## Forms 990 / 990-EZ Return Summary

For calendar year 2024, or tax year beginning

, and ending

\*\*-\*\*\*0846

Three Ri	vers Land	l Trust	Inc	* <b>* -</b> ·	* * * 0040	
Net Asset / Fund Balance at Begir	ning of Year				;	32,949,755
Revenue						
Contributions		11,77	4,528			
Program service revenue		6	3,598			
Investment income		14	4,836			
Capital gain / loss		49	2,121			
Fundraising / Gaming:						
Gross revenue	164,869					
Direct expenses	60,771					
Net income		10	<u>4,098</u>			
Other income			0			
Total revenue				12,579,1	.81	
Expenses		<b>5</b> 0.6				
Program services		5,96	9,082			
Management and general		<u> 21</u>	3,175			
Fundraising		25	4,273	6 126 5	:20	
Total expenses				6,436,5	30	6 142 651
Excess / (deficit)						6,142,651
Changes						104,187
						39,196,593
						_
Reconciliation of F		.01			liation of Exp	
Total revenue per financial statements	12,5/9,	<u> </u>		cpenses per financi	al statements	6,436,530
Less:			Less:			
Unrealized gains  Donated services				nated services		
Recoveries			Los	or year adjustments		
Other			Oth			
Plus:			Plus:	Ci		
Investment expenses				estment expenses		
Other			Oth			
Total revenue per return	12,579,1	L81	<b>G</b>	Total expenses po	er return	6,436,530
Assets Liabilities Net assets	Beginning 33,191,8 242,3 32,949,7	L17	Balance Shed Ending 39,220,3 23,	Dit 291 698	fferences , 246 , 838	3_
						_
	Misce Amended return Return / extende Failure to file pe	d due date	ormation 11/17	<u>/25</u>		

Form **8879-TE** 

#### IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047	OMB	No.	1545-0047
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For calendar year 2024, or fiscal year beginning ......

....., 2024, and ending ...., 20 .....

2024

Internal Revenue Service

Do not send to the IRS. Keep for your records.

Department of the Treasury Go to www.irs.gov/Form8879TE for the latest information. EIN or SSN Name of filer \*\*-\*\*\*0846 Three Rivers Land Trust Inc Name and title of officer or person subject to tax Travis Morehead Executive Director Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 12,579,181 b Total revenue, if any (Form 990, Part VIII, column (A), line 12) \_\_\_\_\_\_1b 1a Form 990 check here 2a Form 990-EZ check here ..... b Total revenue, if any (Form 990-EZ, line 9) \_\_\_\_\_ 2b 3a Form 1120-POL check here ..... 4a Form 990-PF check here ..... b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 5a Form 8868 check here ..... b Balance due (Form 8868, line 3c) 5b 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here ..... 8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) ...... 8b 9a Form 5330 check here ..... **b** Tax due (Form 5330, Part II, line 19) **9b** 10a Form 8038-CP check here .... Amount of credit payment requested (Form 8038-CP, Part III, line 22) ... 10b Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that |X| I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) , (EIN) and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only Brent H. Parks, CPA, I authorize \_ \_\_\_\_\_ to enter my PIN as my signature FRO firm name Enter five numbers, but do not enter all zeros on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. 05/19/25 **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification \*\*\*\*\* number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

> ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

05/19/25

ERO's signature \_

Form

**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 2024 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Α	For the	e 2024 c	alendar year, or tax year beginning , and ending	_				
В	Check if a	pplicable:	C Name of organization	DE	mployer	identific	ation number	
	Address cl	change	Three Rivers Land Trust Inc					
Ħ	Name cha	ange	Doing business as	<b>]</b> *	*-**	**08	46	
╡		Ü	Number and street (or P.O. box if mail is not delivered to street address)  Room/suite		elephone		0202	
	Initial retur		204 E Innes St Ste 120	₩	04-6	4/-	0302	
	Final return terminated		City or town, state or province, country, and ZIP or foreign postal code					
$\neg$	Amended	return	Salisbury NC 28144	<b>G</b> G	iross rece	ipts\$	14,079	,600
ᅥ			F Name and address of principal officer:  H(a) Is this as	aroun re	turn for si	hordinate	s? Yes	X No
	Application	n pending	Travis Morenead	Jioup ici	tuili loi sc	borumate	Ħ	$\equiv$
			204 E Innes Street, Ste 120 H(b) Are all s	ubordina	ates inclu	ded?	Yes	No
			<u> </u>	o," attac	ch a list. S	See instru	uctions	
ı	Tax-exem	npt status:	X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527					
J	Website:	. t	threeriverslandtrust.org H(c) Group ex	cemption	n number			
ĸ	Form of o	organization:	X Corporation Trust Association Other L Year of formation:	199	5	M State	of legal domic	ile: NC
P	Part I	Sı	ummary					
	1 E		escribe the organization's mission or most significant activities:					
a	-	-	ect and conserve land, natural areas, rural landscapes, far	ailv	far	ms		
2			historic places within North Carolina's Heartland	<del>-</del> -		<del></del>		
Ľ								
Governance	2 .	heck th	is box if the organization discontinued its operations or disposed of more than 25% of its net ass	ote				
	1				3	16		
مخ ۵	3 1	Number (	of voting members of the governing body (Part VI, line 1a)		4	16		
Activities	4 1	number (	of independent voting members of the governing body (Part VI, line 1b)		<del></del>			
≅			mber of individuals employed in calendar year 2024 (Part V, line 2a)		5	18		
Ä			mber of volunteers (estimate if necessary)		6	50		
			elated business revenue from Part VIII, column (C), line 12		7a			0
	b N	Net unre	lated business taxable income from Form 990-T, Part I, line 11		7b		0	0
			Prior Y		. F.C	1	Current Year	
ē	8 (	Contribut	ions and grants (Part VIII, line 1h) 5,55				1,774	
Revenue	9 F	Program		30,4				<u>,598</u>
ě	10 li	nvestme	, , , , , , , , , , , , , , , , , , , ,	4,3				<u>,957</u>
-	11 (	Other rev		15,7				,098
	12 T	Total rev	enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,1	L93	1	2,579	,181
	13 (	Grants a	nd similar amounts paid (Part IX, column (A), lines 1–3)					0
	14 E	Benefits	paid to or for members (Part IX, column (A), line 4)					0
S	15 8	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)	12,8	317		1,026	,647
Expenses	16a F	Professio	other compensation, employee benefits (Part IX, column (A), lines 5–10)  onal fundraising fees (Part IX, column (A), line 11e)  draising expenses (Part IX, column (D), line 25)  254,273					0
be	b T	Total fun	draising expenses (Part IX, column (D), line 25) 254,273					
Ж	1		penses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,85	0,3	386		5,409	,883
			penses. Add lines 13–17 (must equal Part IX, column (A), line 25)				6,436	
	1		less expenses. Subtract line 18 from line 12 3,82				6,142	
D of		1010	Beginning of C				End of Year	
ets	<b>20</b> T	Total ass	ets (Part X, line 16) 33,19	1,8	372	3	9,220	,291
ASS	21 T			2,1	L17			,698
Net Assets or	<b>22</b> N		ts or fund balances. Subtract line 21 from line 20 32,94	9,7	755	3	9,196	
	art II		gnature Block				<u> </u>	
trı Siç	ue, corre gn	nalties of ect, and o	perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the I omplete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled of officer	dge.	my kno	owledge	and belief,	it is
пе	re		orint name and title	<u></u>				
		ļ ·· ·			- ·	<b>.</b>	DTIN	
Pai	d	Preparer's			Check	X if	PTIN	
		Brent		9/25	self-emp		******	
	parer	Firm's na		Firm's	EIN	**	-***7	υ8 <sup>-</sup> /
USE	Only		1816 E Innes St Ste 101					
		Firm's ad		Phone	no.	704	<u>-633-</u>	
Ma	y the IR	S discus	ss this return with the preparer shown above? See instructions				X Yes	No

(Expenses \$

4d Other program services (Describe on Schedule O.)

Total program service expenses

including grants of \$

5,969,082

) (Revenue \$

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	11	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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)	١	v	
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	5		х
6	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	_ <del>-</del>		
6	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Voo." complete Schodule D. Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<del></del>		
•	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? <i>If</i> "Yes,"			
•	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			v
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
ī	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		x
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			<u> </u>
120	Schedule D, Parts XI and XII	12a	X	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	124		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		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		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		3.5	
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		v
20-	If "Yes," complete Schedule G, Part III	19		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		^
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

_ [ (	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 individual	als on				163	140
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III				22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the				 		
	organization's current and former officers, directors, trustees, key employees, and highest compensa	ted					
	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 line and the last day of the year, that was issued after December 31, 2002? If "Yes," answer line and the last day of the year, that was issued after December 31, 2002? If "Yes," answer line and the last day of the year, that was issued after December 31, 2002? If "Yes," answer line and the year is the year of the year.	nes 24	lb				v
<b>L</b>	through 24d and complete Schedule K. If "No," go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?				 24a 24b		X
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the				 240		
·	to defease any tax-exempt honds?	, year			24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	· · · · · · · · ·			 24d		
25a			nefi	 t	 		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I				 25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in	a pric	or		 		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 9	990-EZ	<u>7</u> ?				
	If "Yes," complete Schedule L, Part I				 25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any	y curre	ent				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%						3.5
07	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, trust		y				
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committe member, or to a 35% controlled entity (including an employee thereof) or family member of any of the						
	persons? If "Yes," complete Schedule L, Part III	:50			27		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Sci	nedule	 <u>.</u>		 		
	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 contribu	tor? If					
	"Yes," complete Schedule L, Part IV				28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV				 28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?	If					
	"Yes," complete Schedule L, Part IV				 28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedul				 29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualifi	ed					3.5
	conservation contributions? If "Yes," complete Schedule M				 30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Sched		Pa	art I	 31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>				32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Rec				 		21
00	and and 201 7701 2 and 201 7701 22 If "Van" complete Schodule D. David				33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Par				 ·····   <del>"</del>		
	or IV and Part V line 1				 34		х
35a	Did the experience have a controlled entity within the magning of posting \$4.2(b)(4.2)?				 250		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with	a					
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line	2			 35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charital	ole					
	related organization? If "Yes," complete Schedule R, Part V, line 2				 36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization conduct more than 5% of its activities through an entity that is not a related organization.						v
20	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R,</i>				 37	-	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines				38	x	
P	19? Note: All Form 990 filers are required to complete Schedule O.  art V Statements Regarding Other IRS Filings and Tax Compliance				   30	1 21	
	Check if Schedule O contains a response or note to any line in this Part V	,					
	The state of the s				 	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a		13			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b		0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and						
	reportable gaming (gambling) winnings to prize winners?				 1c		1

Pa	Int V Statements Regarding Other IRS Filings and Tax Compliance (continu	ued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	18			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	a financial account in a foreign country (such as a bank account, securities account, or other financial	acco	unt)?	4a		X
b	If "Yes," enter the name of the foreign country					
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			_		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction for a p			5b		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th organization solicit any contributions that were not tax deductible as charitable contributions?			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions			Ua		-21
b	gifts were not tax deductible?	113 01		6b		
7	Organizations that may receive deductible contributions under section 170(c).			OD.		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for o	shoor				
-	and convices provided to the payor?			7a		х
b				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa					
	required to file Form 8282?			7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontrac	?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For	m 889	99 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza	tion file	e a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	ne			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а				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:	ı				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		-		
. b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	ـ دد ا				
a	Gross income from members or shareholders	11a		-		
D	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a			?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120				
а	le the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indeer tenning convices during the tay year?			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ration	or			
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person, engage in any active					
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?			17		
	If "Yes," complete Form 6069.					

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a   16			110
	If there are material differences in voting rights among members of the governing body, or	1		
	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 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
_	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	_		
•	and the state of afficient directors to obtain a large control of the state of the	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 conservation have recorded as a standard to the second	6		X
7a	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing hedy?	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 hody?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing head Q	8a	х	
b		8b	X	
9	ls there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
•	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
_	describe on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b		x
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	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 NC			
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) available 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 financial 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.			
Tı	ravis Morehead 204 E Innes Street, Ste 120			
Sa		-64	7-0	302

		1				_
Earm	000 (2024)	Trnraa	Rivers	I.and	Triidt	Inc

*	*	_	*	*	*	O	8	4	6	

Page **7** 

# 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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	box	x, unle	ess pe	ition more rson directo	than on is both a or/trustee	an e)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) Travis Morehead										
<u></u>	40.00							120 105	•	
Executive Director	0.00	X		Х				132,187	0	0
(2) Mike Mabry	0.00									
President	0.00	x		x				o	0	0
(3) Mike Morton	0.00	^		^				0	0	0
(5) MIKE MOI COII	0.00									
Vice President	0.00	X		x				0	0	0
(4) Frances Willis		†								
(,	0.00									
Secretary	0.00	x		х				0	0	0
(5) Richard Allenbar	igh									
	0.00									
Treasurer	0.00	X		Х				0	0	0
(6) Dr John Bartlett										
	0.00									
Director	0.00	X						0	0	0
(7) Monty Crump										
	0.00	.								
Director	0.00	X				$\vdash$		0	0	0
(8) Kathy Davis	0.00									
Diana di an	0.00							_	0	0
Director (9) Davon Goodman	0.00	Х						0	U	<u> </u>
(9) Davon Goodhan	0.00									
Director	0.00	x						o	0	0
(10) Larry Hale	0.00	1						0	0	0
(10) Daily Haie	0.00									
Director	0.00	X						0	0	0
(11) Robert Hall		†								
· ,	0.00									
Director	0.00	X						0	0	0
	•							•		Form <b>990</b> (2024)

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	and Highest Compensated	Employees (continued)				
(A) Name and title	(B) Average hours per week	bo	x, unle	Pos check ess pe	rson i	than c s both or/trust	an ee)	(D) Reportable compensation from the	<b>(E)</b> Reportable compensation from related		(F) stimated ar of othe compensar	r	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	or	from the rganization ted organ	e n and	i
(12) Darrell Hanco (12) Director	0.00 0.00	x						0	0				0
(13) Leon Huneycut (13) Director	0.00	x						0	0				0
(14) Director	0.00 0.00	x						0	0				0
(15) Jeff Moose (15) Director	0.00	x						0	0				0
(16) Reginald Robe (16) Director (17) Steve Smith	0.00	x						0	0				0
(17) Director	0.00	х						0	0				0
(18)													
(19)								132,187					
to tal (add lines 1b and 1c)  Total number of individuals (in	ets to Part VII, S	Secti	ion A	<b>4</b>				132,187	\$100,000 of				
reportable compensation from  3 Did the organization list any for	the organization	1	1									Yes	No
<ul><li>employee on line 1a? <i>If "Yes,"</i></li><li>For any individual listed on line organization and related organ</li></ul>	complete Schede 1a, is the sum	<i>dule</i> of r	<i>J for</i> eport	<i>suc</i> table	h ind	dividi npen	<i>ial</i> satio	on and other compensation	from the		3		X
5 Did any person listed on line 1 for services rendered to the or Section B. Independent Contractor	rganization? <i>If "</i> Y										5		х
Complete this table for your five compensation from the organization.	ve highest comp							dar year ending with or with		ear.		(C)	
Name and	business address							Descrip	tion of services		Com	peńsatio	n
2 Total number of independent of received more than \$100,000								se listed above) who	0				

\*\*-\*\*\*0846 Form 990 (2024) Three Rivers Land Trust Inc Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (A) (D) Revenue excluded (B) Related or exempt Unrelated function revenue from tax under husiness revenue sections 512-514 Gifts, Grants ilar Amounts 1a Federated campaigns ..... 1a **b** Membership dues ..... 1b c Fundraising events ..... 7,000 1c **d** Related organizations ..... 1d e Government grants (contributions) 6,693,556 **f** All other contributions, gifts, grants, 5,073,972 and similar amounts not included above ...... 1f g Noncash contributions included in 2,214,000 lines 1a-1f 11,774,528 h Total. Add lines 1a-1f. Business Code 63,598 63,598 Land management income Program Service Revenue f All other program service revenue ..... 63,598 g Total. Add lines 2a-2f. 3 Investment income (including dividends, interest, and other similar amounts) 144,836 144,836 4 Income from investment of tax-exempt bond proceeds 5 Royalties ..... (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b c Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets 1,124,769 807,000 other than inventory b Less: cost or other Other Revenue basis and sales exps. 898,600 541,048 226,169 7c 265,952 c Gain or (loss) 492,121 265,952 226,169 d Net gain or (loss) ..... **8a** Gross income from fundraising events (not including \$ 7,000 of contributions reported on line 1c). See Part IV, line 18 ... 164,869 8a **b** Less: direct expenses ..... 60,771 104,098 104,098 c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 ...... **b** Less: direct expenses ..... 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances ..... 10a **b** Less: cost of goods sold ...... 10b c Net income or (loss) from sales of inventory Business Code

12,579,181

329,550

0

d All other revenue .....

e Total. Add lines 11a-11d ...

Total revenue. See instructions ...

#### 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 (A) Total expenses (B) Program service (C) Management and (D) Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 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, trustees, and key employees ..... 132,187 92,530 39,657 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 ..... 722,684 450,290 36,794 235,600 Pension plan accruals and contributions (include 25,651 19,238 6,413 section 401(k) and 403(b) employer contributions) 58**,**775 19,592 Other employee benefits ..... 78,367 9 67,758 43,025 18,673 Payroll taxes 6,060 Fees for services (nonemployees): a Management ..... **b** Legal c Accounting Professional fundraising services. See Part IV, line 17 Investment management fees ..... **g** Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) 128,705 96,529 32,176 32,639 24,4798,160 12 Advertising and promotion 60,761 45,571 15,190 13 Office expenses Information technology ..... 14 Royalties 42,755 32,066 10,689 16 Occupancy 43,253 32,440 10,813 Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates ..... 21 Depreciation, depletion, and amortization 39,231 29,423 9,808 22 38,124 28,593 9,531 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 4,656,049 4,656,049 Land easements Surveys & appraisals 204,902 204,902 Land stewardship 61,572 61,572 31,846 31,846 Newsletter 70,046 61,754 8,292 e All other expenses ..... 213,175 6,436,530 5,969,082 254,273 Total functional expenses. Add lines 1 through 24e 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)

### Part X Balance Sheet

Pa	art )	Check if Schedule O contains a response or note	to any lin	e in this Part X			
			,		<b>(A)</b> Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			2,178,170	2	1,942,633
	3	Pledges and grants receivable, net			5,721	3	5,061
	4	Accounts receivable, net				4	<u> </u>
	5	Loans and other receivables from any current or former	officer, d	lirector,			
		trustee, key employee, creator or founder, substantial co					
		controlled entity or family member of any of these person	ns			5	<u> </u>
	6	Loans and other receivables from other disqualified personal					
g		under section 4958(f)(1)), and persons described in sec				6	
Assets	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	<u> </u>
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	32,734,564			
	b	Less: accumulated depreciation	10b	193,908	27,744,252	10c	32,540,656
	11	Investments—publicly traded securities		<b>L</b>	3,202,346	11	4,666,341
	12	Investments—other securities. See Part IV, line 11		L		12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			61,383	15	65,600
	16	Total assets. Add lines 1 through 15 (must equal line 3	3)		33,191,872	16	39,220,291
	17	Accounts payable and accrued expenses			242,117	17	23,698
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of	of Schedu	lle D		21	<u> </u>
န္တ	22	Loans and other payables to any current or former office	er, directo	or,			
Liabilities		trustee, key employee, creator or founder, substantial co					
jab		controlled entity or family member of any of these person	ns			22	
-	23	Secured mortgages and notes payable to unrelated third	d parties			23	
	24	Unsecured notes and loans payable to unrelated third p				24	<u> </u>
	25	Other liabilities (including federal income tax, payables t					
		parties, and other liabilities not included on lines 17-24).	Complet	e Part X			
		of Schedule D				25	
_	26	Total liabilities. Add lines 17 through 25			242,117	26	23,698
,		Organizations that follow FASB ASC 958, check here	e X				
š		and complete lines 27, 28, 32, and 33.					
Balances	27				32,709,993	27	38,956,498
<u>m</u>	28	Net assets with donor restrictions		· <del>,</del>	239,762	28	240,095
Fund		Organizations that do not follow FASB ASC 958, che	eck here				
띹		and complete lines 29 through 33.					
<u>ş</u>	29	Capital stock or trust principal, or current funds				29	
sel	30	Paid-in or capital surplus, or land, building, or equipmen	t fund	·····		30	
٦	31	Retained earnings, endowment, accumulated income, o			22 040 855	31	20 106 502
Se	32	Total net assets or fund balances			32,949,755	32	39,196,593
	33	Total liabilities and net assets/fund balances			33,191,872	33	39,220,291

Form **990** (2024)

Pa	art 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			79 <b>,</b> 1	
2	Total expenses (must equal Part IX, column (A), line 25)	2			36,5	
3	Revenue less expenses. Subtract line 2 from line 1	3			42,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	32		49 <b>,</b> 7	
5	Net unrealized gains (losses) on investments	5		10	04,3	<u> 187</u>
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				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	39	9,19	96,5	<u> 593</u>
Pa	art XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both.					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	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 X 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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	X	

Form **990** (2024)

#### SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

2024

Employer identification number

Open to Public Inspection

The	orga	nization is not	a private foundation because	e it is: (For lines 1 through 12, o	check only	one box	c.)		
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	Ш	A school des	cribed in section 170(b)(1)(	A)(ii). (Attach Schedule E (Form	n 990).)				
3		A hospital or	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4		A medical res	search organization operated	in conjunction with a hospital of	described	in <b>sectio</b>	on 170(b)(1)(A)(iii). Enter the h	nospital's name,	
		city, and state	e:						
5		An organizati	on operated for the benefit of	of a college or university owned	or operate	ed by a g	governmental unit described in		
	_	section 170	(b)(1)(A)(iv). (Complete Part	II.)					
6		A federal, sta	ite, or local government or g	overnmental unit described in s	ection 17	70(b)(1)(A	\)(v).		
7	X		on that normally receives a section 170(b)(1)(A)(vi). (C	substantial part of its support fro omplete Part II.)	om a gove	ernmental	unit or from the general public		
8				170(b)(1)(A)(vi). (Complete Part	II.)				
9	П	•		cribed in section 170(b)(1)(A)(i	,	ed in con	iunction with a land-grant colle	ae	
				of agriculture (see instructions).				<b>3</b> -	
		university:							
10	Ш			more than 33 1/3% of its supp				SS	
		•		pt functions, subject to certain e	•	. ,			
			S .	nd unrelated business taxable in 0, 1975. See <b>section 509(a)(2)</b> .	,		•		
11	П		· ·	exclusively to test for public safe	` .		•		
12	Н	Ū	•	exclusively for the benefit of, to p	•		` ' '	sees of	
12	Ш	•	•	ions described in section 509(a					
				scribes the type of supporting or					
	а	Type I. A	supporting organization ope	erated, supervised, or controlled	by its su	ipported of	organization(s), typically by givi	ng	
		the suppo	orted organization(s) the pow	er to regularly appoint or elect	a majority	of the di	rectors or trustees of the		
		supporting	g organization. You must c	omplete Part IV, Sections A a	nd B.				
	b			pervised or controlled in connec			. , , , ,		
			•	ting organization vested in the s	same pers	sons that	control or manage the support	ed	
			•	Part IV, Sections A and C.				141	
	С			supporting organization operated structions). You must complete				rith,	
	d		• ,,,	I. A supporting organization ope				on(s)	
				e organization generally must sa			•	. ,	
		requireme	ent (see instructions). You n	nust complete Part IV, Section	s A and	D, and P	art V.		
	е			eived a written determination fro n-functionally integrated support			s a Type I, Type II, Type III		
	f	Enter the nur	mber of supported organizati	ons					
	g	Provide the fo	ollowing information about th	ne supported organization(s).					
(i)	Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount	of
	org	ganization		(described on lines 1–10		ur governing	support (see	other support	•
				above (see instructions))	Yes	ment?	instructions)	instructions	
(A)					100	110			
(~)									
(B)									
(C)									
(D)									
(E)									
ν-,									
Tota									

Page 2

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

(Complete only if 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				•	,	
Caler	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	<b>(e)</b> 2024	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,438,137	2,906,228	4,356,743	5,554,556	11,774,528	29,030,192
2	Tax revenues levied for the organization'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						
<b>4 5</b>	Total. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount	4,438,137	2,906,228	4,356,743	5,554,556	11,774,528	29,030,192
	shown on line 11, column (f)						1,626,370
6	Public support. Subtract line 5 from line 4						27,403,822
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	<b>(e)</b> 2024	(f) Total
7	Amounts from line 4	4,438,137	2,906,228	4,356,743	5,554,556	11,774,528	29,030,192
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	52,561	50,308	45,218	58,405	144,836	351,328
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						29,381,520
12	Gross receipts from related activities, etc.	(see instructions)				12	981,555
13	First 5 years. If the Form 990 is for the o	rganization's first, s	econd, third, fourth	n, or fifth tax year a	as a section 501(c)	)(3)	
	organization, check this box and stop her						
Sec	tion C. Computation of Public Se	upport Percent	tage				
14	Public support percentage for 2024 (line 6	, column (f), divide	d by line 11, colun	nn (f))		14	93.27 %
15	Public support percentage from 2023 School	edule A, Part II, line	e 14			15	98.98%
16a	33 1/3% support test — 2024. If the orga	nization did not che	eck the box on line	13, and line 14 is	33 1/3% or more,	check this	
	box and stop here. The organization qual						X
b	<b>33 1/3% support test — 2023.</b> If the orga	nization did not che	eck a box on line 1	3 or 16a, and line	15 is 33 1/3% or r	nore, check	
	this box and <b>stop here.</b> The organization	qualifies as a publi	icly supported orga	nization			L
17a	10%-facts-and-circumstances test — 20	<b>024.</b> If the organiza	tion did not check	a box on line 13, 1	6a, or 16b, and lin	e 14 is	
	10% or more, and if the organization mee	ts the facts-and-cir	cumstances test, o	heck this box and	stop here. Explai	n in	
	Part VI how the organization meets the fa organization		-	•			
b	10%-facts-and-circumstances test — 20	<b>023.</b> If the organiza	tion did not check	a box on line 13, 1	6a, 16b, or 17a, a	nd line	
	15 is 10% or more, and if the organization	n meets the facts-a	nd-circumstances	test, check this box	k and <b>stop here.</b> I	Explain	
	in Part VI how the organization meets the	facts-and-circumst	tances test. The or	ganization qualifies	s as a publicly sup	pported	
	organization						L
18	<b>Private foundation.</b> If the organization did instructions						

### 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.

Sec	tion A. Public Support	quality under ti	ne tests listed i	below, please c	ompiete Fart i	1.)	
	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	<b>(e)</b> 2024	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(-)	(4) =3=1	(-,	(-,	(0) =0=1	(7)
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
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						
с 8	Add lines 7a and 7b <b>Public support.</b> (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9	Amounts from line 6		,	, ,	,		, , , , , , , , , , , , , , , , , , ,
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the or						
Sec	organization, check this box and stop here tion C. Computation of Public Su						<u> </u>
15	Public support percentage for 2024 (line 8,			mn (f))		15	%
16	Public support percentage from 2023 Sche	edule A. Part III. lir	ne 15	(1)//		16	%
	tion D. Computation of Investme						
17	Investment income percentage for 2024 (li			3, column (f))		17	%
18	Investment income percentage from 2023		III II 4			4.0	%
19a	<b>33 1/3% support tests</b> — <b>2024.</b> If the org						
b	17 is not more than 33 1/3%, check this bo 33 1/3% support tests — 2023. If the org	-	=				
D	line 18 is not more than 33 1/3%, check th						
20	<b>Private foundation.</b> If the organization did		_			=	

#### Part IV **Supporting Organizations**

(Complete only if you checked a box on line 12 on 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

- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and b satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- 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.
- 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.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign b 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.
- 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)
- 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- 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.
- 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).
- 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).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a 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.
- Did one or more disgualified 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.
- 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.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
Sche	dule A	(Form 9	90) 2024

Page !

	in A ( only 39) 2024	<u>.                                    </u>		i age o
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
	71 11 0 0		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			133
•	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		
Secti	on 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	•		
2	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			
Sooti	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations	,		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	).		
a b	The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see insti	ructions)	).	
_			Yes	No
2	Activities Test. Answer lines 2a and 2b below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to each of its supported organizations, and how the organization determined	2a		
	that these activities constituted substantially all of its activities.			
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
_				
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
L	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.			
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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

Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations							
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See							
instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Section A – Adjusted Net Income (A) Prior Year (B) Current Year							
	(7.) Ther real	(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						
Section 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):							
a Average monthly value of securities	1a						
<b>b</b> Average monthly cash balances	1b						
c Fair market value of other non-exempt-use assets	1c						
d Total (add lines 1a, 1b, and 1c)	1d						
e 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						
Section C – Distributable Amount			Current Year				
1 Adjusted net income for prior year (from Section A, line 8, column A)	1						
2 Enter 0.85 of line 1.	2						
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4 Enter greater of line 2 or line 3.	4						
5 Income tax imposed in prior year	5						
6 Distributable Amount. Subtract line 5 from line 4, unless subject to							
emergency temporary reduction (see instructions).	6						
7 Check here if the current year is the organization's first as a non-functionally integrated	d Type III	supporting organization					
(see instructions).		-					

Schedule A (Form 990) 2024

	lle A (Form 990) 2024 Three Rivers Land		**-**	*08	Page
Par	t V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)		
Sect	ion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purpor	ses		1	
2	Amounts paid to perform activity that directly furthers exempt purposes	s of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required—provide deta	ails in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organization	ation is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2024 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	s	(iii) Distributable Amount for 2024
1_	Distributable amount for 2024 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2024				
	(reasonable cause required-explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2024				
	From 2019				
	From 2020				
	From 2021				
	From 2022				
	From 2023				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
<u>n</u>	Applied to 2024 distributable amount				
	Carryover from 2019 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2024 from				
	Section D, line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2024 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2024, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2024. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2025. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022  Excess from 2023				
u	LAUGOO HUIH ZUZU				

Schedule A (Form 990) 2024

e Excess from 2024

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3d, 4d, 6d, 5d, 6d, 9d, 9b, 6114, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section D, line 1; Part V, Section D, lines 2, and 3; Part IV, Section D, lines 2, and 3b; Part V, line 1; Part V, Section E, line 1; Part V, Section D, lines 5, 6d, and 8d, and Part III, line 10; Part V, Section D, lines 5, 6d, and 8d, and Part IV, Section B, line 1; Part V, Section D, lines 5, 6d, and 8d, and Part IV, Section E, lines 2, 5, and 6d. Also complete this part for any additional information. (See instructions.)	Schedule A (For	m 990) 2024 IIII GE RIVELS HANG II USC IIIC Page 6					
	Part VI	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V,					
		Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)					
	•						
	•						
	_						
	•						
	•						
	_						
	•						

## Schedule B (Form 990) (Rev. December 2024))

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Name of the organization

Employer identification number

Three Rivers I	Land Trust Inc	**-***0846					
Organization type (check one	e):						
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  '), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See					
General Rule							
or more (in money or	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules							
regulations under sect	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> / <sub>3</sub> % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
contributor, during the literary, or educational	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 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.						
contributor, during the contributions totaled m during the year for an <b>General Rule</b> applies	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 the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box 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						
must answer "No" on Part IV,	t isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990 et the filing requirements of Schedule B (Form 990)	•					

Name of organization

Employer identification number

Three Rivers Land Trust Inc \*\*-\*\*\*0846 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. 1.... Foundations for the Carolinas Person 217 South Tryon Street Payroll 1,351,750 Noncash Charlotte NC 28202 (Complete Part II for noncash contributions.) (a) No. Name, address, and ZIP + 4 Total contributions Type of contribution 2.... NC Land & Water Fund Person 121 W Jones Street Pavroll \$ 647,626 Noncash 27603 Raleigh (Complete Part II for noncash contributions.) (a) Name, address, and ZIP + 4 Total contributions Type of contribution No. NC Dept of Agriculture 3 Farmland Preservantion Trust Fund Person 2 West Edenton Street Payroll \$ 1,002,799 Noncash Raleigh NC 27601 (Complete Part II for noncash contributions.) (c) (d) (a) Name, address, and ZIP + 4 Type of contribution **Total contributions** No. US Dept of Agriculture **4**.... Natural Resources Conservation Svcs Person X 1152 15th St NW Payroll \$ 2,367,071 Noncash Washington DC 20005 (Complete Part II for noncash contributions.) (b) (a) (c) (d) Name, address, and ZIP + 4 Type of contribution No. Total contributions US Dept of Defense 5 Army Compatibile Use Buffer X Person 2455 Reynolds Rd Payroll Bldg 2266 \$ 2,676,060 Noncash Fort Sam Houston TX 78234 (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6.... Anna Danner Person 1120 Hounds Acre Farm Road Payroll \$ 2,214,000 X Noncash NC 27013 Cleveland (Complete Part II for noncash contributions.)

Name of organization

Three Rivers Land Trust Inc

Employer identification number \*\*-\*\*\*0846

a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	Land		
		\$ 2,214,000	12/31/24
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
	•	•	
	•	\$	• • • • • • • • • • • • • • • • • • • •

#### SCHEDULE C (Form 990)

### Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

Inspection Go to www.irs.gov/Form990 for instructions and the latest information. If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

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

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

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

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

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name	e of organiz		Francis Trac		Employer identif	ication number (EIN)
Par	t I-A	Three Rivers Land Complete if the organization is exe		) or is a section		
1		description of the organization's direct and indi				JIII.
•		of "political campaign activities."	noor pointour ournpargir activities	mi i dit iv. doo me		
2		ampaign activity expenditures. See instructions			\$	
3	Volunteer	hours for political campaign activities. See inst	tructions			
Par		Complete if the organization is exe				
1	Enter the	amount of any excise tax incurred by the organ	nization under section 4955		\$	
2	Enter the	amount of any excise tax incurred by organizat	ion managers under section 495	5		
3	If the orga	nization incurred a section 4955 tax, did it file F	Form 4720 for this year?			Yes No
4a						
b		escribe in Part IV.				
Pai	t I-C	Complete if the organization is exe	mpt under section 501(c	), except sect	ion 501(c)(3).	
1	Enter the	amount directly expended by the filing organiza	ation for section 527 exempt fund	ction		
	activities				\$	
2		amount of the filing organization's funds contrib	<u> </u>			
	527 exem	pt function activities			\$	
3		npt function expenditures. Add lines 1 and 2. E				
	line 17b				\$	
4	Did the fili	ng organization file Form 1120-POL for this ye	ar?			Yes No
5		names, addresses, and EINs of all section 527				
		organization listed, enter the amount paid from			•	
		ns received that were promptly and directly del		•	•	
-	segregated	d fund or a political action committee (PAC). If	additional space is needed, prov	<u>vide information in</u>	Part IV.	
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
					filing organization's funds. If none, enter -0	contributions received and promptly and directly
					Turido. Il riorio, critor o .	delivered to a separate
						political organization.  If none, enter -0
<u></u>						ii Hone, chici V.
(1)						
(2)						
(2)						
(3)						
(3)						
(4)						
(-)						
(5)						
,						
(6)						
. ,						

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

Schedule C (Form 990) 2024

Sch	redule C (Form 990) 2024 Three	Rivers La	and Trust I	inc		**-***0846			Page 2
P	art II-A Complete if the organiza	tion is exemp	t under section	501(c)(3) an	d filed	Form 5768 (ele	ection	n under	
	section 501(h)).								
Α	Check if the filing organization b	elongs to an affi	liated group (and lis	st in Part IV e	ach affi	liated group mem	ber's	name, ad	ldress,
	EIN, expenses, and share	e of excess lobb	ying expenditures).						
В	Check if the filing organization c	hecked box A a	nd "limited control"	provisions ap	oly.				
	Limits on Lobb	ying Expendi	tures			(a) Filing		(b) Affiliated	
	(The term "expenditures" me				orga	anization's totals		group totals	
1	a Total lobbying expenditures to influence pub								
	<b>b</b> Total lobbying expenditures to influence a le								
	c Total lobbying expenditures (add lines 1a and	d 1b)							
	<b>d</b> Other exempt purpose expenditures								
	e Total exempt purpose expenditures (add line	s 1c and 1d)							
	f Lobbying nontaxable amount. Enter the amo	unt from the follow	ing table in both						
	columns.  IF the amount on line 1e, column (a) or (b), is:	THEN the lobbyi	ng nontaxable amount	is:					
	not over \$500,000	20% of the amour							
	over \$500,000 but not over \$1,000,000		% of the excess over \$5	00,000.					
	over \$1,000,000 but not over \$1,500,000		% of the excess over \$1						
	over \$1,500,000 but not over \$17,000,000		of the excess over \$1,5						
	over \$17,000,000	\$1,000,000.							
	g Grassroots nontaxable amount (enter 25% o	f line 1f)		•					
	h Subtract line 1g from line 1a. If zero or less,								
	i Subtract line 1f from line 1c. If zero or less, e	ontor O							
	j If there is an amount other than zero on either								
	reporting section 4911 tax for this year?							Yes	No
		4-Year Averagi	ing Period Under	Section 501(I	1)				
	(Some organizations that made	•	•	•	•	of the five colun	nns b	elow.	
		= :	, nstructions for lin	-					
		•							
	<u> </u>	oying Expenditu	ures During 4-Yea	r Averaging	Period				
	Calendar year (or fiscal year								
	beginning in)	<b>(a)</b> 2021	<b>(b)</b> 2022	(c) 202	3	(d) 2024		<b>(e)</b> Tot	al
2	a Lobbying nontaxable amount								
	<b>b</b> Lobbying ceiling amount								
	(150% of line 2a, column (e))								
	c Total lobbying expenditures								
	d Grassroots nontaxable amount								
	e Grassroots ceiling amount								
	(150% of line 2d. column (e))								

Schedule C (Form 990) 2024

f Grassroots lobbying expenditures

Part II-B Complete if the organization is exempt under section		0846 Form		•	Page 3
(election under section 501(h)).					
For each "Yes" response on lines 1a through 1i below, provide in Part IV a d	letailed (a	1)	(k	<i>'</i> '	
description of the lobbying activity.	Yes	No	Amo	ount	
1 During the year, did the filing organization attempt to influence foreign, national,	state, or local				
legislation, including any attempt to influence public opinion on a legislative matter	er or				
referendum, through the use of:					
a Volunteers?					
<b>b</b> Paid staff or management (include compensation in expenses reported on lines	1c through 1i)? X	ш			
c Media advertisements?		Х			
<b>d</b> Mailings to members, legislators, or the public?		Х			
e Publications, or published or broadcast statements?		Х			
f Grants to other organizations for lobbying purposes?		Х			
g Direct contact with legislators, their staffs, government officials, or a legislative b	ody?	Х			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any simil	ar means?	Х			
i Other activities?		Х			
j Total. Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to not be described in section 5	501(c)(3)?	X			
		_			
c If "Yes," enter the amount of any tax incurred by organization managers under se	ection 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this					
Part III-A Complete if the organization is exempt under section	on 501(c)(4), section 501(c)(5),	or se	ction		
501(c)(6).				Τ.,	Т
4 144				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?				<u> </u>	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less					
3 Did the organization agree to carry over lobbying and political campaign activity				(-)(C)	
Part III-B Complete if the organization is exempt under section				(c)(o)	)
and if either (a) BOTH Part III-A, lines 1 and 2, are ar answered "Yes."	iswered No, OR (b) Part III-A	i, iirie	3, 15		
Dues, assessments, and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not includ					
political expenses for which the section 527(f) tax was paid).					
		2a			
h Carryover from last year		2b			
a Total		2c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible se		3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, wh					
excess does the organization agree to carryover to the reasonable estimate of n	·				
	, -	4			
5 Taxable amount of lobbying and political expenditures. See instructions		5			
Part IV Supplemental Information					
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part I-B, line 4; Part I-C, line 5; Part I-C,	art II A (affiliated group list): Bart II A lir	000 1 00	nd		
2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional infi		100 1 01			
2 (300 motivations), and rare in 2, into 1. 7 1100, complete time pare for any additional into	omaton.				
Schedule C, Part II-B, Line 1					
	state and national l	egi	slators	: +c	· · · · · · ·
Land Trust statt met with or contacted s					
Land Trust staff met with or contacted s	disiation and to re		cc ppc		
promote broad-based land conservation le	. 📆	<del></del>	land	in	†h₄
promote broad-based land conservation le funding for acquisition of strategically	. 📆	<del></del>	land	in	the
promote broad-based land conservation le	. 📆	<del></del>	land	in	the
promote broad-based land conservation le funding for acquisition of strategically	. 📆	<del></del>	land	in	the

DAA Schedule C (Form 990) 2024

Schedule C (Form	n 990) 2024	Three	Rivers	Land	Trust	Inc	**-***0846	Page 4
Part IV	Supplemental							
1 dit iv	Cappiomonia	momati	on (continue	<i>,</i>				
							•••••	
	• • • • • • • • • • • • • • • • • • • •							

# SCHEDULE D (Form 990)

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

### **Supplemental Financial Statements**

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number \*\*-\*\*\*0846 Three Rivers Land Trust Inc Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year \_\_\_\_\_ Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). |X| Preservation of land for public use (for example, recreation or education) |X| Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure X Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements ..... 251 2a 32,569.00 **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included on line 2a 2c d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by 0 the organization during the tax year Number of states where property subject to conservation easement is located ...... 1 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conversation easements during the year 4408 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing 135,767 conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B) X Yes No (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X .....

Part III Organizati	ons Maintaining C	ollections of	Art, Historical	Treasures, o	r Other Simil	ar Assets	(continu	ıed)	
3 Using the organization's		and other record	s, check any of the f	ollowing that ma	ke significant use	e of its			
collection items (check a	ali that apply).	. 🗆							
a Public exhibition		d H	Loan or exchange p	-					
b Scholarly research c Preservation for futu	uro gonorations	е	Other						
c Preservation for future 4 Provide a description of	=	rtions and explain	n how they further the	e organization's (	exemnt nurnose	in Part			
XIII.	the organizations collect	Silons and explain	ir now they forther the	o organization s	exempt purpose	iii i ait			
5 During the year, did the	organization solicit or re	eceive donations	of art. historical treas	sures. or other si	milar				
assets to be sold to rais	-							s 🗆	No
Part IV Escrow ar	nd Custodial Arran	gements							
-	f the organization ar	nswered "Yes'	" on Form 990, P	art IV, line 9,	or reported a	in amount	on Form		
990, Part X	•								
1a Is the organization an a									1
included on Form 990, F	Part X?						. L Ye	s	No
<b>b</b> If "Yes," explain the arra	angement in Part Aill an	a complete the it	bilowing table.				Amount		
c Beginning balance						1c	7		
d Additions during the year	ar					1d			
e Distributions during the	year					1e			
f Ending balance						1f			
2a Did the organization incl	lude an amount on Form	n 990, Part X, line	e 21, for escrow or c	ustodial account	liability?		. 🗌 Ye	s 🗌	No
<b>b</b> If "Yes," explain the arra		neck here if the e	explanation has been	provided in Part	XIII			.	
Part V Endowmer									
Complete it	f the organization ar						T		
4- 5 1 1 1		(a) Current year	(b) Prior year	(c) Two years	back (d) Thi	ree years back	(e) Four	years t	oack
1a Beginning of year balan					+				
<ul><li>b Contributions</li><li>c Net investment earnings</li></ul>									
and losses									
d Grants or scholarships									
e Other expenditures for f									
programs									
f Administrative expenses									
<b>g</b> End of year balance									
2 Provide the estimated p	•	•	e (line 1g, column (a	)) held as:					
a Board designated or qu		%							
<b>b</b> Permanent endowment									
c Term endowment									
The percentages on line  3a Are there endowment fu		•	ation that are hold an	d administered f	for the				
organization by:	inds not in the possessit	on the organiza	allon that are nelu ar	iu auministereu i	or trie		Γ	Yes	No
(i) Unrelated organizat	tions?						-		
(ii) Related organizatio	ns?						3a(ii)		
<b>b</b> If "Yes" on line 3a(ii), ar	e the related organizatio	ns listed as requ	ired on Schedule R?				3b		
4 Describe in Part XIII the									
	dings, and Equipr								
Complete it	f the organization ar	nswered "Yes'	<u>" on Form 990, P</u>	art IV, line 11	a. See Form	990, Part	X, line 1	0	
Description of p	roperty	(a) Cost or other	``'	or other basis	(c) Accumulate	d	(d) Book	/alue	
		(investment)	,	ther)	depreciation		20 45	2 1	7.
1a Land			32,4	453,176			32,45	١, ٥	L / 6
<b>b</b> Buildings				+					
<ul><li>c Leasehold improvement</li><li>d Equipment</li></ul>				281,388	193	,908	۶	7 - 4	180
e Other			<u> </u>			, , , , ,		• •	
Total. Add lines 1a through 16		al Form 990, Par	rt X, line 10c, column	(B))			32,54	0,6	556

	(a) Description of security or category	(b) Book value	e 11b. See Form 990, Part X, line 12.  (c) Method of valuation:
	(including name of security)	, ,	Cost or end-of-year market value
Financial	derivatives		
	eld equity interests		
0.1			
/ <b>/ \</b> \			
(B)			
(C)			
(D)			
(E)			
(F)			
(H)	(1)		
	nn (b) must equal Form 990, Part X, line 12, col. (B))		
art VIII	Investments – Program Related	on Form OOO Bort IV line	11a Cas Form 000 Bort V line 12
	Complete if the organization answered "Ye	(b) Book value	(c) Method of valuation:
	(a) Description of investment	(b) Book value	Cost or end-of-year market value
1			
al. (Colum	nn (b) must equal Form 990, Part X, line 13, col. (B))		
al. (Colum	on (b) must equal Form 990, Part X, line 13, col. (B))  Other Assets		
		es" on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.
art IX	Other Assets		e 11d. See Form 990, Part X, line 15.  (b) Book value
art IX	Other Assets Complete if the organization answered "Ye		
art IX	Other Assets Complete if the organization answered "Ye		
art IX	Other Assets Complete if the organization answered "Ye		
	Other Assets Complete if the organization answered "Ye		
	Other Assets Complete if the organization answered "Ye		
art IX	Other Assets Complete if the organization answered "Ye		
	Other Assets Complete if the organization answered "Ye		
	Other Assets Complete if the organization answered "Ye		
art IX	Other Assets Complete if the organization answered "Ye (a) Descrip		
art IX	Other Assets Complete if the organization answered "Ye (a) Descrip		
art IX	Other Assets Complete if the organization answered "Ye (a) Descrip	otion	(b) Book value
art IX	Other Assets Complete if the organization answered "Ye (a) Description (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Ye	otion	(b) Book value
art IX	Other Assets Complete if the organization answered "Ye (a) Descrip	es" on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X,
art IX	Other Assets Complete if the organization answered "Ye (a) Description  on (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Ye line 25.  (a) Description	es" on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X,
art IX	Other Assets Complete if the organization answered "Ye (a) Description (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Ye line 25.	es" on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X,
art IX	Other Assets Complete if the organization answered "Ye (a) Description  on (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Ye line 25.  (a) Description	es" on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X,
art IX	Other Assets Complete if the organization answered "Ye (a) Description  on (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Ye line 25.  (a) Description	es" on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X,
art IX  al. (Colum art X	Other Assets Complete if the organization answered "Ye (a) Description  on (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Ye line 25.  (a) Description	es" on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X,
art IX  al. (Colum art X	Other Assets Complete if the organization answered "Ye (a) Description  on (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Ye line 25.  (a) Description	es" on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X,
art IX  al. (Columart X  Federal	Other Assets Complete if the organization answered "Ye (a) Description  on (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Ye line 25.  (a) Description	es" on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X,
art IX	Other Assets Complete if the organization answered "Ye (a) Description  on (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Ye line 25.  (a) Description	es" on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X,
art IX  al. (Columart X  Federal	Other Assets Complete if the organization answered "Ye (a) Description  on (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Ye line 25.  (a) Description	es" on Form 990, Part IV, line	(b) Book value

Pa	art XI Reconciliation of Revenue per Audited Financial State		e per Return	
	Complete if the organization answered "Yes" on Form 990			
1	Total revenue, gains, and other support per audited financial statements		1	12,579,181
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b				
С		2c		
d	Other (Describe in Part XIII.)	2d		
е			2e	
3	Subtract line 2e from line 1			12,579,181
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			12,579,181
Pa	art XII Reconciliation of Expenses per Audited Financial Stat	-	ses per Return	
	Complete if the organization answered "Yes" on Form 990	, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	6,436,530
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	· · · · · · · · · · · · · · · · · · ·		2e	
3	Subtract line 2e from line 1		3	6,436,530
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а				
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total expenses Add lines 3 and 4c. (This must equal Form 900, Part I, line 18.)		5	6 436 530

#### Part XIII Supplemental Information

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

#### Part II, Line 5 - Monitoring and Enforcement Policy

Part II, Line 9 - Accounting for Conservation Easements The Organization receives donations of conservation easements from landowners. Occasionally the easements received may be partially or entirely paid for by the LandTrust. Conservation easements typically assign the development rights of land to the LandTrust, thereby protecting it from development by current or future landowners. Although the removal of development rights of land has a measurable devaluation to the landowner, they have no attainable value to the LandTrust. There is no market or market value for the easements in the hands of the LandTrust and the easements in fact impose a financial burden on the Organization. Easement donors, while helping the LandTrust satisfy conservation objectives, actually impose financial responsibilites on the Organization through their ongoing monitoring requirements. Therefore, easements acquired by the LandTrust (whether purchased or donated) are accounted as "zero value" assets and are, therefore, not reflected in the Organization's financial statements.

Schedule D (Fo	orm 990) (Rev. 1	12-2024) <b>Three</b>	Rivers	Land	Trust	${ t Inc}$	**-***0846	Page <b>5</b>
Part XIII	Supplemen	12-2024) <b>Three</b> tal Information	n (continued	()				
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•								
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# SCHEDULE G (Form 990)

(Rev. December 2024)
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

Open to Public Inspection

Name of the organization Employer identification number \*\*-\*\*\*0846 Three Rivers Land Trust Inc Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of nongovernment grants Solicitation of government grants Internet and email solicitations b Phone solicitations Special fundraising events C In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization control of contributions? col. (i) Yes No 1 6 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**-***0846
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Page 2

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.

(a) Event #1 (b) Event #2 (c) Other events

		gross receipts of	greater than \$5,000.			
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	
			Gmagial arranta		None	(d) Total events
			Special events (event type)	(event type)	None (total number)	(add col. (a) through col. (c))
ine			(ordin typo)	(event type)	(total names)	1 "
Revenue	1	Gross receipts	171,869			171,869
å			•			•
	2	Less: Contributions	7,000			7,000
		Gross income (line 1				
		minus line 2)	164,869			164,869
	١.					
	4	Cash prizes				
	5	Noncash prizes				
		110110d011 p11200				
es	6	Rent/facility costs				
Expenses						
Ĕ	7	Food and beverages				
Direct	_					
⊡	8	Entertainment				
	۹	Other direct expenses	60,771			60,771
	ľ	outer amount experience	•••			
	10	Direct expense summary.	Add lines 4 through 9 in column (d	i)		60,771
_	11	Net income summary. Su	btract line 10 from line 3, column (c	d)		104,098
Р	art		plete if the organization answ	vered "Yes" on Form 990,	Part IV, line 19, or repor	rted more than
		\$15,000 on Fo	rm 990-EZ, line 6a.			
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
evenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue	(a) Bingo	• •	(c) Other gaming	
Revenue	1	Gross revenue	(a) Bingo	• •	(c) Other gaming	
		Gross revenue	(a) Bingo	• •	(c) Other gaming	
	2	Cash prizes	(a) Bingo	• •	(c) Other gaming	
Expenses Revenue	2		(a) Bingo	• •	(c) Other gaming	
ect Expenses	2	Cash prizes  Noncash prizes	(a) Bingo	• •	(c) Other gaming	
Expenses	2	Cash prizes	(a) Bingo	• •	(c) Other gaming	
ect Expenses	3	Cash prizes  Noncash prizes	(a) Bingo	• •	(c) Other gaming	
ect Expenses	3	Cash prizes  Noncash prizes  Rent/facility costs	(a) Bingo	• •	(c) Other gaming	
ect Expenses	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs		bingo/progressive bingo		
ect Expenses	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	Yes %	bingo/progressive bingo  Yes % No	Yes %	
ect Expenses	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	Yes%	bingo/progressive bingo  Yes % No	Yes %	
ect Expenses	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary.	Yes % No  Add lines 2 through 5 in column (d	Yes % No	Yes %	
ect Expenses	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary.	Yes %	Yes % No	Yes %	
ect Expenses	2 3 4 5 6 7 8	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary.  Net gaming income summ	Yes % No  Add lines 2 through 5 in column (dinary. Subtract line 7 from line 1, co	Yes % No  lumn (d)	Yes % No	col. (a) through col. (c))
<b>o</b> Direct Expenses	2 3 4 5 6 7 8	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary.  Net gaming income summary.	Yes % No  Add lines 2 through 5 in column (dinary. Subtract line 7 from line 1, column action or conducts gaming action conducts gaming action conducts gaming action.	Yes % No  lumn (d)	Yes % No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary.  Net gaming income summare the state(s) in which the the organization licensed to	Yes % No  Add lines 2 through 5 in column (dinary. Subtract line 7 from line 1, co	Yes % No  No  tivities: of these states?	Yes %	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary.  Net gaming income summare the state(s) in which the the organization licensed to	Yes % No  Add lines 2 through 5 in column (decorary. Subtract line 7 from line 1, column across organization conducts gaming actors organization across across conduct gaming activities in each	Yes % No  No  tivities: of these states?	Yes %	col. (a) through col. (c))
d b d Direct Expenses	2 3 4 5 6 7 8 En Is	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary.  Net gaming income summary.  Net gaming income summary.  Inter the state(s) in which the organization licensed to "No," explain:	Yes % No  Add lines 2 through 5 in column (denary. Subtract line 7 from line 1, column arguments) activities in each conduct gaming activities in each	Yes % No  lumn (d)  tivities: of these states?	Yes % No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 En Is :	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary.  Net gaming income summary.  Net gaming income summary.  Inter the state(s) in which the the organization licensed to "No," explain:	Yes % No  Add lines 2 through 5 in column (denary. Subtract line 7 from line 1, column activities in each of conduct gaming activities in each	Yes % No  lumn (d)  tivities: of these states?	Yes % No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 En Is :	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary.  Net gaming income summary.  Net gaming income summary.  Inter the state(s) in which the organization licensed to "No," explain:	Yes % No  Add lines 2 through 5 in column (decorary. Subtract line 7 from line 1, column activities in each of conduct gaming activities in each segming licenses revoked, suspenses gaming licenses revoked, suspenses	Yes % No  lumn (d)  tivities: of these states?	Yes % No  Yes % year?	col. (a) through col. (c))  Yes No

Sche	dule G (Form 990) (Rev. 12-2024) Three Rivers Land Trust Inc **-***0846				Page	∍ 3
11	Does the organization conduct gaming activities with nonmembers?			Yes		No
12	Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other entity		] [		_	
	formed to administer charitable gaming?		Ш	Yes	Ш	No
13	Indicate the percentage of gaming activity conducted in:					
а	The organization's facility	13a				<u>%_</u>
b	An outside facility	13b				<u>%_</u>
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		$\Box$		$\Box$	
	revenue?		Ш	Yes	Ш	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 tha 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:					
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to					
	retain the state gaming license?		$\Box$	Yes	$\Box$	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		ш		ш	
	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	): an	ıd		_
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional infor	٠,				
	See instructions.					
						_

# SCHEDULE M (Form 990)

#### **Noncash Contributions**

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

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

OMB No. 1545-0047

2024

Open To Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

		ers I	Land Trust I	nc		**-***0846	5		
Pa	rt I Types of Property		Γ						
		(a) Check if applicable	(b)  Number of contributions or items contributed	(c)  Noncash contribution  amounts reported on  Form 990, Part VIII, line 1g	n	(d)  Method of determining oncash contribution amour	nts		
1	Art — Works of art			1 dilli ddd, i dit viii, iiild ig					
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								
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	x	4	2 214 000	Annraid	-1			
17 40	Real estate — Other		4	2,214,000	Appraise	<b>3</b>			
18 10	Collectibles								
19 20	Food inventory  Drugs and medical supplies								
20 21									
22	Taxidermy Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ( )								
26	Other ( )								
27	Other ( )								
28	Other (								
29	Number of Forms 8283 received by	the organi	zation during the tax yea	r for contributions for					
	which the organization completed Fo	orm 8283,	Part V, Donee Acknowle	edgement	29				
						r		Yes	No
30a	During the year, did the organization	receive by	y contribution any proper	ty reported in Part I, lines	1 through				
	28, that it must hold for at least 3 ye			ribution, and which isn't req	uired to be				
	used for exempt purposes for the er		g period?				30a		_X_
b	If "Yes," describe the arrangement in					1			
b 31	Does the organization have a gift ac		policy that requires the re	eview of any nonstandard				,,	
31	Does the organization have a gift accontributions?	ceptance p					31	х	
	Does the organization have a gift accontributions?  Does the organization hire or use the contributions of the contribution of the contributions of the contribution	cceptance processing in the contract co	or related organizations	to solicit, process, or sell n	oncash			х	v
31 32a	Does the organization have a gift accontributions?  Does the organization hire or use the contributions?	cceptance processing in the contract co	or related organizations		oncash		31 32a	х	x
31	Does the organization have a gift accontributions?  Does the organization hire or use the contributions of the contribution of the contributions of the contribution	ird parties	or related organizations	to solicit, process, or sell n	oncash			х	х

Schedule M (For	rm 990) 2024	Three	Rivers	s Land	Trust	Inc		**-***0	846	Page <b>Z</b>
Part II	Supplem	nental Inf	ormation.	Provide 1	the informa	tion required	by Part I	l, lines 30b,	32b, and 33, a	and whether
	the organ	nization is	reporting i	n Part I,	column (b),	the numbe	r of contri	butions, the	number of ite	ms received,
	or a com	bination o	f both. Als	o comple	te this part	for any add	litional info	ormation.		

# SCHEDULE O (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

preparer.

#### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

		Thr	ee Ri	ivers	Land	l Trus	t Inc	3				**-*	**08	46	
Form	990,	Part	VI,	Line	11b	- Org	ganiza	ation	s P	roces	s to	Revie	w Fo	orm	990
The	execut	ive	dire	ctor	and o	operat	ions	direc	tor	revi	ew a	draft	of	the	990
and	discus	s an	y ob	serva	tions	s, que	stior	s or	chai	nges	with	the (	CPA :	retu	rn

Management emails each board member a PDF copy of the 990 for their review. Board members are given a period of one week to review the return and reply to management with any observations, questions or changes.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
The conflict of interest policy is distributed periodically to board
members and staff, who are asked to sign the policy and reveal in writing
any potential conflicts of interst. Board members and staff are reminded at
meetings and in official communications to recuse themselves from any
official votes where they may have a conflict of interest.

Form 990, Part VI, Line 15a - Compensation Process for Top Official The process for determining and reviewing the compensation for the organization's executive director involves the board of directors and the annual budgeting cycle. The executive committee of the board meets in closed session to discuss the performance of the executive director. Pay structure, salary scale and other comparability data is gathered from other nearby Landtrusts. This information is used by the executive committee in determining the compensation for the executive director as part of adopting the annual budget.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

All governing documents, conflict of interest policy and financial
statements are made accessible in the front lobby of the office and
available to the public upon request. Electronic versions of documents
(PDF) are made available to the public upon written request.
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Department of the Treasury Internal Revenue Service

### **Depreciation and Amortization**

(Including Information on Listed Property) Attach to your tax return.

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

OMB No. 1545-0172

Name(s) shown on return

Three Rivers Land Trust Inc

Identifying number \*\*-\*\*\*0846

	ess or activity to which this form relates						'		
Pa	rt I Election To Exper	-	-				_		
1	Note: If you have a Maximum amount (see instruction	ns)						1	1,220,000
2	Total cost of section 179 property	placed in service (se	ee instructions)					2	
3	Threshold cost of section 179 pro	perty before reduction	n in limitation (see i	nstructions)				3	3,050,000
4	Reduction in limitation. Subtract lin	ne 3 from line 2. If ze	ero or less, enter -0-					4	
5	Dollar limitation for tax year. Subtract lin	ne 4 from line 1. If zero o	or less, enter -0 If mar	ried filing sepa	rately, :	see instructions		5	
6	(a) Description	n of property		(b) Cost (busine	ess use	only) (c)	Elected cost		
						_			
7	Listed property. Enter the amount	from line 29				7		_	
8	Total elected cost of section 179	oroperty. Add amount	is in column (c), line	s 6 and 7				8	
9	Tentative deduction. Enter the sn	trans line 5 or line	0000 Farms 4500					9 10	
10	Carryover of disallowed deduction Business income limitation. Enter	from line 13 of your	2023 FORM 4562					11	
11								12	
12	Section 179 expense deduction. A Carryover of disallowed deduction					13		12	
13 Note	: Don't use Part II or Part III below			<u></u>		13			
	art II Special Depreciati			eciation (I	)on't	include listed	nroner	hy Se	ae instructions )
14	Special depreciation allowance for						и ргорог	ly. Oc	instructions.
•	during the tax year. See instruction			• , .				14	
15	Property subject to section 168(f)							15	
16	Other depreciation (including ACF	RS)						16	39,230
	rt III MACRS Depreciat								357-33
		,	Sectio			,			
17	MACRS deductions for assets pla	ced in service in tax	years beginning befo	ore 2024				17	0
18	If you are electing to group any assets place								
	Section B—A	Assets Placed in Ser	rvice During 2024 1	Γax Year Us	ing th	e General Depr	eciation S	ystem	1
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for deprecial (business/investment only–see instruction	use	covery	(e) Convention	(f) Meth	nod	(g) Depreciation deduction
19a	3-year property								
b	5-year property								
C	7-year property								
d	10-year property								
е	15-year property								
f	20-year property								
<u>g</u>	25-year property				yrs.		S/L		
h	Residential rental				yrs.	MM	S/L		
	property				yrs.	MM	S/L		
i	Nonresidential real			39	yrs.	MM	S/L		
	property					MM	S/L		
		sets Placed in Serv	ice During 2024 Ta	x Year Usin	g the	Alternative Dep	1		m I
20a	Class life		_	40			S/L		
					S/L				
	30-year 40-year					MM	S/L		
d Dr	rt IV Summary (See ins	tructions \		40	yrs.	MM	S/L	•	
								24	
21 22	Listed property. Enter amount fror <b>Total.</b> Add amounts from line 12,		lines 10 and 20 in a	olumn (a) or	d line			21	
	here and on the appropriate lines For assets shown above and place	of your return. Partn	erships and S corpo	rations—see				22	39,230
23 ——	portion of the basis attributable to				23				

Form **990** 

## Two Year Comparison Report

For calendar year 2024, or tax year beginning

ending

Name

Taxpayer Identification Number

2023 & 2024

					I			
	[hː	ree Rivers Land Trust Inc				**-***0846		
				2023	2024		Differences	
	1. Contributions, gifts, grants			2,538,639	5,080	972	2,542,333	
	2.	Membership dues and assessments	2.					
		Government contributions and grants	3.	3,015,917		3,556		
n e		Program service revenue	4.	580,476	63	3,598	-516,878	
2		Investment income	5.	58,405	144	1,836	86,431	
>	6.	Proceeds from tax exempt bonds	6.					
R e	7.	Net gain or (loss) from sale of assets other than inventory	7.	235,982	492	2,121	256,139	
	8.	Net income or (loss) from fundraising events	8.	45,774	104	1,098	58,324	
		Net income or (loss) from gaming	9.					
		Net gain or (loss) on sales of inventory	10.					
		Other revenue	11.					
	12.	<b>Total revenue.</b> Add lines 1 through 11	12.	6,475,193	12,579	,181	6,103,988	
	13.	Grants and similar amounts paid	13.					
	14.	Benefits paid to or for members	14.					
S	15.	Compensation of officers, directors, trustees, etc.	15.	126,000	132	2,187		
S	16.	Salaries, other compensation, and employee benefits	16.	676,817	894	4,460	217,643	
eп	17.	Professional fundraising fees	17.					
o V	18.	Other professional fees	18.	106,981		3,705	21,724	
ш	19.	Occupancy, rent, utilities, and maintenance	19.	36,124		2,755		
		Depreciation and Depletion	20.	39,347		9,231		
	21.	Other expenses	21.	1,667,934	5,199	,192	3,531,258	
	22.	Total expenses. Add lines 13 through 21	22.	2,653,203	6,436	5,530	3,783,327	
	23.	Excess or (Deficit). Subtract line 22 from line 12	23.	3,821,990	6,142	2,651	2,320,661	
	24.	Total exempt revenue	24.	6,475,193	12,579	,181	6,103,988	
	25.	Total unrelated revenue	25.					
<u>io</u>	26.	Total excludable revenue	26.	920,637	804	4,653	-115,984	
Information	27.	Total assets	27.	33,191,872	39,220	,291	6,028,419	
for	28.	Total liabilities	28.	242,117	23	3,698		
드	29.	Retained earnings	29.	32,949,755	39,196	5,593	6,246,838	
ther	30.	Number of voting members of governing body	30.	18	16			
ŏ	31.	Number of independent voting members of governing body	31.	18	16			
	32.	Number of employees	32.	19	18			
	33.	Number of volunteers	33.	50	50			

# **Federal Statements**

## Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses			Program Service	Mar	nagement & General	Fund Raising		
Professional fees	\$	128,705	\$	96,529	\$	32,176	\$		
Total	\$	128,705	\$	96,529	\$	32,176	\$	0	

## Form 990, Part IX, Line 24e - All Other Expenses

Description	E	Total xpenses	Program Service	agement & General	 Fund Raising
Other Miscellaneous Site assessments Property taxes	\$	22,292 18,750 18,127	\$ 16,719 18,750 18,127	\$ 5,573	\$
Dues & subscriptions		10,877	 8,158	 2,719	 
Total	\$	70,046	\$ 61,754	\$ 8,292	\$ 0