Form **990** 

# **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

Depa Interi	rtment on al Reve	of the Treasury nue Service Go to www.irs.gov/Form990 for instructions and th	-	•	Open to Public Inspection
AF	or th	e 2023 calendar year, or tax year beginning and e	ending		
B c	Check if pplicab	C Name of organization		D Employer identificati	on number
	Addre	TF LAND INC			
	Name	26-1645416			
	Initial		Room/suite	E Telephone number	
	Final returr	216 W FRANKIIN ST		937-339-89	35
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	0.
	Amer returr	IRO1, OH 45575-5254		H(a) Is this a group retur	n
	Appli tion	F Name and address of principal officer: MELISSA KIEPIZ		for subordinates?	Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates includ	ed? Yes No
11	Tax-ex	empt status: 🗴 501(c)(3) 🔄 501(c) ( ) (insert no.) 🗌 4947(a)(1) or	r 📃 527	If "No," attach a list	. See instructions
	Nebsi			H(c) Group exemption n	umber
		f organization: 🚺 Corporation 📄 Trust 🦳 Association 📄 Other	L Year	of formation: 2005 M Si	tate of legal domicile: OH
Pa	art I	Summary			
đ	1	Briefly describe the organization's mission or most significant activities: $\underline{TO}$ HO	LD TH	E LAND AND BU	ILDING
ŭ		ASSETS WHICH HOUSE THE DAILY OPERATIONS OF	THE	TROY FOUNDATI	ON.
Governance	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net assets	
ove	3	Number of voting members of the governing body (Part VI, line 1a)			10
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b) $\dots$			10
8 8	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	0	
ìti	6	Total number of volunteers (estimate if necessary)		6	10
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.
				Prior Year	Current Year
ð	8	Contributions and grants (Part VIII, line 1h)		0.	0.
ňu	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ed o	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		38,784.	38,648.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		38,784.	38,648.
	19	Revenue less expenses. Subtract line 18 from line 12		-38,784.	-38,648.
OL			Ве	ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		870,512.	831,864.
tAs	21	Total liabilities (Part X, line 26)		0.	0.
	870,512.	831,864.			
Pa	art II	Signature Block			
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	ents, and to the best of my kno	owledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of whic	ch preparer	has any knowledge.	

Sign	Signature of officer	Date									
Here	MELISSA KLEPTZ, PRESIDENT	AND CEO									
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature	Date Check PTIN								
Paid	KAREN O. CRIM	KAREN O. CRIM	10/21/24 self-employed P00368385								
Preparer	Firm's name RSM US LLP		Firm's EIN 42-0714325								
Use Only	Firm's address 6 S PATTERSON BLV	D									
	DAYTON, OH 45402 Phone no.937-298-0201										
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions	X Yes No								
LHA For	HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)										

Form <b>8868</b> (Rev. January 2024)	Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.	

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts

must use	Form 7004 to request an extension of time to file incom	e tax retur	ns.						
<u>Part I - Ic</u>	lentification								
Type or Print	Name of exempt organization, employer, or other filer	, see instru	uctions.	Taxpayer identification number (TIN)					
	TF LAND INC			26-1645416					
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, so 216 W FRANKLIN ST								
return. See instructions.	City, town or post office, state, and ZIP code. For a for TROY, OH $45373 - 3234$	preign addı	ress, see instructions.						
Enter the	Return Code for the return that this application is for (file	e a separat	e application for each return)			01			
Application Is For Return Application Is For Code									
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)			09			
	0 (individual)	03	Form 5227			10			
Form 990		03	Form 6069			11			
	-T (sec. 401(a) or 408(a) trust)	04	Form 8870			12			
	-T (trust other than above)	06	Form 5330 (individual)			13			
	-T (corporation)	07	Form 5330 (other than individual)			14			
Form 104		08				17			
	u enter your Return Code, complete either Part II or Par		I including signature, is applicable o	only for an	extension of				
	e Form 5330.								
	pplication is for an extension of time to file Form 5330, y	ou must e	nter the following information.						
	n Name		C						
Pla	n Number								
Pla	n Year Ending (MM/DD/YYYY)								
Part II - A	utomatic Extension of Time To File for Exempt Organ	izations (s	ee instructions)						
The bo	ooks are in the care of MELISSA KLEPTZ								
		$\Gamma - TR$	OY, OH 45373-3234						
Teleph	ione No. <u>937-339-8935</u>		Fax No.						
	organization does not have an office or place of business					🗌			
<ul> <li>If this</li> </ul>	s for a Group Return, enter the organization's four-digit (								
box	. If it is for part of the group, check this box								
<b>1</b> Ire	quest an automatic 6-month extension of time until $\underline{\mathbf{N}}$	OVEMBI	<u>ER 15</u> , 20 <u>24</u> , to file	e the exem	pt organization r	eturn for			
the	organization named above. The extension is for the orga	anization's	return for:						
X	calendar year 20 $23$ or								
	tax year beginning	, 20	, and ending		<u> </u>	20			
2 If th	he tax year entered in line 1 is for less than 12 months, cl	heck reaso	on: Initial return	Final retur	n				
	Change in accounting period								
<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less									
	nonrefundable credits. See instructions.	onter er:	rofundable gradite and	<u>3a</u>	\$	0.			
	iis application is for Forms 990-PF, 990-T, 4720, or 6069 mated tax payments made. Include any prior year overp			3b	\$	0.			
	ance due. Subtract line 3b from line 3a. Include your pa			30	Ψ				
	ng EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.			
usi	ig Er in ogeloononion cuoral rax i ayment oystem). Oet		no.		Ψ	· ·			

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form	990 (2023) <b>TF LAND INC</b>					2	6-16454	416	Page <b>2</b>
	t III Statement of Program Service Accomp	lishments						-	
	Check if Schedule O contains a response or note to	any line in this	Part III						
1	Briefly describe the organization's mission:	<b>J</b>							
	TO HOLD THE LAND AND BUILDING	ASSETS	WHICH	HOUSE	THE	DAILY	OPERAT	FIONS	
	OF THE TROY FOUNDATION.								
2	Did the organization undertake any significant program se	rvices during t	ne year whicl	h were not li	sted on	the			
	prior Form 990 or 990-EZ?							Yes	XNo
	If "Yes," describe these new services on Schedule O.								
3	Did the organization cease conducting, or make significan	t changes in h	ow it conduc	ts. anv prod	ram ser	vices?	Г	Yes	XNo
	If "Yes," describe these changes on Schedule O.	5		, , , , , ,					
4	Describe the organization's program service accomplishm	ents for each o	of its three la	raest progra	m servio	ces, as mea	sured by exr	enses.	
	Section 501(c)(3) and 501(c)(4) organizations are required								ł
	revenue, if any, for each program service reported.		J			,		,	-
4a	(Code:) (Expenses \$	including grants of	: \$			) (Revenue \$			)
	TO HOLD THE LAND AND BUILDING						OPERA	TONS	/
	OF THE TROY FOUNDATION.	1100210				2	01 21411		
4b	(Code:) (Expenses \$	including grants of	\$			) (Revenue \$			)
4c	(Code: ) (Expenses \$	including grants of	¢						
70	(000e) (Expenses #	including grants of	φ						)
4d	Other program services (Describe on Schedule O.)								
	(Expenses \$ including grants of \$			) (Revenue	\$		)		
4e	Total program service expenses								
								Form <b>99</b>	<b>0</b> (2023)
332002	12-21-23								
		3							

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Form	990 (2023) TF LAND INC 26-1645	6416	P	age <b>3</b>
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	37
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			v
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		х
5	during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
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		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			х
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	120		х
h	Schedule D, Parts XI and XII	12a		- 23
D		12b		х
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			77
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	990	A (2023)
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Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		x
23	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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 current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
00	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? 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		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			77
	contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		
32	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
~~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
57	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable <b>1a 1a 1b 1b</b>	_		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b> C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
С	(gambling) winnings to prize winners?	1c		
332004	1 12-21-23		990	(2023)
	5			,

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Part V         Statements Regarding Other IRS Filings and Tax Compliance         continued           2a         Exter the number of encloyees reported on Form V3, Transmittal of Wage and Tax Statements.         2a         0           1         Hatest ones is reported on Ine 2a, ddi the organization fie all required decial encloyment tax returns?         2b         3a         X           2         A any rise during the calcing variant of any are covered by this required tockeal encloyment tax returns?         3b         X           3b If Vas, "ank field a Form 900 T for this yar?         A tax yim dending the calcing yare, dd the organization have an interact in or a signature or other authority over, a financial account? as a bank account, securities account, or other financial Account?         4a         X           b If Vas, "anter the nume of the forganization in Form 114. Report of Forigin Bark and Financial Accounts (FBAP).         5b         X           6a         Was the organization in Form 020 Form 134. Report of Forigin Bark and Financial Accounts (FBAP).         5c         5c         X           6a         Was the organization in Form 020 Form 02		990 (2023) TF LAND INC	26-1645	416	P	age <b>5</b>
2a         Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements.         2a         0           b If a least one is reported on line 2a, dd the organization file all required federal employment tax returns?         2b.         2b.           a Dott the organization have uncleate busines groups income of \$1000 on more during the year?         3b.         Xa           b If Yes, 'Intel Titled a from SBD Tor this year. / dt the organization ince an infreed it, por a signature or other sum of the year?         3b.         Xa           b If Yes, 'Intel Titled a from SBD Tor this year. / dt the organization ince an infreed it, por a signature or other sum of the Yes, 'Intel Title year.         4a.         Xx           b If Yes, 'Intel Title in a foring country (such as a bank account, securities account, or other transmicial of XS.         4a.         Xx           b Dd any toxicities for filling organization that was or is a perit to a prohibitod tax short transmicial accounts (FBAR).         5a.         Xx           c 'Yes, 'Intel the organization that was or is a perit to a prohibitod tax short transmicial on science and yong and the organization solid tax short are normally greater than \$100,000, and dd the organization solid tax short are normally greater than \$100,000, and dd the organization solid tax are normally greater than \$100,000, and dd the organization solid tax are normally greater than \$100,000, and dd the organization solid tax are normally greater than \$100,000, and dd the organization solid tax are normally greater than \$100,000, and dd the organization solid tax arequired in the form BBAB arequired in the form BBAB are guired in	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
Interface     1     2     0       3a     Diff the action of sequence of the 2.8, diff the organization fiel all required federal endpoyment tax returns?     2a       3b     Diff the organization have unrelated builtness gross income of \$1,000 or more during the year?     2a       4a     Atary time during the calendar year, diff the organization have a bank account, securities account, or other financial account?     4a       4a     Atary time during the calendar year, diff the organization have a bank account, securities account, or other financial account?     4a       5b     If "esc," instem the name of the foreign contry?     5a       5c     So the organization have an use of FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAP).       5c     So the organization have an use organization if Foreign Bank and Financial Accounts (FBAP).       5c     Co cost the organization have annual gross receipts that are normally greater than \$100,000, and did the organization for the deductable of the approximations?       7c     Organization naive agrinus in the second ST annual periods account that such corritoutors or offits were not tax deductable activated is transpare to the goods or services provided?     6a       7c     Yea, "did the organization incide with were solicitation an appet second property for which it was required to the first annual gross receipts that are normally greater than the organization filst property of the second property for the secon					Yes	No
b       If a least one is reported on line 2a, did the organization fiel required federal employment ta returns?       2b         3a       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         4a       At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a dinary time during the year?       4a       X         b       1*Xes, 'enter the name of the foreign country low that a struk account, securits account, or other financial accounts (FEAR).       5a       X         b       1*Xes,' enter the name of the foreign country low that a struk account, securits, or other financial accounts (FEAR).       5a       X         5a       Did any taxanization the approximation for FOREN Form 114. Report of Foreign Bank and Financial Accounts (FEAR).       5a       X         c       1*Yes': to line 5a or 5b, did the organization that are normally greater than \$100,000, and did the organization stell accounts or other way on other that are normally greater than \$100,000, and did the organization stell accounts or other way of the organization the organization the that wave not tax deductible?       5a       X         0       0 the organization that are normally greater than \$100,000, and did the organization stell accounts or other walkes, did the organization stell accounts or other walkes, did the organization stell accounts or other walkes, did the organization stell accounts or other accounts or other walkes, did the organization stell accounts or other walkes, did the organization stell accounts or oth	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
3a         Det the organization have unrelated business gross income of \$1,000 or more during the year?         ga         X           4b         If "res," have titled a Form 9900 or the year of the organization have an interest in, or other financial account?         ga         X           4b         If "res," inter the name of the foreign country         ga         ga         X           b         If "res," inter the name of the foreign country         ga         X           b         If "res," inter the name of the foreign country         ga         X           b         Was the organization have the organization file from 988677         Go         Ga         X           c         If "res," into the organization from 88677         Go         Ga         X           c         If "res," ind the organization from 88677         Ga         Ga         X           d         If the organization nuclew the very solicitation an express statement that such contributions orgins were not tax deductible activable ontributions?         Ga         X           d         If "res," indicate the number of Forms 82821 field during the year         Tg         Tg         Zg           d         If "res," indicate the number of the value of the goods or services provided to the payor?         Tg         Tg         Zg           d         If "res," indicate the number of forms 82		filed for the calendar year ending with or within the year covered by this return	2a 0			
b       If Yes, 'Inset lifted a Form GBD-Tor this year? if Yes to graphication on Schedule 0       30         4a       Atary time during the cadned year, did the organization have an induced in, or a signature or other sublicity over, a triencial account in a foreign country (such as a bank account, securities account, or other triancial accounts (FBAP), 5a       4a       X         b       If 'res,' enter the name of the foreign country (such as a bank account, securities account, or other triancial accounts (FBAP), 5a       5a       X         5a       Was the organization ta a port) to a prohibited ta schedte transaction at any time during the tax year?       5b       X         5a       Was the organization tax and larger sneights that are ormally greater than \$100,000, and did the organization solid any contributions that are proved by a prohibited tax schedter transaction?       5c       5c         5b       I''''''' '''''''''''''''''''''''''''''	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	s?	2b		
4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a data financial account in a foreign outry (such as a bank account, securities account, or other functial accounts (FBAR).         5b If Yes,' enter the name of the foreign country       5a         5c If Yes,' enter the name of the foreign country       5a         5c If Yes' is the organization the If was or is a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         5c If Yes' is the organization in tax discurbes a chantable contributions?       5a       X         6c Does the organization have annual gross neapts that are normally greater than \$100,000, and did the organization solicit any contributions thave annual gross neapts that are normally greater than \$100,000, and did the organization solicit any contributions that deductbles on chinable contributions?       6a       X         7 Organization tax diductbles a chinable contributions?       7a       X         8 If Yes,' did the organization include with every solicitation are spress statement that such contributions or gifts were not tax diductbles and chinable?       7a       X         7 Organization nealer approximation contribution of auraphy to properly for which it was required to the form 8282?       7a       X         10 the organization foreide a gross and simplanes, or other walked spinoble?       7a       X         11 Tyes,' indicate the number of Forms 8282?       1a do anor advice dund numatinable?       7a       7a <td>3a</td> <td>Did the organization have unrelated business gross income of \$1,000 or more during the year?</td> <td></td> <td>3a</td> <td></td> <td>Х</td>	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a data financial account in a foreign outry (such as a bank account, securities account, or other functial accounts (FBAR).         5b If Yes,' enter the name of the foreign country       5a         5c If Yes,' enter the name of the foreign country       5a         5c If Yes' is the organization the If was or is a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         5c If Yes' is the organization in tax discurbes a chantable contributions?       5a       X         6c Does the organization have annual gross neapts that are normally greater than \$100,000, and did the organization solicit any contributions thave annual gross neapts that are normally greater than \$100,000, and did the organization solicit any contributions that deductbles on chinable contributions?       6a       X         7 Organization tax diductbles a chinable contributions?       7a       X         8 If Yes,' did the organization include with every solicitation are spress statement that such contributions or gifts were not tax diductbles and chinable?       7a       X         7 Organization nealer approximation contribution of auraphy to properly for which it was required to the form 8282?       7a       X         10 the organization foreide a gross and simplanes, or other walked spinoble?       7a       X         11 Tyes,' indicate the number of Forms 8282?       1a do anor advice dund numatinable?       7a       7a <td>b</td> <td>If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C</td> <td>)</td> <td>3b</td> <td></td> <td></td>	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C	)	3b		
Image: The second in a foreign country (such as a bank acount, so other financial account)?     43     X       Image: Im	4a					
b       If Yes,' refer the name of the foreign country See instructions for fing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR),			-	4a		Х
See instructions for thing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAP),       See       X         54       Was the organization aparty to a prohibit data whether transaction at any time during the tax year?       Se       X         56       Did any taxable party notify the organization that it was or is a party to a prohibited tax shells transaction?       Se       X         61       Did any taxable party notify the organization the form 866617       Se       X         62       Dest shore oparization have annual gross neceptes statement that such contributions or grifts were not tax deductible?       Se       X         7       Organization shat may receive deductible contributions and party for goods and services provided to the payor?       7a       X         7       Organization setup, exchange, or otherwise dispose of tangible personal property for which it was required to the organization neceive any funds, directly or indirectly, to pay penultmo on a personal benefit contract?       7e       X         9       Did the organization receive a contribution of qualified intelectual property do the organization funding the year.       7d       7a       X         10       Tes, "indit the organization and party tay as a contribution organization.       7a       X       7a       X         10       If Yes, "indit the organization may funding integret any tanks dispose of tangible personal propery for which it was required?       7a	b		,			
64     Was the organization a party to a prohibited tax shelter transaction?     5a     X       b     Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?     5b     X       67     Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solidt any contributions that were not tax deductible organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     6a     X       7     Tyse," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     7a     X       8     Did the organization include with every solicitation and party for goods and services provided?     7a     X       9     Did the organization necker with the value of the goods or services provided?     7a     X       10     Tyse," indicate the number of Forms 8282? lied during the year     7d     7d     7d       10     Did the organization receive a contribution of cas, boats, aripanes, or other vibiles, did the organization file a form 10896?     7a     7d       11     Tyse," indicate the number of Forms 8282? lied during the year?     7a     7d     7d       12     Did the organization receive a contribution of cas, boats, aripanes, or other vibiles, did the organization file a form 10896?     7a     7d       11     the organization maker excess business holdings at any titue			counts (FBAR).			
b       Defany taxable party notity the organization file form 8886-17       Sec         c       If "Yes" to line 5a or 5b, did the organization file form 8886-17       Sec         d       Dest the organization have annual gross receives that are normally greater than \$100,000, and did the organization solution solution with every solicitation an express statement that such contributions or gifts       Sec         7       Organizations that may receive deductible contributions?       Sec       Sec         7       Organization set agament in scuss of 35° made parity as a contribution and party for goods and services provided to the pary?       Ta       X         0       Did the organization notity the donor of the value of the goods or services provided?       To       Za         0       Did the organization notity the donor of the value of the goods or services provided?       To       Za         0       Did the organization notity the donor of the value of the goods or services provided?       To       Za         0       Did the organization necel value any to the south or services provided?       To       Za         1       Tvss, 'indicate the number of Forms 8282 field during the year       Td       Td       Td         1       Td die organization field accontribution or cars, boats, airplanes, or other value/se, dind the organization file form 8289 as required?       Ts       Td         1       Td erganization nece	5a		, ,	5a		X
c       If "Yes" to line 5a or 5b, did the organization file Form 8880-7?       5c         Ga       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit         any contributions that were not tax doubtible as charitable contributions?       6a       X         b       If "Yes," did the organization include with every solicitation an express attemment that such contributions or gifts        6b       7         Organizations that may receive deductible contributions under section 170(c).       76       X       7         a       Did the organization notify the donor of the value of the goods or services provided?       7a       X         b       The"s," did the organization notify the donor of the value of the goods or services provided?       7a       X         c       Did the organization receive agartification and partly for goods and services provided?       7a       X         d       The"s," rindicate the number of Forms 8282 filed during the year       7d       7c       X         d       If the organization receive agartification make any taxabil distribution of cars, boats, alignance, or other vehicles, did the organization file a Form 1098-C?       7n       7a       X         f       If the organization receive agartified mainstable distributions under section 4986?       9a       9b       9b       9b       9b         Section 501(c)(2) organizatio	-					
Ga       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles as charable contributions?       Ga       X         b       If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       Ga       X         c       Organizations that may receive deductible contributions under section 170(c).       Both the organization notify the doors of the value of the goods or services provided to the payrof.       7a       X         d       If 'Yes,' did the organization notify the doors of the value of the goods or services provided?       7b       7c       X         d       If 'Yes,' did the organization notify the doors of the value of the goods or services provided?       7c       X         d       If 'Yes,' did the organization notify the doors or services provide?       7d       7a       X         d       If 'Yes,' did the organization received a contribution of qualified intellectual property for which it was required?       7d       X         d       If the organization received a contribution of qualified intellectual property, did the organization file Form 8998 ergulared?       7d       7d       7d         g if the organization makes any taxable distributions under section 4966?       9a       9a       9b       9b       9b       9b       9b       9b <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td></td<>						
any contributions that were not tax deductible as charitable contributions?     6a     X       b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     6a     X       c Did the organization statu may receive deductible contributions under section 170(c).     6a     X       b Did the organization neetive payment in excess of 375 made party is a sontribution and party for goods and services provided to the payment in excess of 375 made party is a sontribution and party for goods and services provided to the payment in excess of 375 made party is a sontribution and party for goods and services provided to the payment in excess of 375 made party is a sontribution and party for goods and services provided to the payment in excess of 375 made party to pay premiums on a personal penetic contract?     7c     X       d If "Yes," indicate the number of Forms 8282 filed during the year     2d     7d     7d       g If the organization neevied a contribution of qualified intellectual payment, and party for goods and services provided to the sontract?     7c     X       g If the organization neevied a contribution of qualified intellectual property, did the organization field form 1098-02?     7n     2       g Sponsoring organization neevies boldings at any time during the year?     8     8     8       g Did the sponsoring organization make any taxable distribution s under section 4966?     9a     9b     9a       g Did the sponsoring organization make any taxable distribution so arelated person?     9b     9b <td< td=""><td>-</td><td></td><td></td><td></td><td></td><td></td></td<>	-					
b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b         7       Organizations that may receive deductible contributions under section 170(c).       7a       X         b       If "Yes," did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for pools and services provided?       7a       X         c       Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for which it was required       7a       X         d       If "Yes," did the organization neceive a payment in excess of tangible personal property for which it was required       7a       X         d       If "Yes," did the organization neceive a contribution of qualified intelectual property, did the organization file a Form 1098-C?       7a       X         f       Did the organization neceived a contribution of qualified intelectual property, did the organization file a Form 1098-C?       7a       7a         g       Sponsoring organization make engl taxable distributions under section 4966?       9a       9a       9b         9       Sponsoring organizations. Enter:       10a       10a       10a       10a       10a         10       the sponsoring organizations. Enter:       10a       10a       10a       10a       10a       10a       10a       10a <t< td=""><td>ou</td><td></td><td></td><td>62</td><td></td><td>x</td></t<>	ou			62		x
were not tax deductible?     60       7     Organizations that may receive deductible contributions under section 170(c).     70       8     Did the organization neity the donor of the value of the goods or services provided?     70       9     Did the organization neity the donor of the value of the goods or services provided?     70       10     TYes, ' tid the organization on Exection or otherwise dispose of tangible personal property for which it was required to the poor?     70       2     Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     71       11     Tyes, ' indicate the number of Forms 8282 filed during the year     12d     71       12     If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     71       12     If the organization meacive a purption of qualified intellectual property, to dit due organization file Form 8098 as required?     71       13     If the organization mean matching donor advised funds. Did a donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advisor, or related person?     9a       9     Dod the sponsoring organization make a distribution to a donor, donor advisor, or related person?     9a       11     Section 501(c/(7) organizations. Enter:     10a     10b       13     Section 501(c/(12) organizations. Enter:     11a     12b        14     Section	h	•				
7       Organizations that may receive deductible contributions under section 170(c).       a) lid the organization neceive a payment in excess of 375 made parity as a contribution and parity for goods and services provided to the payor.       7a       X         7       D) If 'Yes,' if dicate the number of the value of the goods or services provided?       7c       X         0       Did the organization number of forms 8282 filed during the year       7d       7c       X         1       If 'Yes,' indicate the number of Forms 8282 filed during the year       7d       7c       X         1       Did the organization during the year, pay permiums, on a personal benefit contract?       7f       7f       7c       X         1       Did the organization during the year, apy permiums, directly or indirectly, on a personal benefit contract?       7f       7f       7d	D			6h		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       7c       X         b If "Yes," did the organization notify the donor of the value of the goods or services provided?       7c       X         c If "Yes," indicate the number of Forms 8282 filed during the year       7d       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d       7d         d If "Yes," indicate the number of Forms 8282 filed during the year, any premiums, directly or indirectly, to pay premiums on a personal benefit contract?       7d       7d       7d         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8089 as required?       7d	7			00		
b       If Yes," did the organization sult, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       If Yes," indicate the number of Forms 8282 file during the year       If a         c       Did the organization sult, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       If Yes," indicate the number of Forms 8282 file during the year       If a       If a         d       If Yes," indicate the number of Forms 8282 file during the year (state), on a personal benefit contract?       If a       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       If if the organization received a contribution of cars, boats, aipplanes, or other vehicles, did the organization file a Form 1089.C?         8       Sponsoring organization make any taxable distributions under section 4966?       8         9       Did the sponsoring organization make a distribution to a donor, doror advisor, or related person?       9b         10       Borts of the form sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11a       10a         11       Section 501(c)(12) organizations. Enter:       11a       10a       11a         12       Section 501(c)(12) organizations. Enter:       11a       10a       11a         12       Section 501(c)(12) organizations. Enter:       11a       12a       12a			cae provided to the power	70		x
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If 'Yes,' indicate the number of Forms 8282 filed during the year       Zd       7c       X         d       If 'Yes,' indicate the number of Forms 8282 filed during the year on a personal benefit contract?       7e       X         f       Did the organization received a contribution of qualified intelectual property, did the organization file Form 8099 as required?       7f       7g         f       H the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8099 as required?       7h       7g         g       Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor adviser or related person?       9a       9a         g       Did the sponsoring organization make a distribution to a donor, donor adviser, or related person?       9b       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b       10b       10b         11       Section 501(c)(2) organizations. Enter:       11a       10b       10b       10b         12       Section 501(c)(2) organizations. Enter:       11a       10b       10b       10b       10b       10b       10b <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td></t<>						
to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d         Did the organization receives any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e         f Id the organization received a contribution of qualified intellectual property, did the organization for Enerom 8999 as required?       7f         f If the organization received a contribution of cars, boats, aipplanes, or other vehicles, did the organization falled a cortinuous of cars, boats, aipplanes, or other vehicles, did the organization falled a cortinuous of cars, boats, aipplanes, or other vehicles, did the organization falled a cortinuous of cars, boats, aipplanes, or other vehicles, did the organization falled a cortinuous of cars, boats, aipplanes, or other vehicles, did the organization falled a cortinuous of cars, boats, aipplanes, or other vehicles, did the organization falled a cortinuous of cars, boats, aipplanes, or other vehicles, did the organization falled a cortinuous of cars, boats, aipplanes, or other vehicles, did the organization falled a cortinuous of undes.         a Did the sponsoring organization make a distribution to a door, donor advisor, or related person?       9a         b Section 501(c)(2) organizations. Enter:       10a       10b         a Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       11a       12a         b Gross income from other sources. (D on the tamounts due or paid to other sources against amounts due or realevid from them.)       12b       12a         12a						
d       If Yes," indicate the number of Forms 8282 filed during the year       7d       7d         e       Did the organization during the year, pay premiums, of pay premiums, of a personal benefit contract?       7d         f       He organization during the year, pay premiums, of incetty or indirectly, on a personal benefit contract?       7d         f       He organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7g         S       Sponsoring organizations maintaining door advised funds.       8         9       Sponsoring organization make and trabibutions under section 4966?       9a         9       Boot the sponsoring organizations maintaining door advised funds.       9a         10       the sponsoring organizations make a distribution to a donor, donor advised funds.       9a         10       bid the sponsoring organizations. Enter:       10a       10b         11       Section 501(c)(7) organizations. Enter:       10a       10b         12       Section 501(c)(7) organizations. Enter:       10a       10b         13       Section 501(c)(2) organizations. Enter:       11a       10a         14       Section 501(c)(2) organizations. Enter:       11a       10b         15       Section 501(c)(2) organizations. Enter:       11a       10b       10b      <	С			-		v
e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required       7g         h       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required       7g         h       If the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C?       7h         8       Sponsoring organization maintaining donor advised funds.       Did a choor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9b         10       Borsoring organization make any taxable distributions under section 4966?       9a       9b         10       Section 501(c)(7) organizations. Enter:       10a       10a       10a         11       Section 501(c)(12) organizations. Enter:       10a       11b       12a         12       Gross income from members or shareholders       11a       11b       12a         13       Section 501(c)(12) organizations. Is the organization filing Form 1041?       12a       12a         13       Section 501(c)(29) qualified nonprofit				/c		
f       Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8099 as required?       7g         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1096-C?       7n         8       Sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b         12       Section 501(c)(12) organizations. Enter:       10a       10b         13       Section 501(c)(12) organizations. Enter:       11a       10b         14       Gross income from members or shareholders       11a       10b         15       Section 501(c)(22) qualified nonprofit heatth insurance issuers.       11b       11a         16       Gross income from members or shareholders       11a       12a       12a         16       S	d			_		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g   h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h   Sponsoring organization maintaining donor advised funds. Did a donor advised funds. 8   9 Sponsoring organizations maintaining donor advised funds. 8   9 Did the sponsoring organization make any taxable distributions under section 4966? 9a   9 Did the sponsoring organization make a distribution to a donor, donor advised, related person? 9b   10 Section 501(c)(7) organizations. Enter: 10a   11 Initiation fees and capital contributions included on Part VIII, line 12 10a   12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b   11 Section 501(c)(12) organizations. Enter: 11a   a Gross income from members or shareholders 11a   b Gross income from mere sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a   12a 13   Section 501(c)(29) qualified nonprofit health insurance issuers. 12a   13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a   14 Did the organization licensed to issue qualified health plans in more than one state? 13a   14 Did the organization receives and amounts due or payments? 14a   14 Did the organization need to subject to the section 4968 excise tax on net investment incorer 15   15 Is the organization information the	_					
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12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       12c       14a       X         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization an educational institution subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         17       Section 501(c)(2) organizations. Did the trus	b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
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13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note:       See the instructions for additional information the organization must report on Schedule O.       13b         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       14a         c       Enter the amount of reserves on hand       13c       14a       X         144       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X       16       X         If "Yes," complete Form 4720, Schedule O.       16       X       17       16       X         If "Yes," complete Form 4720, Schedule O.       17       17       17       17         16       X       17       17       17 </td <td>12a</td> <td>Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1</td> <td>041?</td> <td>12a</td> <td></td> <td></td>	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	041?	12a		
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15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or       15       X         15       If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17       17         16       '''       I''       I'''       I'''         17       '''       I'''       I'''       I'''         16       '''       '''       I'''       I'''         17       I'''       I'''       I'''       I'''         16       '''       I'''       I'''       I'''         17       I'''       I'''       I'''       I'''         16       '''       I'''       I'''       I''''         17       I'''       I'''       I''''       I''''         16       '''       I'''       I''''       I''''         17       I'''       I''''       I'''''       I''''       I'''''''	b			14b		
excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       Image: Complete Form 4720, Schedule O.       Image: Complete Form 6069.       Image: Complete Form 60						
If "Yes," see the instructions and file Form 4720, Schedule N.       Id       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       Id       X         17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       If       Id       X         16       If "Yes," complete Form 6069.       Id       Id <td></td> <td></td> <td></td> <td>15</td> <td></td> <td>Х</td>				15		Х
16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         If "Yes," complete Form 4720, Schedule O.       Image: Complete Form 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities       Image: Complete Form 6069.       Image: Complete Form 6069						
If "Yes," complete Form 4720, Schedule O.         17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities         that would result in the imposition of an excise tax under section 4951, 4952 or 4953?         If "Yes," complete Form 6069.	16		ncome?	16		Х
17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17         1f "Yes," complete Form 6069.       0						
that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17         If "Yes," complete Form 6069.       0	17		vities			
If "Yes," complete Form 6069.				17		ł
	332004	· · · ·		Form	990	(2023)

6 2023.04030 TF LAND INC

	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.		5500	
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	ction A. Governing Body and Management	<u></u>		11
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 10		100	
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
h	Enter the number of voting members included on line 1a, above, who are independent <b>1b</b>			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-		
-	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
о 7а				<u> </u>
74	more members of the governing body?	7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	14		
D.		7b		x
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			- 11
		8a	х	
a h		8b	X	
ь 9		uo	23	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x
Ser	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		1 22
	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
40-	Did the organization have local chapters, branches, or affiliates?	10a	162	No X
		10a		1
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
110	• • • • • • • • • • • • • • • • • • • •	11a	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
		10-	х	
12a		12a 12b	X	
b		120	л	
с		10	v	
40	on Schedule O how this was done	12c	X X	
13	Did the organization have a written whistleblower policy?	13	X	
14 15	Did the organization have a written document retention and destruction policy?	14	~	
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?		v	
a		15a	X	
b	, , , , , , , , , , , , , , , , , , , ,	15b	Х	
D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
				X
16a	taxable entity during the year?	16a		
16a	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	<u>16a</u>		
16a	taxable entity during the year?	<u>16a</u>		
16a b	taxable entity during the year? 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?	16a 16b		
16a b	taxable entity during the year? 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? ction C. Disclosure			
16a b Sec	taxable entity during the year? 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?			
16a b <u>Sec</u> 17	taxable entity during the year? 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? ction C. Disclosure	16b	availa	ble
16a b Sec 17	taxable entity during the year? 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? <b>Extion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed <u>OH</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)) for public inspection. Indicate how you made these available. Check all that apply.	16b	availa	ble
16a b <u>Sec</u> 17	taxable entity during the year? 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? <b>Exercise Status</b> with which a copy of this Form 990 is required to be filed OH Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3):	16b	availa	ble
16a b Sec 17 18	taxable entity during the year? 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? <b>Extion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed <u>OH</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)) for public inspection. Indicate how you made these available. Check all that apply.	16b s only)		ble
16a b Sec 17 18	taxable entity during the year?         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?         ction C. Disclosure         List the states with which a copy of this Form 990 is required to be filed OH         Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3): 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)	16b s only)		ble
16a b	taxable entity during the year?         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?         ction C. Disclosure         List the states with which a copy of this Form 990 is required to be filed OH         Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3): for public inspection. Indicate how you made these available. Check all that apply.         Own website       Another's website       Image: Other (explain on Schedule O)         Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.         State the name, address, and telephone number of the person who possesses the organization's books and records	16b s only)		ble
16a b <b>Sec</b> 17 18	taxable entity during the year?  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?  Extendence in the states with which a copy of this Form 990 is required to be filed OH Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)) 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) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records MELISSA KLEPTZ - 937-339-8935	16b s only)		ble
16a b <b>Sec</b> 17 18	taxable entity during the year?         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?         ction C. Disclosure         List the states with which a copy of this Form 990 is required to be filed OH         Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3): for public inspection. Indicate how you made these available. Check all that apply.         Own website       Another's website       Image: Other (explain on Schedule O)         Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.         State the name, address, and telephone number of the person who possesses the organization's books and records	s only)		

Form 990 (2023) TF LAND INC	26-1645416	Page 7							
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
Employees, and Independent Con	tractors								
Check if Schedule O contains a response or note to any line in this Part VII									
Section A. Officers, Directors, Trustees, Key Employ	ees, and Highest Compensated Employees								
	ed. Report compensation for the calendar year ending with or within the organization's tors, trustees (whether individuals or organizations), regardless of amount of compensations, trustees (whether individuals or organizations).	,							

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do		Pos		l than c	ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both r/trus	n an	compensation		
	week			luau	liecto	i/irus	lee)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			Isated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 (120)	and related
	below	Individual trustee or director	In stitutional trustee	er	Key employee	est co oyee	er	,		organizations
	line)	Indiv	ln stit	Officer	Keye	Highest compensated employee	Former			
(1) MELISSA KLEPTZ	0.10									
EXECUTIVE DIRECTOR	39.90			Х				0.	140,000.	48,062.
(2) WILLIAM J. FULKER	0.10									
SECRETARY GOV BD (NONVOTING)	1.00			Х				0.	0.	0.
(3) JOE DICKERSON	0.10									
CHAIR	1.00	Х		Х				0.	0.	0.
(4) SUSAN BEHM	0.10									
GOV BD	1.00	Х						0.	0.	0.
(5) BRENT BLACK	0.10									
GOV BD	1.00	X						0.	0.	0.
(6) TOM GIERE	0.10									
GOV BD	1.00	Х						0.	Ο.	0.
(7) COLLEEN GILARDI	0.10									
GOV BD/DISTRIBUTION COMMITTEE	1.00	Х						0.	Ο.	0.
(8) KATHY KERBER	0.10									
GOV BD	1.00	Х						0.	Ο.	0.
(9) TOM KLEPTZ	0.10									
GOV BD/TRUSTEES COMMITTEE	1.00	X						0.	0.	0.
(10) DOUG LINS	0.10									
GOV BD	1.00	Х						0.	Ο.	0.
(11) MAURICE SELLER	0.10									
GOV BD	1.00	X						0.	0.	0.
(12) CRAIG WISE	0.10									
GOV BD	1.00	X						0.	0.	0.
332007 12-21-23										Form <b>990</b> (2023)

332007 12-21-23

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Form 990 (2023) TF LAND	INC								26-1	6454	16 F	Page <b>8</b>
Part VII Section A. Officers, Directors, Trus		ploye	ees,			ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	<b>(B)</b> Average hours per week	box,	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from	(E) Reportable compensatio from related	on	<b>(F)</b> Estimat amount othe	t of
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest com pensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MK 1099-NEC)	SC/	compens from tl organiza and rela organizat	ne Ition Ited
1b Subtotal								0.	140,0		48,0	
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)							•	0.	140,00	0.	48,0	0.
2 Total number of individuals (including but r	ot limited to th						o re				40,0	02.
compensation from the organization											Yes	0 No
<b>3</b> Did the organization list any <b>former</b> officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s				•			Ŭ	• •	•		3	X
<ul> <li>For any individual listed on line 1a, is the su and related organizations greater than \$150</li> </ul>	um of reportabl	e co	mpe	nsat	tion	and	oth	er compensation from th	ne organization		4 X	
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," con	accrue compen	Isatio	on fro	om a	any	unre	late	ed organization or individ	lual for services		5	x
Section B. Independent Contractors 1 Complete this table for your five highest co	moonsated ind		adon	+ 00	ntra	otor	e th	at received more than <sup>¢</sup>	100 000 of com	ooncatio	on from	
the organization. Report compensation for (A)	•								, ,	Jensatio	(C)	
Name and business	address	NC	ONE					Description of s	ervices	Co	mpensatio	on
2 Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot lin	nited	to t	thos 0		ed	above) who received mo	ore than			

		0 (2023) TF LAND INC				26-1645	416 Page <b>9</b>
Pa	rt V	/III Statement of Revenue					
		Check if Schedule O contains a response or	note to any line			(A)	
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
ង ស	1	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b					
A Gu G		c Fundraising events 1c					
ar ,		d Related organizations 1d					
js, e		e Government grants (contributions) 1e					
er ei		f All other contributions, gifts, grants, and					
erib Gfri		similar amounts not included above 1f					
t out		g Noncash contributions included in lines 1a-1f					
00		h Total. Add lines 1a-1f	Business Code				
d)	2	a					
, vice	-	b					
Ser		c					
am eve		d					
Program Service Revenue		e					
Ъ		f All other program service revenue					
		g Total. Add lines 2a-2f					
	3						
		other similar amounts)					
	4		r i i i i i i i i i i i i i i i i i i i				
	5	Royalties	(ii) Personal				
	6		(1) 1 01301141				
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b>					
		<b>b</b> Less: cost or other basis					
venue		and sales expenses 7b					
		c Gain or (loss)					
r B		d Net gain or (loss)	<u></u>				
Other Re	8	a Gross income from fundraising events (not including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18         8a           b         Less: direct expenses         8b					
		a Gross income from gaming activities. See					
		Part IV, line 19 9a					
		b Less: direct expenses 9b					
		c Net income or (loss) from gaming activities					
	10	a 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				
sn	44		Juainess Code				
neo	11						
evenue:		b					
Miscellaneous Revenue		d All other revenue					
2		e Total. Add lines 11a-11d					
	12			0.	0.	0.	0.
33200	9 12-2	-21-23					Form <b>990</b> (2023)

	990 (2023) TF LAND INC	25		26-1	645416 Page 10
	· · ·		* avaaniaatiana muut aar	malata aduma (A)	
Secu	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons				
	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		CAPCINGES	general expenses	скреносо
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
U	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ŭ	trustees, and key employees				
6	Compensation not included above to disqualified				
Ŭ	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
0	-				
0	section 401(k) and 403(b) employer contributions)				
9 10	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a L	Management				
b					
c	Accounting				
d					
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	20 (10		20 (10	
22	Depreciation, depletion, and amortization	38,648.		38,648.	
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а					
b					
С					
d					
	All other expenses	20 640		20 640	
25	Total functional expenses. Add lines 1 through 24e	38,648.	0.	38,648.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

	n 990 (/ rt X	2023) TF LAND INC Balance Sheet		26-	1645416 Page 11
ľů					
		Check if Schedule O contains a response or note to any line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,770,3	84.		
	b	Less: accumulated depreciation 10b 938,5	20. 870,512	• 10c	831,864.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	0.01 0.04
	16	Total assets. Add lines 1 through 15 (must equal line 33)			831,864.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21			21	
ies	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%		22	
Lial	23	controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties		22	
	23	Unsecured notes and loans payable to unrelated third parties		23	
	25	Other liabilities (including federal income tax, payables to related third		27	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0		0.
		Organizations that follow FASB ASC 958, check here			
es		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	870,512	• 27	831,864.
Bal	28	Net assets with donor restrictions		28	
pu		Organizations that do not follow FASB ASC 958, check here			
Ρu		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	870,512		831,864.
_	33	Total liabilities and net assets/fund balances		• 33	831,864.

Form **990** (2023)

Form	1990 (2023) TF LAND INC	26-164	5416	Pa	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			0.
2	Total expenses (must equal Part IX, column (A), line 25)	2		8,6	
3	Revenue less expenses. Subtract line 2 from line 1	3		8,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	87	0,5	12.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	83	1,8	64.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: 🛛 Cash 🗌 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis 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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
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 requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		1
				990	(2222)

Form **990** (2023)

SCHEDULE A	Dub	lic Cha	rity Status an	d Duk	lic Si	innort		OMB No. 1545-0047
(Form 990)			nization is a section 501					2023
	Complete		47(a)(1) nonexempt cha					ZUZJ
Department of the Treasury Internal Revenue Service		A	ttach to Form 990 or Fo	rm 990-E	Ζ.			Open to Public
		vww.irs.gov/	Form990 for instruction	is and the	latest inf	ormation.		Inspection
Name of the organizat		TNO						r identification number
Dort L Doccon	TF LAND		/					6-1645416
			(All organizations must c			ee instruction	IS.	
<u> </u>	-	-	For lines 1 through 12, cl	-	-			
	,		on of churches described		n 170(a)(1	I)(A)(I).		
			Attach Schedule E (Form		V6V4VAV;;	::)		
			anization described in <b>se</b> njunction with a hospital				Viii) Enter	the hospital's name
city, and stat	-		njunction with a nospital	described	Sectio			the hospital's hame,
	-	enefit of a co	llege or university owned	or operat	ed by a go	vernmental u	nit describ	ed in
	(b)(1)(A)(iv). (Complet							
			nental unit described in	section 17	70(b)(1)(A)	(v).		
		•	ntial part of its support fr			.,	ne general	public described in
section 170	b)(1)(A)(vi). (Complete	e Part II.)		-			-	
8 A community	r trust described in se	ction 170(b)	(1)(A)(vi). (Complete Parl	: II.)				
9 🗌 An agricultur	al research organizati	on described	in section 170(b)(1)(A)(i	x) operate	ed in conju	inction with a	land-grant	college
or university	or a non-land-grant co	llege of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	e or
university: _								
			than 33 1/3% of its supp					
	-		t to certain exceptions; a					-
			(less section 511 tax) fro	m busines	sses acqui	red by the org	ganization a	after June 30, 1975.
	509(a)(2). (Complete	-				O(-)(A)		
			ively to test for public saf				rn out the	purposes of one or
	•		ively for the benefit of, to d in section 509(a)(1) o	-			•	
			f supporting organization					
	-	• •	upervised, or controlled		-		-	aivina
			gularly appoint or elect a					
organizatio	n. You must comple	te Part IV, Se	ections A and B.					
b 🗌 Type II. A	supporting organization	on supervised	or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	/ing
control or	management of the su	pporting org	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the sup	ported
organizatio	n(s). You must comp	lete Part IV,	Sections A and C.					
c 🔄 Type III fu	nctionally integrated	. A supportin	g organization operated	in connect	tion with, a	and functiona	lly integrate	ed with,
			). You must complete F					
			porting organization oper				•	
		-	ation generally must sati	•			an attenti	veness
			nplete Part IV, Sections					
			written determination from nally integrated supportir			турет, туре	п, туре п	
	of supported organiza				ation.			1
	ing information about		d organization(s).					
(i) Name of supp		(ii) EIN	(iii) Type of organization		anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other
organizatio	1		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
THE TROY FOU	NDATION 31-6	<u>5018703</u>	8	Х			0.	0.
Total							0.	0.
Total						1	••	<u>v</u> .

	edule A (Form 990) 2023 T Int II Support Schedule for (	F LAND IN		Sections 170	$(h)(1)(\Lambda)(iy)$ and	26 - 164	5416 Page 2
ГС	(Complete only if you checked	-					-
	fails to qualify under the tests			•	on railed to quality t	under Part III. II the	organization
See	ction A. Public Support		•				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
<u>6</u>	Public support. Subtract line 5 from line 4.						
	ction B. Total Support	( ) == ( =	(1) 0000	() 000 (	( 1) 0000	() 2222	(0
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
-	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
9	and income from similar sources Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction				12	
13	First 5 years. If the Form 990 is for th					i01(c)(3)	
	organization, check this box and stop						
See	ction C. Computation of Publi						
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11,	column (f))		14	%
15	Public support percentage from 2022					15	%
16a	33 1/3% support test - 2023. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this bo	x and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2022. If the c						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	VI how the organiz	zation
	meets the facts-and-circumstances te	-					
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the						
40	organization meets the facts-and-circu						
ĬŎ	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

Schedule A (Form 990) 2023

sign Envelope ID: BF441941-7F6C-4866-AB	34-0D914EF50	56D				
	LAND IN				26-164	5416 Page 3
Part III Support Schedule for Or	ganizations	Described in S	Section 509(a)	(2)		
(Complete only if you checked the	ne box on line 1	0 of Part I or if the o	organization failed	to qualify under Pa	art II. If the organiza	ation fails to
qualify under the tests listed bel	ow, please com	olete Part II.)				
Section A. Public Support						
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	<b>(f)</b> Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

#### 8 Public support. (Subtra Section B. Total Support

Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
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	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the					01(c)(3) organiza	tion,
_	check this box and stop here						
Sec	ction C. Computation of Public	ic Support Per	centage				
15	Public support percentage for 2023 (I	ine 8, column (f), d	ivided by line 13, c	olumn (f))		15	%
16	Public support percentage from 2022					16	%
Sec	ction D. Computation of Invest	stment Income	Percentage				
17	Investment income percentage for 20	<b>)23</b> (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%
10-	22 1/20/ aumment teats 2002 If the	organization did n	at abaali tha bay	n line 14 and line	15 is mars than 0	0 1/00/ and line	17 is not

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

16

332023 12-21-23

Schedule A (Form 990) 2023

2023.04030 TF LAND INC

#### TF LAND INC Schedule A (Form 990) 2023

1

Yes No

Х

Part IV | Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete

Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

# Section A. All Supporting Organizations

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

332024 12-21-23

Х 2 х 3a 3b 3c Х 4a 4b 4c Х 5a 5b 5c х 6 Х 7 х 8 х 9a Х 9b Х 9c Х 10a 10b Schedule A (Form 990) 2023

Sche	dule A (Form 990) 2023 TF LAND INC	26-164541	6 ра	age <b>5</b>
	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		<u>X</u>
	A family member of a person described on line 11a above?	11b		X
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			37
<u>Sac</u>	<i>detail in</i> Part VI. tion B. Type I Supporting Organizations	11c		X
	tion D. 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	ono or	res	No
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's c			
	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 sup			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amon supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	g the 1	Х	
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		х
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		1	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
2	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a	2		
3	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 <b>Part VI</b> the role the organization's			
		3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	0		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructions).		
а	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental er	ntity (see instructior	1 <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	<u>3a</u>	L	

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.* 332025 12-21-23

3b Schedule A (Form 990) 2023

# 16551021 148922 7761308-7759525

ions 20, 1970 ( <i>explain in I</i> ions A through E. (A) Prior Year	Part VI). See instruction
ions A through E.	T
	(P) Current Veer
(A) Prior Year	(P) Current Veer
	(b) Current Year (optional)
(A) Prior Year	(B) Current Year (optional)
	Current Year
	nization (see
	pe III supporting orga

instructions).

Schedule A (Form 990) 2023

	dule A (Form 990) 2023 TF LAND INC	a)/2) Supporting Orga	nizotiono	26-1645416 Page 7
Par		a)(s) Supporting Orga	nizations (continued	
	on D - Distributions		I	Current Year
1	Amounts paid to supported organizations to accomplish exer			1
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		-
	organizations, in excess of income from activity			2
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3
4	Amounts paid to acquire exempt-use assets			4
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6
7	Total annual distributions. Add lines 1 through 6.			7
8	Distributions to attentive supported organizations to which the	e organization is responsive		-
	(provide details in Part VI). See instructions.			8
9	Distributable amount for 2023 from Section C, line 6			9
10	Line 8 amount divided by line 9 amount	<i>(</i> )	<b>1</b>	-
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
C	From 2020			
d	From 2021			
e	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
	Excess from 2022			
e	Excess from 2023			

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023	TF LAND	INC	26-1645416 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	l , 2, 3b, 3c, 4b, 4 , lines 2 and 3; Pa	de the explanations required by Part II, line 10; Part II, line 17a or c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 art IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V ection E, lines 2, 5, and 6. Also complete this part for any additio	r 17b; Part III, line 12; and 2; Part IV, Section C, /, Section B, line 1e; Part V,
332028 12-21-2	3			Schedule A (Form 990) 2023
	-		21	

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SCHEDULE D (Form 990)Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,					2023		
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.         Department of the Treasury         Internal Revenue Service         Go to www.irs.gov/Form990 for instructions and the latest information.						Open to Public	
	al Revenue Service		0 for instructions and th	e latest information.		Inspection	
Nam	e of the organization	n TF LAND INC				r identification number 26-1645416	
Pa	rt I Organiza	tions Maintaining Donor Advise	d Funds or Other S	imilar Funds or A			
		n answered "Yes" on Form 990, Part IV, lin					
			(a) Donor advise	d funds	(b) Funds ar	nd other accounts	
1	Total number at en	d of year					
2		contributions to (during year)					
3	Aggregate value of	grants from (during year)					
4	Aggregate value at	end of year					
5	-	n inform all donors and donor advisors in	-				
		n's property, subject to the organization's				. Yes No	
6	•	n inform all grantees, donors, and donor a	<b>v v</b>				
		oses and not for the benefit of the donor o			0	<b>—</b>	
Da	impermissible priva	ate benefit? ation Easements. Complete if the or				Yes No	
				s" on Form 990, Part IV	√, line 7.		
1		ervation easements held by the organizati of land for public use (for example, recrea	· · · ·	Dressmustion of a bia	torically impo	stant land area	
		i natural habitat		Preservation of a his Preservation of a cer	, ,		
		of open space			tineu historic	Siluciule	
2		through 2d if the organization held a quali	fied conservation contribu	ution in the form of a c	onservation (	easement on the last	
-	day of the tax year					at the End of the Tax Year	
а		nservation easements			2a		
b							
с	-	vation easements on a certified historic str					
d	Number of conserv	ation easements included on line 2c acqu	ired after July 25, 2006, a				
		ure listed in the National Register			2d		
3		vation easements modified, transferred, rel				g the tax	
	year						
4	Number of states v	where property subject to conservation eas	sement is located				
5	Does the organizat	ion have a written policy regarding the pe	iodic monitoring, inspect	ion, handling of			
		prcement of the conservation easements it					
6	Staff and volunteer	hours devoted to monitoring, inspecting,	handling of violations, an	d enforcing conservat	ion easement	ts during the year	
7	Amount of expense	es incurred in monitoring, inspecting, hand	lling of violations, and en	forcing conservation e	asements du	ring the year	
8	Does each consen	 vation easement reported on line 2d above	satisfy the requirements	of section $170(h)(A)(B)$	)(i)		
Ũ	and section 170(h)					Yes No	
9	( )	e how the organization reports conservati					
		include, if applicable, the text of the footr		-		the	
	organization's acco	ounting for conservation easements.	Ũ				
Pa	rt III Organiza	tions Maintaining Collections of	Art, Historical Trea	asures, or Other S	Similar As	sets.	
	Complete if	the organization answered "Yes" on Form	i 990, Part IV, line 8.				
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its reve	enue statement and ba	alance sheet v	works	
	of art, historical tre	asures, or other similar assets held for put	olic exhibition, education,	, or research in furthera	ance of public		
	service, provide in	Part XIII the text of the footnote to its finar	ncial statements that des	cribes these items.			
b	U U	elected, as permitted under FASB ASC 95	•				
		ures, or other similar assets held for public	exhibition, education, or	research in furtherand	ce of public s	ervice,	
	•	ng amounts relating to these items.					
		ded on Form 990, Part VIII, line 1					
					\$		
	(ii) Assets include	d in Form 990, Part X					
2	(ii) Assets include If the organization	received or held works of art, historical tre	asures, or other similar as	ssets for financial gain,			
	(ii) Assets include If the organization the following amou	received or held works of art, historical tre nts required to be reported under FASB A	asures, or other similar as SC 958 relating to these	ssets for financial gain, items:	, provide		
а	(ii) Assets include If the organization the following amou Revenue included	received or held works of art, historical tre nts required to be reported under FASB A on Form 990, Part VIII, line 1	asures, or other similar as SC 958 relating to these	ssets for financial gain, items:	, provide \$		
a b	(ii) Assets include If the organization the following amou Revenue included Assets included in	received or held works of art, historical tre nts required to be reported under FASB A	asures, or other similar as SC 958 relating to these	ssets for financial gain, items:	, provide \$ \$	edule D (Form 990) 202	

Sche	dule D (Form 990) 2023 TF LAND						26-16	4541	<b>6</b> Ра	<sub>age</sub> 2
Par	rt III Organizations Maintaining C	ollections of Ar	t, Historica	l Treasures, o	r Othe	r Similaı	r Assets	conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any o	f the following tha	t make si	ignificant ι	use of its			
	collection items (check all that apply).									
а	Public exhibition	c	l 📃 Loan d	or exchange progr	am					
b	Scholarly research	e	e 🗌 Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how they fur	her the organization	on's exer	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, historica	l treasures, or oth	er similar	assets				
	to be sold to raise funds rather than to be ma							Yes		No
Par	rt IV Escrow and Custodial Arran	gements Comple	te if the organi	zation answered "	Yes" on	Form 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian, or other intermed	diary for contril	outions or other as	ssets not	included		_		_
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:							
								Amoun	t	
с	Beginning balance					. 1c				
d	Additions during the year					. 1d				
е	Distributions during the year					. 1e				
f	Ending balance					. 1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow	or custodial acco	ount liabil	ity?		Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par	rt V Endowment Funds Complete if	f the organization and								
		(a) Current year	(b) Prior ye	ear (c) Two yea	irs back	(d) Three y	ears back	(e) Fou	r years	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, colu	mn (a)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
с	Term endowment	<u>%</u>								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are h	eld and administe	red for th	ne				
	organization by:								Yes	No
	(i) Unrelated organizations?							3a(i)		
								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	ed on Schedu	le R?				3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Par	rt VI Land, Buildings, and Equipm	nent								
	Complete if the organization answere	d "Yes" on Form 990	), Part IV, line	11a. See Form 990	), Part X,	line 10.				
	Description of property	<b>(a)</b> Cost or o basis (investr	• •	Cost or other basis (other)	1	ccumulate preciation	ed	(d) Boo	k valu	e
1a	Land			26,759.					6,7	
b	Buildings		1	,389,933.		608,83			1,0	
	Leasehold improvements			123,043.		101,20			1,8	
	Equipment			230,649.		228,4'	76.		2,1	73.
	Other									
Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990. Part	X. line 10c. co	lumn (B))				83	1,8	64.
	· · · /						<b>0</b> . I			~~~~

Schedule D (Form 990) 2023

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Schedule D (Form 990) 2023         TF         LAND         INC           Part VII         Investments - Other Securities			-1645416 Page <b>3</b>
Complete if the organization answered "Yes"			1 - <b>f</b>
(a) Description of Security or Category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the experimetion economy at "Xeal"			
Complete if the organization answered "Yes"	Description	TTd. See Form 990, Part X, line 15.	(b) Book value
	Description		
(1) (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col	. <i>(</i> B))		
Part X Other Liabilities			•
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, col	. (B))		
2. Liability for uncertain tax positions. In Part XIII, provide			hat reports the

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

Schedule D (Form 990) 2023

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X

Sche	dule D (Form 990) 2023 TF LAND INC		26-1645416 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ments With Reven	nue per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
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.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Stat	ements With Expe	nses 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
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	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
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 expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pa	t 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 X, LINE 2:

INCOME TAX FOOTNOTE FROM THE DECEMBER 31, 2023 CONSOLIDATED AUDITED

FINANCIAL STATEMENTS:

THE FOUNDATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE

#### INTERNAL REVENUE CODE.

# MANAGEMENT DOES NOT BELIEVE THAT THE FOUNDATION CONDUCTS ANY ACTIVITIES

SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. IN ADDITION, MANAGEMENT

CONCLUDED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT REQUIRE

ADJUSTMENT TO THE FINANCIAL STATEMENTS. WITH FEW EXCEPTIONS, THE

### FOUNDATION'S FEDERAL INFORMATION RETURNS ARE NO LONGER SUBJECT TO

332054 09-28-23

Schedule D (Form 990) 2023

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hedule D (Form 990)	2023		TF LAND prmation (contin	INC					26-1645416	Pag
art XIII   Supple	ment	al Info	ormation (contin	nued)						
XAMINATION	BY	THE	INTERNAL	REVENUE	SERVICE	FOR	YEARS	BEFORE	2019.	
									Schedule D (Form	0001

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26 2023.04030 TF LAND INC

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SCHEDULE J	CHEDULE J Compensation Information				47		
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	ດງ	)		
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	<b>Z</b> J	)		
Department of the Treasury	Attach to Form 990.		Open to Public				
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection				
Name of the organization		Employer ide			nber		
Part I Question	TF LAND INC	26-16	94541	0			
	ns Regarding Compensation						
<b>4</b> Oh a shall be served	inter te set en l'estimate de la companya de la com	000		Yes	No		
	riate box(es) if the organization provided any of the following to or for a person listed on Form	990,					
	, line 1a. Complete Part III to provide any relevant information regarding these items.	naluaa					
First-class or							
Travel for cor	npanions Payments for business use of personal re cation and gross-up payments Health or social club dues or initiation fee						
	spending account						
		ii, cheij					
<b>b</b> If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or						
			1b				
	on require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	ers, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
3 Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's	i i					
	ector. Check all that apply. Do not check any boxes for methods used by a related organization						
	sation of the CEO/Executive Director, but explain in Part III.						
Compensatio							
	compensation consultant						
	other organizations Approval by the board or compensation of	ommittee					
4 During the year, di	d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
organization or a r	elated organization:						
a Receive a severan	ce payment or change-of-control payment?		. 4a		X		
<b>b</b> Participate in or re	ceive payment from a supplemental nonqualified retirement plan?		. 4b		X		
c Participate in or re	ceive payment from an equity-based compensation arrangement?		. 4c		X		
If "Yes" to any of I	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5 For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n					
contingent on the							
a The organization?			5a		X		
	zation?		5b		X		
	or 5b, describe in Part III.						
	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n					
contingent on the	-						
					X		
	zation?		6b		X		
	or 6b, describe in Part III.						
-	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				37		
	nes 5 and 6? If "Yes," describe in Part III		. 7		X		
•	s reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ie					
			8		X		
	did the organization also follow the rebuttable presumption procedure described in		-				
Regulations section							
For Paperwork Reduc	tion Act Notice, see the Instructions for Form 990.	Schedul	le J (Forn	n 990)	2023 (		

LHA 332111 11-06-23

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#### Schedule J (Form 990) 2023

TF LAND INC

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

26-1645416

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title	(A) Name and Title		(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MELISSA KLEPTZ	(i)	0.	0.	0.	0.	0.	0.	0.
EXECUTIVE DIRECTOR	(ii)	140,000.	0.	0.	11,965.	36,097.	188,062.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

Page 2

<u>Schedule J (Form 990) 2023</u>	TF LAND INC	26-1645416	Page 3
Part III Supplemental Informa	tion		

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2023

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SCHEDULE O (Form 990)	Form 990) Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.					
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.	Open to Public Inspection				
Name of the organizatio	TF LAND INC	Employer identification numbe 26-1645416				
FORM 990, PA	RT VI, SECTION B, LINE 11B:					
THE RETURN P	REPARER EMAILS A COPY OF THE FORM 990 TO THE F	FINANCE OFFICER,				
WHO FORWARDS	THE RETURN TO THE TROY FOUNDATION'S AUDIT COM	IMITTEE TO REVIEW				
IN DETAIL BE	FORE IT IS FILED WITH THE INTERNAL REVENUE SER	RVICE. AFTER				
REVIEW, THE	RETURN IS SENT TO THE BOARD MEMBERS PRIOR TO F	ILING.				
FORM 990, PA	RT VI, SECTION B, LINE 12C:					
EACH YEAR AT	ITS ANNUAL MEETING, THE ORGANIZATION'S GOVERN	NING BOARD,				
TRUSTEES COM	MITTEE AND DISTRIBUTION COMMITTEE RECEIVE A CC	DPY OF THE				
CONFLICT-OF-	INTEREST POLICY AND ARE REQUIRED TO COMPLETE A	AND SUBMIT THE				
ORGANIZATION	'S CONFLICT OF INTEREST STATEMENT TO THE EXECU	JTIVE DIRECTOR				
LISTING ALL	POTENTIAL CONFLICTS THAT MAY OCCUR THROUGHOUT	THE YEAR.				
FORM 990, PA	RT VI, SECTION B, LINE 15:					
THE PROCESS	FOR DETERMINING THE EXECUTIVE DIRECTOR'S AND C	THER KEY				
EMPLOYEES' S	ALARIES INCLUDES A REVIEW AND APPROVAL PROCESS	BY THE TROY				
FOUNDATION'S	GOVERNING BODY ALONG WITH THE USE OF DATA IN	REGARDS TO				
COMPARABLE C	OMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN	I FUNCTIONALLY				
COMPARABLE P	OSITIONS AS SIMILARLY SITUATED ORGANIZATIONS.	RECORDS WITH				
RESPECT TO D	ELIBERATIONS AND DECISIONS REGARDING THE COMPE	ENSATION				
ARRANGEMENT	ARE MAINTAINED.					
FORM 990, PA	RT VI, SECTION C, LINE 18:					
THE ORGANIZA	TION'S FORM 990 IS AVAILABLE UPON REQUEST FOR	THE PERIOD OF				

TIME AS SET FORTH IN INTERNAL REVENUE CODE SECTION 6104(D).

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page <b>2</b>
Name of the organization	Employer identification number
TF LAND INC	26-1645416
FORM 990, PART VI, SECTION C, LINE 19:	

THE ORGANIZATION'S FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT

OF INTEREST POLICY ARE AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF TIME

AS SET FORTH IN INTERNAL REVENUE CODE SECTION 6104(D).

PART VII

MELISSA KLEPTZ IS PAID BY THE RELATED ORGANIZATION, THE TROY

FOUNDATION, FOR FULL TIME SERVICES PROVIDED TO THAT ORGANIZATION. NONE

OF HER SALARY IS ALLOCATED TO TF LAND, INC. AS SHE DEVOTES LESS THAN AN

HOUR PER WEEK ON ACTIVITIES OF THIS ORGANIZATION.

FORM 990, PART XII, LINE 2C:

THE PROCESS BY WHICH THE ORGANIZATION SELECTS AN INDEPENDENT ACCOUNTANT

TO CONDUCT ITS AUDIT HAS NOT CHANGED SINCE THE PRIOR YEAR.

332212 11-14-23

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Schedule O (Form 990) 2023

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.										
Name of the organizati	on TF LAND INC			mornation		Er	mployer identi 26-1645				
Part I Identification	on of Disregarded Entities. Comp	lete if the organization answered "Yes"	on Form 990, Part IV, line 33	3.							
<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity		(b)(c)Primary activityLegal domicile (state or foreign country)		or Total inco	(e) Ime End-of-year as:				g		
	on of Related Tax-Exempt Organi	zations. Complete if the organization a	answered "Yes" on Form 990	), Part IV, line 34, b	ecause it had one	or more	e related tax-ex	empt			
	(a) le, address, and EIN elated organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section 501(c)(3))	Dire	<b>(f)</b> ect controlling entity	cont	g) 512(b)(13) rolled tity? No		
THE TROY FOUNDATION 216 W FRANKLIN ST TROY, OH 45373		TO PROVIDE FUNDS FOR EDUCATION, PUBLIC HEALTH & WELFARE, HOSPITALS, ETC.	OHIO	501(C)(3)	LINE 8	N/A		163	x		

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

Schedule R (Form 990) 2023

# Schedule R (Form 990) 2023 TF LAND INC

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

organizations treated as a pa	i theising during the ta	n year.				1			1				
(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	n)	(i)	(j		(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	egal nicile ate or entity ((	(state or entity (related, unrelated, income	rolling Predominant income Share of total Shar (related, unrelated, income end-of excluded from tax under asso			r allocations?		amount in box	mana partn	er? OV	ercentage wnership
		country)		sections 512-514)			K-1 (Form 1065)			Yes	No		
	-												
	-												
	-												
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	1												
			l	I		1							

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	Sec 512(I contr ent	(i) ction b)(13) rolled tity?
		country)		0				Yes	No
	]								
	]								
	1								
	1								

### Schedule R (Form 990) 2023 TF LAND INC

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		2
<b>b</b> Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)			
i Exchange of assets with related organization(s)			
j Lease of facilities, equipment, or other assets to related organization(s)			-
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
Sharing of paid employees with related organization(s)	-		_
Reimbursement paid to related organization(s) for expenses			
Reimbursement paid by related organization(s) for expenses			
Other transfer of cash or property to related organization(s)			
S Other transfer of cash or property from related organization(s)			

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)			
(2)			
<u>(3)</u>			
<u>(4)</u>			
(5)			
(6)			

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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c)	(e Are partner 501(r org <b>Yes</b>	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	opor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes	al or F ging er? <b>NO</b>	<b>(k)</b> Percentage ownership

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Part VII Supplemental Information	
Provide additional information for responses to questions on Schedule R. See instruction	ns.
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