DIRECTOR		Х						0.		0.			0.
		├								\dashv			
		-											
		<u> </u>								=			
		1											
		<u> </u>								\dashv			
1b Subtotal								97,126.		0.			0.
c Total from continuation sheets to Part VII								97,126.		0.			0.
d Total (add lines 1b and 1c)									000 of reportable				0.
compensation from the organization													0
3 Did the organization list any former officer,	director trust	ee k	ev e	mnl	ove	e or	hia	thest compensated empl	ovee on	ſ		Yes	No
line 1a? If "Yes," complete Schedule J for si	•		•	•	•		•	•	•		3		Х
4 For any individual listed on line 1a, is the su													Х
and related organizations greater than \$150Did any person listed on line 1a receive or a			•								4		Λ
rendered to the organization? If "Yes." com											5		Х
Section B. Independent Contractors							41-	t i d t l (h	100,000 of comm		: f		
1 Complete this table for your five highest conthe organization. Report compensation for the organization.										Jensai	.1011 110	וווכ	
(A)	addraga	37/		_				(B)	om vio o o		()	C)	_
Name and business	address	NC	ONE	<u> </u>				Description of s	ervices		ompe	nsatio	n
							_						
2 Total number of independent contractors (ir \$100,000 of compensation from the organize		ot lin	nited	to t	thos (•	ted	above) who received mo	ore than				

		Check if Schedule O contains a respon	se or note to any lir	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					iunction revenue	business revenue	sections 512 - 514
Siα	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b						
ဗ် ဗို		Fundraising events 1c		-			
fts,		I Related organizations 1d		1			
ية إق		Government grants (contributions) 1e	253,000.	-			
Sir			233,000				
utio	ī	All other contributions, gifts, grants, and	824,193.				
έş		similar amounts not included above 1f	024,193.	-			
out	g			1 077 102			
Og	h	Total. Add lines 1a-1f		1,077,193.			
			Business Code				
Se	2 a		_				
ē Ķ	b	·	_				
S	С	·	_				
ar eve	d	I	_				
Program Service Revenue	е	·					
ሷ	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, in	terest, and				
		other similar amounts)		25,316.			25,316.
	4	Income from investment of tax-exempt bon					
	5	Royalties	•				
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	h	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	4	Net rental income or (loss)					
		Gross amount from sales of (i) Securitie	es (ii) Other				
	<i>i</i> a	(7	(ii) Oti ioi				
		assets other than inventory 7a					
•	D	Less: cost or other basis and sales expenses 7b 18'	7				
ng				-			
Revenue				-187.			-187.
ığ.		Net gain or (loss)		-18/.			-18/.
ther	8 a	Gross income from fundraising events (not					
Ö		including \$ of					
		contributions reported on line 1c). See	000 015				
			8a 228,015.	-			
			8b 139,418.				
		Net income or (loss) from fundraising event	s	88,597.			88,597.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19	9a				
	b	Less: direct expenses	9b				
	С	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances	10a				
	b		10b				
		Net income or (loss) from sales of inventory	·				
	_		Business Code				
Snc	11 a	L					
ne The	b						
Miscellaneous Revenue	c						
ŠĆ		All other revenue					
Σ		Total. Add lines 11a-11d					
	12	Total revenue. See instructions		1,190,919.	0.	0.	113,726.

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 response or note to any line in this Part IX (B)
Program service
expenses (**D**)
Fundraising (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b. expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 97,126. 48,563. 29,138. 19,425. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 217,408. 106,510. 55,219. 55,679. 7 Pension plan accruals and contributions (include 1,334. 4,881. 2,396. 1,151. section 401(k) and 403(b) employer contributions) Other employee benefits 9 5,751. 23,984. 11,606. 6,627. 10 Payroll taxes 11 Fees for services (nonemployees): Management 5,651. 2,825. 1,639. 1,187. Legal 2,934. 2,125. 10,118. 5,059. Accounting Lobbying Professional fundraising services. See Part IV, line 17 3,333. 3,333. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 9,004. 4,502. 2,611. 1,891. column (A), amount, list line 11g expenses on Sch O.) 3,509. 1,754. 1,018. 737. Advertising and promotion 12 21,574. 10,787. 6,256. 4,531. 13 Office expenses 1,448. 724. 420. 304. 14 Information technology Royalties 15 16 Occupancy 9,197. 5,426. 2,299. 1,472. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 14,621.5,405. 9,216. Depreciation, depletion, and amortization 22 12,758. 6,379. 3,700. 2,679. 23 Other expenses. Itemize expenses not covered 24 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.) 101,804. 101,804. LAND MANAGEMENT REPAIRS AND MAINT 41,267. 29,139. 12,128. 7,744. 26,702. 13,351. 5,607. POSTAGE AND PRINTING 4,630. 22,046. 6,393. d MEMBERSHIPS AND SUBSCRI 11,023. 8,507. 411. 381. 7,715. e All other expenses _ 634,938. 367,664. 152,390. 114,884. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2023)
Part X Balance Sheet

Pai	tΧ	Balance Sneet					
		Check if Schedule O contains a response or not	e to any	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			507,874.	1	53,735.
	2	Savings and temporary cash investments			293,237.	2	669,534.
	3	Pledges and grants receivable, net				3	13,530.
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	ons		5		
	6	Loans and other receivables from other disqualit	fied per	sons (as defined			
		under section 4958(f)(1)), and persons described	l in sect	tion 4958(c)(3)(B)		6	
<u>s</u>	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ĕ	9				11,136.	9	9,005.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,753,688.			
	b	Less: accumulated depreciation	10b	167,071.	2,127,529.	10c	2,586,617.
	11	Investments - publicly traded securities			495,728.	11	714,156.
	12	Investments - other securities. See Part IV, line 1			12	10,040.	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	3)	3,435,504.	16	4,056,617.
	17	Accounts payable and accrued expenses			17,023.	17	21,859.
	18	Grants payable			18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete I	Part IV	of Schedule D		21	
S	22	Loans and other payables to any current or form					
Ě		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24).	. Complete Part X			
		of Schedule D			17 000	25	01 050
	26	Total liabilities. Add lines 17 through 25		77	17,023.	26	21,859.
S		Organizations that follow FASB ASC 958, che	ck here	e X			
če		and complete lines 27, 28, 32, and 33.			001 106		045 650
alar	27			·····	891,106.	27	945,650.
Ä	28	Net assets with donor restrictions			2,527,375.	28	3,089,108.
Ĕ		Organizations that do not follow FASB ASC 9	58, che	eck here			
Ĕ		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or ed				30	
Ä	31	Retained earnings, endowment, accumulated in			2 /10 /01	31	1 024 750
ž	32	Total net assets or fund balances			3,418,481.	32	4,034,758.
	33	Total liabilities and net assets/fund balances			3,435,504.	33	4,056,617.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	<u>,19</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2				38.
3	Revenue less expenses. Subtract line 2 from line 1	3		55	<u>5,9</u>	81.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	,41	8,4	81.
5	Net unrealized gains (losses) on investments	5		6	0,2	96.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	4	,03	4,7	58.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2023)

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.

Open to Public

Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

	GENE	VA LAKE COI	NSERVANCY, II	VC.			3	9-1418947
Part I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.		
The organ	ization is not a private found							
1	A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)				
з 🗌	A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4	A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(i	ii). Enter	the hospital's name,
	city, and state:							
5	An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental uni	t describe	ed in
	section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6	A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from the	general ¡	public described in
	section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8 🗌	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)				
9 🗌	An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a la	ınd-grant	college
	or university or a non-land-g	grant college of agrice	ulture (see instructions).	Enter the i	name, city	, and state of th	ne college	or
	university:							
10	An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membership	fees, and	d gross receipts from
	activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support f	rom gross investment
	income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the orga	nization a	after June 30, 1975.
	See section 509(a)(2). (Con	mplete Part III.)						
11 🔲	An organization organized a	and operated exclusi	vely to test for public sat	ety. See	section 50)9(a)(4).		
12	An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functio	ns of, or to carr	y out the	purposes of one or
	more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section \$	509(a)(2).	See section 50	9(a)(3). (Check the box on
	lines 12a through 12d that	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and 1	2g.	
а	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), typ	ically by	giving
	the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustees	of the su	upporting
	organization. You must o	complete Part IV, Se	ections A and B.					
b	Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by hav	/ing
	control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage	the supp	ported
	organization(s). You mus	t complete Part IV,	Sections A and C.					
С	Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally	integrate	ed with,
	its supported organization	n(s) (see instructions)). You must complete F	Part IV, Se	ctions A,	D, and E.		
d		integrated. A supp	orting organization oper	ated in co	nnection v	ith its supporte	ed organiz	zation(s)
	that is not functionally int	egrated. The organiz	ation generally must sat	sfy a distr	ibution red	quirement and a	ın attentiv	veness
	requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
e	Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II,	Type III	
	functionally integrated, or	Type III non-function	nally integrated supporting	ng organiz	ation.			
	er the number of supported o	•						
	vide the following information (i) Name of supported			(iv) le the oraș	ınization listed	()		(.:\
	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of n support (see inst	•	(vi) Amount of other support (see instructions)
	organization		above (see instructions))	Yes	No	dapport (dec indi	. raotionoj	Support (See instructions)
 Total								
· otal								I .

332021 12-21-23

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	tion A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	902,995.	1383571.	1075716.	771,243.	526,651.	4660176.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	902,995.	1383571.	1075716.	771,243.	526,651.	4660176.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)						431,688.			
6	Public support. Subtract line 5 from line 4.						4228488.			
Sec	Section B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
7	Amounts from line 4	902,995.	1383571.	1075716.	771,243.	526,651.	4660176.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	2,376.	1,216.	4,515.	14,209.	25,315.	47,631.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on	11,450.					11,450.			
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10						4719257.			
12	Gross receipts from related activities,	etc. (see instructio	ns)			12				
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	D1(c)(3)				
	organization, check this box and stor	here								
Sec	tion C. Computation of Publi	c Support Per	centage							
14	Public support percentage for 2023 (I	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	89.60 %			
15	Public support percentage from 2022	Schedule A, Part I	I, line 14			15	87.91 %			
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	and			
	stop here. The organization qualifies	as a publicly suppo	orted organization				X			
b	33 1/3% support test - 2022. If the o									
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ition						
17a	7a 10% -facts-and-circumstances test - 2023. 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 te	st. The organizatio	n qualifies as a pul	blicly supported or	ganization					
b	10% -facts-and-circumstances test	- 2022. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	10% or			
	more, and if the organization meets th	ne facts-and-circum	stances test, chec	ck this box and st	op here. Explain ir	n Part VI how the				
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation				
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions				
_	· · · · · · · · · · · · · · · · · · ·									

Schedule A (Form 990) 2023 GENEVA LAKE CONSERVANCY, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
4		
1		
2		
3a		
3b		
- OD		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
40.		
10b		

Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of	one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's or	fficers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supporting organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations	3		
Seci				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructions).		
а				
b				
C	5 The gradual of the state of the stat	tity (see instructior	l ' l	NI.
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
b	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	24		
IJ	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
.	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	32		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Sche	dule A (Form 990) 2023 GENEVA LAKE CONSERVANC	Y, INC.		39-1418947 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (<i>explain ir</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ist complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3	4		

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

5

6

Schedule A (Form 990) 2023

Income tax imposed in prior year

instructions).

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

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2023

and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2024. Add lines 3j

Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2019 **b** Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

GENEVA LAKE CONSERVANCY, INC. **Employer identification number** 39-1418947

		(a) Donor advised	d funds	(b) Funds	and other accou	nts
1	Total number at end of year	()		· · ·		
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w	riting that the assets hel	d in donor advised fur	nds		
_	are the organization's property, subject to the organization's e	~			Yes	□ N
6	Did the organization inform all grantees, donors, and donor ac					
_	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?			•	Yes	□ N
Pa	t II Conservation Easements. Complete if the org					
1	Purpose(s) of conservation easements held by the organization			,		
•	X Preservation of land for public use (for example, recreat		Preservation of a his	torically im	noortant land area	ì
	X Protection of natural habitat		Preservation of a cer	-	-	•
	X Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribu	tion in the form of a c	onservatio	n easement on th	e last
_	day of the tax year.				eld at the End of th	
а	Total number of conservation easements			2a		37
b				2b	2,855	.29
c	Number of conservation easements on a certified historic stru			2c	,	
	Number of conservation easements included on line 2c acquir					
_	on a historic structure listed in the National Register	•		2d		
3	Number of conservation easements modified, transferred, rele				ring the tax	
_	year 0	assa, skangaishea, si is	area e, are ergar		9	
4	Number of states where property subject to conservation ease	ement is located	1			
5	Does the organization have a written policy regarding the peri		on, handling of			
	violations, and enforcement of the conservation easements it	• .			X Yes	□ No
6	Staff and volunteer hours devoted to monitoring, inspecting, h					ear
	400	,	· ·		,	
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enf	orcing conservation ea	asements	during the year	
	139,742.					
8	Does each conservation easement reported on line 2d above	satisfy the requirements	of section 170(h)(4)(B)	(i)		
	and section 170(h)(4)(B)(ii)?	•			X Yes	☐ No
9	In Part XIII, describe how the organization reports conservatio					
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's	financial statements th	nat describ	oes the	
	organization's accounting for conservation easements.	· ·				
Pai	t III Organizations Maintaining Collections of	Art, Historical Trea	sures, or Other	Similar A	Assets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its reve	nue statement and ba	lance shee	et works	
	of art, historical treasures, or other similar assets held for publ	ic exhibition, education,	or research in furthera	ince of pul	blic	
	service, provide in Part XIII the text of the footnote to its finance	cial statements that desc	ribes these items.			
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue	statement and balance	e sheet w	orks of	
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furtherand	e of public	c service,	
	provide the following amounts relating to these items.					
	(i) Revenue included on Form 990, Part VIII, line 1			\$		
2	If the organization received or held works of art, historical trea			provide .		
	the following amounts required to be reported under FASB AS					
а	Revenue included on Form 990, Part VIII, line 1	~		\$		
	Assets included in Form 990 Part X			\$	_	

Pai	t III	Organizations Maintaining Co	ollections of Ar	t, Histo	orical Tre	easures, or	Other S	imilar A	ssets	(contin	ued)	
3	Usin	g the organization's acquisition, accession	on, and other record	s, check	any of the f	following that	make sign	ificant use	of its	-		
	colle	ction items (check all that apply).										
а		Public exhibition	c	i 🔲 i	Loan or exc	hange prograi	m					
b		Scholarly research	e	, 🔲	Other							
С		Preservation for future generations										
4	Prov	ide a description of the organization's co	llections and explain	n how the	ey further th	ne organizatior	n's exempt	t purpose i	n Part	XIII.		
5	Durir	ng the year, did the organization solicit or	receive donations	of art, his	storical treas	sures, or other	similar as	sets				
	to be	e sold to raise funds rather than to be ma	intained as part of t	he organ	nization's co	llection?			. [Yes		No
Par	t IV	Escrow and Custodial Arrang	gements Comple	te if the	organizatior	n answered "Y	es" on Fo	m 990, Pa	art IV, lir	ne 9, or		
		reported an amount on Form 990, Par			_							
1a	Is th	e organization an agent, trustee, custodia	an, or other intermed	diary for	contribution	ns or other ass	ets not inc	cluded				
	on F	orm 990, Part X?							\square	Yes		No
b		es," explain the arrangement in Part XIII a										
										Amount		
С	Begi	nning balance						1c				
		tions during the year						1d				
е		ibutions during the year						1e				
f		ng balance						1f				
2a		he organization include an amount on Fo						?	\square	Yes		No
b	If "Y	es," explain the arrangement in Part XIII.										
Pai	t V	Endowment Funds Complete if	the organization ans	swered "	Yes" on For	m 990, Part I\	/, line 10.					
			(a) Current year	(b) P	rior year	(c) Two years	back (d)	Three year	s back	(e) Four	years b	ack
1a	Begi	nning of year balance										
b	Cont	ributions										
С		nvestment earnings, gains, and losses										
d	Gran	rts or scholarships										
е	Othe	er expenditures for facilities										
	and	programs										
f	Adm	inistrative expenses										
g		of year balance										
2	Prov	ide the estimated percentage of the curre	ent year end balance	e (line 1g	j, column (a)) held as:						
а	Boar	d designated or quasi-endowment		_%								
b	Pern	nanent endowment	%									
С	Term	n endowment	%									
	The	percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.									
За	Are t	here endowment funds not in the posses	ssion of the organiza	ation that	t are held ar	nd administere	d for the			_		
	orga	nization by:									Yes	No
	(i) (Jnrelated organizations?								3a(i)		
	٠,									3a(ii)		
b	If "Y	es" on line 3a(ii), are the related organizat	tions listed as requir	ed on So	chedule R?					3b		
4		cribe in Part XIII the intended uses of the		wment fu	unds.							
Par	t VI	ຼ Land, Buildings, and Equipm										
		Complete if the organization answered	d "Yes" on Form 990), Part IV	, line 11a. S	See Form 990,	Part X, lin	e 10.				
		Description of property	(a) Cost or o		` '	or other		umulated		(d) Book	value	
			basis (investr	ment)		(other)	depre	eciation	\bot			_
		l				7,066.				2,357		
		lings			39	6,622.	16	57,071	•	229	,55	<u>1.</u>
С	Leas	ehold improvements							\bot			
d	Equi	pment										
е	Othe	er							\bot			
Total	. Add	lines 1a through 1e. (Column (d) must ed	gual Form 990. Part	X. line 10	Oc. column	(B))			. '	2,586	61,61	7.

Schedule D (Form 990) 2023

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

		11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G) (H)			
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1)		1	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	
(a) D			
(u) E	escription		(b) Book value
(1)	rescription		(b) Book value
· · · · · · · · · · · · · · · · · · ·	escription		(b) Book value
(1)	escription		(b) Book value
(1) (2)	escription		(b) Book value
(1) (2) (3) (4) (5)	escription		(b) Book value
(1) (2) (3) (4) (5) (6)	escription		(b) Book value
(1) (2) (3) (4) (5) (6) (7)	escription		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)	escription		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col.			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities	(B))		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o	(B))		
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o	(B))		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o . (a) Description of liability (1) Federal income taxes	(B))		
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2)	(B))		
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3)	(B))		
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o . (a) Description of liability (1) Federal income taxes (2) (3) (4)	(B))		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	(B))		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o . (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	(B))		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o . (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	(B))		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	(B))		

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part X	<u> </u>		Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.			1 227 222
	tal revenue, gains, and other support per audited financial statements			1	1,387,298.
	nounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	60.004		
	et unrealized gains (losses) on investments		60,294.	-	
	onated services and use of facilities			-	
	ecoveries of prior year grants		139,418.	-	
	her (Describe in Part XIII.)		-	-	199,712.
	Id lines 2a through 2d			2e 3	1,187,586.
	ibtract line 2e from line 1 nounts included on Form 990, Part VIII, line 12, but not on line 1:			3	1,107,300.
	vestment expenses not included on Form 990, Part VIII, line 7b	4a			
	her (Describe in Part XIII.)		3,333.	-	
	1.12		•	4c	3.333.
	id lines 4a and 4b tal revenue. Add lines 3 and 4c. <i>(This must equal Form 990. Part I. line 1</i>			5	3,333. 1,190,919.
Part X	III Reconciliation of Expenses per Audited Financial S	Statements With	Expenses per F		
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.			
1 To				1	771,021.
	nounts included on line 1 but not on Form 990, Part IX, line 25:				•
	onated services and use of facilities	2a			
	ior year adjustments				
	her losses	_			
d Ot	her (Describe in Part XIII.)		139,416.		
e Ad	ld lines 2a through 2d			2e	139,416.
	btract line 2e from line 1			3	631,605.
	nounts included on Form 990, Part IX, line 25, but not on line 1:				
a Inv	vestment expenses not included on Form 990, Part VIII, line 7b	4a			
b Ot	her (Describe in Part XIII.)	4b	3,333.		
	ld lines 4a and 4b			4c	3,333.
5 To	tal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line (IIII Supplemental Information	: 18.)		5	634,938.
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and			; Part X	, line 2; Part XI,
lines 2a a	and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional inform	nation.		
PART	XI, LINE 2D - OTHER ADJUSTMENTS:				
	int, little by official indoormality.				
FUNDI	RAISING EXPENSES				139,418.
					,
PART	XI, LINE 4B - OTHER ADJUSTMENTS:				
INVE	STMENT EXPENSE				3,333.
PART	XII, LINE 2D - OTHER ADJUSTMENTS:				
					100 116
F.UNDI	RAISING EXPENSES				139,416.
חם עם	YII IINE /D _ OMBED ADTHOMENMO.				
TULI	XII, LINE 4B - OTHER ADJUSTMENTS:				
TNVES	STMENT EXPENSE				3,333.

Schedule D (Form 990) 2023	GENEVA	LAKE	CONSERVANCY,	INC.	39-1418947	Page 5
Schedule D (Form 990) 2023 Part XIII Supplemental Infor	mation (con	tinued)	·			
	(00					

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.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization	<u> </u>					Employer ide	ntification number
GENEVA LAKE CONSERVANCY, INC. 39-1418947							947
Part I Fundraising Activities required to complete this par	 Complete if the organization answe t. 	red "Y	'es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indirecompensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual cart VII) or entity in connection with previduals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising of ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ntrol of	(iv) Gross receipts from activity	to (Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
	un in versiotered or lineared to policit o			ar has been natified	itio	avament from vo	niotration
3 List all states in which the organization or licensing.	on is registered or licensed to solicit of	contrib	utions	or has been notified	IT IS	exempt from re	gistration

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

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines i and ob. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			SUMMER EVENT	HOLLY BALL	2	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue					· · · · · · · · · · · · · · · · · · ·	
evel	1	Gross receipts	25,625.	144,110.	50,962.	220,697.
æ						
	2	Less: Contributions				
			25 625	144 110	F0 060	222 627
	3	Gross income (line 1 minus line 2)	25,625.	144,110.	50,962.	220,697.
	1	Cash prizes				
	7	Oash phizes				
	5	Noncash prizes				
es						
ens	6	Rent/facility costs				
Direct Expenses						
rect	7	Food and beverages				
Ö		Estataianant				
		Entertainment Other direct expenses	18,558.	46,382.	57,838.	122,778.
		Direct expense summary. Add lines 4 through		10/3021	•	122,778.
		Net income summary. Subtract line 10 from li	. ,			97,919.
Pa	rt I	Gaming. Complete if the organization a				
		\$15,000 on Form 990-EZ, line 6a.	Τ			
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				billyo/progressive billyo		coi. (a) through coi. (c)
Re	4	Gross revenue				
	•	Gross revenue				
S	2	Cash prizes				
Direct Expenses						
xpe	3	Noncash prizes				
ct E						
Dire	4	Rent/facility costs				
	_	Other direct expenses				
	3	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
				<u> </u>		
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
_						
		ter the state(s) in which the organization condu the organization licensed to conduct gaming ac				Yes No
		No," explain:				res NO
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax y	ear?	Yes No
b	If "	Yes," explain:				
	_					

Scne	edule G (Form 990) 2023 GENEVA LAKE CONSERVANCY, INC. 39-1	<u>410</u>	94/	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	O 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	O No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. 🗀	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
_	retain the state gaming license?		Yes	☐ No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par	t III lir	nes 9	9b 10b
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

332083 09-13-23 Schedule G (Form 990) 2023

Schedule G	(Form 990)	GENEVA LA	KE CONSERVANCY	, INC.	39-1418947 Page 4
Part IV	(Form 990) Supplemental Infor	mation (continued	d)		
_					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Inspection **Employer identification number**

_	GENEVA LAKE	CONSER	VANCY, INC	C	39-1	L4189	947	
Pai	t I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of d noncash contrib	etermini		s
1	Art - Works of art			, ,				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	3		FMV ON DATE	OF	ACÇ	<u>JUI</u>
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (SILENT AUCTION)	X	136	46,283.	FMV ESTABLI	SHEI) B3	Y D
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organia	zation during	the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 throug	gh 28, that it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and wh	ich isn't required to be used	for			
	exempt purposes for the entire holding period	_				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribu	tions?	31		Х
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in o	column (c) fo	r a type of property	y for which column (a) is che	cked,			
	describe in Part II							

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

Schedule M (Form 990) 2023

Schedule M	(Form 990) 2023 GENEVA LAKE CONSERVANCY, INC.	39-1418947 Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines is reporting in Part I, column (b), the number of contributions, the number of items re this part for any additional information.	30b, 32b, and 33, and whether the organization eceived, or a combination of both. Also complete

SCHEDULE 0 (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

Department of the Treasury Internal Revenue Service Name of the organization

GENEVA LAKE CONSERVANCY TNC

Inspection Employer identification number 39-1418947

GENEVA DARE CONDERVANCI, INC. 35 1410547
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS REVIEWED AND APPROVED BY MEMBERS OF THE BOARD BEFORE THE
RETURN IS FILED.
FORM 990, PART VI, SECTION B, LINE 12C:
ANNUALLY, ALL DIRECTORS, OFFICERS AND EMPLOYEES ARE ASKED TO COMPLETE AND
SIGN A STATEMENT THAT DISCLOSES INTERESTS THAT COULD GIVE RISE TO CONFLICT.
THE SIGHNED STATEMENTS ARE REVIEWED BY THE MEMBERS OF THE BOARD. ANY
PERSON WITH A CONFLICT IS PROHIBITED FROM PARTICIAPTING IN THE BOARD'S
DECISION IN THE TRANSACTION.
FORM 990, PART VI, SECTION B, LINE 15A:
THE BOARD REVIEWS EXECUTIVE COMPENSATION AND COMPARES TO SIMILAR POSTIONS.
COMPENSATION IS NOTED IN THE MINUTES TO THE BOARD MEETINGS.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAIALBLE TO THE PUBLIC UPON REQUEST.

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates Identifying number

990

	<u>NEVA LAKE CONSERVANC</u>	CY, INC.	FOR	M 990	PAGE 10		39-1418947
Pa	rt I Election To Expense Certain Prope	rty Under Section 17	'9 Note: If you have any lis	sted property	, complete Part	V before y	ou complete Part I.
1	Maximum amount (see instructions)					1	1,160,000.
2	Total cost of section 179 property plac	ed in service (see i	nstructions)			2	
3	Threshold cost of section 179 property	before reduction i	n limitation			3	2,890,000.
4	Reduction in limitation. Subtract line 3	from line 2. If zero	or less, enter -0-			4	
5	Dollar limitation for tax year. Subtract line 4 from line	5					
6	(a) Description of pr	operty	(b) Cost (busin	ess use only)	(c) Elected	cost	
_							
	Listed property. Enter the amount from					1 _	
	Total elected cost of section 179 proper						
	Tentative deduction. Enter the smaller						
	Carryover of disallowed deduction from						
	Business income limitation. Enter the s					11	
	Section 179 expense deduction. Add li Carryover of disallowed deduction to 2					12	
	e: Don't use Part II or Part III below for			IS			
	Irt II Special Depreciation Allowa	,	,	e listed prop	erty)		
	Special depreciation allowance for qua		•				
			er than listed property) pie		_	14	
	Property subject to section 168(f)(1) ele						
	Other depreciation (including ACRS)					16	
	rt III MACRS Depreciation (Don't	include listed pro	perty. See instructions.)				•
	•		Section A				
17	MACRS deductions for assets placed i	n service in tax ye	ars beginning before 2023			17	14,512.
18							
	If you are electing to group any assets placed in serv	rice during the tax year in	to one or more general asset accou				,
		Placed in Service	e During 2023 Tax Year I	unts, check here			
				unts, check here	eneral Deprecia	tion Syste	
19a	Section B - Assets	(b) Month and year placed	e During 2023 Tax Year (c) Basis for depreciation (business/investment use	Jsing the Ge	eneral Deprecia	tion Syste	m
19a b	Section B - Assets (a) Classification of property	(b) Month and year placed	e During 2023 Tax Year (c) Basis for depreciation (business/investment use	Jsing the Ge	eneral Deprecia	tion Syste	m
	Section B - Assets (a) Classification of property 3-year property	(b) Month and year placed	e During 2023 Tax Year (c) Basis for depreciation (business/investment use	Jsing the Ge	eneral Deprecia	tion Syste	m
b	Section B - Assets (a) Classification of property 3-year property 5-year property	(b) Month and year placed	e During 2023 Tax Year (c) Basis for depreciation (business/investment use only - see instructions)	unts, check here Jsing the Ge (d) Recover period	eneral Deprecia y (e) Convention	tion Syste (f) Method	(g) Depreciation deduction
b c	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property	(b) Month and year placed	e During 2023 Tax Year (c) Basis for depreciation (business/investment use	unts, check here Jsing the Ge (d) Recover period	eneral Deprecia y (e) Convention	tion Syste	m
b c d	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property	(b) Month and year placed	e During 2023 Tax Year (c) Basis for depreciation (business/investment use only - see instructions)	unts, check here Jsing the Ge (d) Recover period	eneral Deprecia y (e) Convention	tion Syste (f) Method	(g) Depreciation deduction
b c d	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property	(b) Month and year placed	e During 2023 Tax Year (c) Basis for depreciation (business/investment use only - see instructions)	unts, check here Jsing the Ge (d) Recover period 15 YR 25 yrs.	eneral Deprecia y (e) Convention S . MQ	tion Syste (f) Method	(g) Depreciation deduction
b c d e f	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property	(b) Month and year placed	e During 2023 Tax Year (c) Basis for depreciation (business/investment use only - see instructions)	unts, check here Jsing the Ge (d) Recover period 15 YR 25 yrs. 27.5 yrs	eneral Deprecia (e) Convention S • MQ . MM	sL	(g) Depreciation deduction
b c d e f	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property	(b) Month and year placed	e During 2023 Tax Year (c) Basis for depreciation (business/investment use only - see instructions)	15 YR 25 yrs. 27.5 yrs	eneral Deprecia y (e) Convention S • MQ . MM . MM	sL S/L S/L S/L S/L	(g) Depreciation deduction
b c d e f	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property	(b) Month and year placed	e During 2023 Tax Year (c) Basis for depreciation (business/investment use only - see instructions)	unts, check here Jsing the Ge (d) Recover period 15 YR 25 yrs. 27.5 yrs	special Deprecial (e) Convention S • MQ MM MM	SL S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
b c d e f g	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property	b Placed in Service (b) Month and year placed in service / / / /	e During 2023 Tax Year (c) Basis for depreciation (business/investment use only - see instructions) 6,435.	15 YR 25 yrs. 27.5 yrs 39 yrs.	seneral Deprecia y (e) Convention S • MQ MM MM MM	SL S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
b c d e f g h	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets F	b Placed in Service (b) Month and year placed in service / / / /	e During 2023 Tax Year (c) Basis for depreciation (business/investment use only - see instructions)	15 YR 25 yrs. 27.5 yrs 39 yrs.	seneral Deprecia y (e) Convention S • MQ MM MM MM	s/L S	(g) Depreciation deduction
b c d e f g h i 20aa	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets F	b Placed in Service (b) Month and year placed in service / / / /	e During 2023 Tax Year (c) Basis for depreciation (business/investment use only - see instructions) 6,435.	15 YR 25 yrs. 27.5 yrs 39 yrs.	seneral Deprecia y (e) Convention S • MQ MM MM MM	SL S/L S/L S/L S/L S/L S/L S/L S/L S/L S	(g) Depreciation deduction
b c c d e f g h i 20a b	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets F Class life 12-year	b Placed in Service (b) Month and year placed in service / / / /	e During 2023 Tax Year (c) Basis for depreciation (business/investment use only - see instructions) 6,435.	15 YR 25 yrs. 27.5 yrs 39 yrs.	s • MQ MM MM MM MM MM MM MM MM MM	SL S/L S/L S/L S/L S/L S/L S/L S/L S/L S	(g) Depreciation deduction
b c d e f g h i	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets F Class life 12-year 30-year	b Placed in Service (b) Month and year placed in service / / / /	e During 2023 Tax Year (c) Basis for depreciation (business/investment use only - see instructions) 6,435.	15 YR 25 yrs. 27.5 yrs 39 yrs. sing the Alte 12 yrs. 30 yrs.	S • MQ MM MM MM MM MM MM MM MM MM	SL S/L S/L S/L S/L S/L S/L S/L S/L S/L S	(g) Depreciation deduction
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b c d e e f g h e e c d e e f e e f e e f e e e e e e e e e e	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets F Class life 12-year 30-year 40-year Summary (See instructions.)	Placed in Service (b) Month and year placed in service / / / Placed in Service	e During 2023 Tax Year (c) Basis for depreciation (business/investment use only - see instructions) 6,435.	15 YR 25 yrs. 27.5 yrs 39 yrs. sing the Alte 12 yrs. 30 yrs.	S • MQ MM MM MM MM MM MM MM MM MM	SL S/L S/L S/L S/L S/L S/L S/L S/L S/L S	(g) Depreciation deduction
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	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets F Class life 12-year 30-year 40-year Summary (See instructions.)	Placed in Service (b) Month and year placed in service / / / Placed in Service / / / / 228 14 through 17, line	e During 2023 Tax Year U (c) Basis for depreciation (business/investment use only - see instructions) 6,435. During 2023 Tax Year Uses 19 and 20 in column (g	15 YR 25 yrs. 27.5 yrs 27.5 yrs 39 yrs. 12 yrs. 30 yrs. 40 yrs.	special Deprecial y (e) Convention S • MQ MM MM MM MM rnative Deprec MM	SL S/L S/L S/L S/L S/L S/L S/L S/L S/L S	(g) Depreciation deduction
b c d Pa 21 22	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets F Class life 12-year 30-year 40-year Int IV Summary (See instructions.) Listed property. Enter amount from line Total. Add amounts from line 12, lines	Placed in Service (b) Month and year placed in service / / / Placed in Service / / / 24 through 17, lines of your return. Pa	c) Basis for depreciation (business/investment use only - see instructions) 6,435. During 2023 Tax Year Uses 19 and 20 in column (gurtnerships and S corporations)	15 YR 25 yrs. 27.5 yrs 27.5 yrs 39 yrs. 12 yrs. 30 yrs. 40 yrs.	special Deprecial y (e) Convention S • MQ MM MM MM MM rnative Deprec MM	SL S/L S/L	(g) Depreciation deduction

Form 4562	(2023)
Dout V	Linkson

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a,

	24b, columns (a														
			n and Other			ution: S	See the i	nstruct	T T	-					
24a	Do you have evidence to s	1		nt use cla	imed?	<u> </u>	es	_ No	24b If "Y	es," is th	ne evide	nce writt	en?	_l Yes	No
	(a) Type of property (list vehicles first)	vpe of property Date Business/			(d) Cost or other basis (e) Basis for depreciati (business/investme use only)		stment	Recovery Method, period Convention		thod/	od/ Depreciation		(i) Elected section 179 cost		
 25	Special depreciation allo	wance for q	ualified listed	property	placed	in servic	e during	the ta	x year and	t l					
	used more than 50% in a	a qualified bu	usiness use								25				
26	Property used more than	ո 50% in a qı	ualified busine	ss use:											
		: :		%											
		: :	(%											
		: :	(%											
27	Property used 50% or le	ss in a qualit	ied business	ıse:											
		: :	(%						S/L -					
		: :	(%						S/L -					
		: :	(%						S/L -					
	Add amounts in column		-								28				
29	Add amounts in column	(i), line 26. E	nter here and	on line 7	⁷ , page 1	<u> </u>							29		
	mplete this section for vel			on C to s	ee if you	ı meet a	n excep		completin	ig this se	ection fo	r those v	vehicles.		n
30	Total business/investment r	otal business/investment miles driven during the		1 '	a) icle 1		b) icle 2	l ve			d) cle 4	Vehi	e) (f) cle 5 Vehicle 6		•
	year (don't include commut		-												
31	Total commuting miles of														
	Total other personal (nor														
	driven	-													
33	Total miles driven during														
	Add lines 30 through 32														
34	Was the vehicle available			Yes	No	Yes	No	Yes	No No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
35	Was the vehicle used pr	imarily by a	more												
	than 5% owner or related														
36	Is another vehicle availal	ble for perso	nal												
	use?			<u> </u>	L			<u> </u>		<u> </u>					
	swer these questions to d re than 5% owners or rela	letermine if y		•	•								ren't		
37	Do you maintain a writte	n policy stat	ement that pr	ohibits a	II persor	nal use c	of vehicle	s, inclu	uding com	muting,	by your			Yes	No
	employees?														
38	Do you maintain a writte														
	employees? See the inst	tructions for	vehicles used	by corp	orate off	ficers, di	irectors,	or 1%	or more o	wners					
39	Do you treat all use of ve	ehicles by en	nployees as p	ersonal ι	use?										
40	Do you provide more that														
	the use of the vehicles, a														
41	Do you meet the require														
_	Note: If your answer to 3	37, 38, 39, 4	0, or 41 is "Ye	s," don'	t comple	te Secti	on B for	the co	vered veh	icles.					
Pa	art VI Amortization			/b\		(2)		<u> </u>	(al)		(2)			(f)	
				Amortizal	(C) Amortizable amount		(d) Code section		(e) Amortiza		ation An				
	Amortization of costs that	at begins du	ring vour 202:	begins B tax vea	r:	anoun			SCUUII		period or per	centage	10	r this year	
TE		20gii 10 du	9 ,001 2020	: :	<u></u>							Т			
				: :											
— 43	Amortization of costs that	at began bef	ore your 2023		r			-				43			
	Total Add amounts in c	ū	•	•		report						44			