Form 990

Department of the Treasury Internal Revenue Service **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.

2022 Open to Public Inspection

^_	FUI LI	le 2022 calendar year, or tax year beginning 07/01/22, and ending 06/30/	23		
В	Check if	applicable: C Name of organization		D Employe	r identification number
	Address	change NORTH BRANCH LAND TRUST			
	Name ch	ange Doing business as			755642
1	Initial ret	Number and street (or P.O. box if mail is not delivered to street address) 105 LT. MICHAEL CLEARY DRIVE	Room/suite	E Telephon	e number 310-1781
	Final retu			370-	210-1/01
Ш	terminate	DALLAS PA 18612		Santonio (11)	2 242 054
	Amende			G Gross rec	eipts\$ 3,343,074
	Applicati	on pending ELLEN FERRETTI	H(a) Is this a	a group return for s	ubordinates? Yes X No
_			H(b) Are all	subordinates incl	uded? Yes No
			1	No," attach a list	
_	Tau au	mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	┥ "	NO, attach a list	See Histi uctions
1	and the second		-		
	Website			exemption numbe	
_	art I		Year of formation:	1994	M State of legal domicile: PA
	1	Summary Priority described the construction of the construction o			
	'	Briefly describe the organization's mission or most significant activities:			
Activities & Governance		See Schedule O			
nar					
/eri		<u> </u>			AND AND THE STATE OF THE STATE
Ó	2	Check this box if the organization discontinued its operations or disposed of more than 25%	of its net ass	ets.	
න්	3	Number of voting members of the governing body (Part VI, line 1a)		3	20
ies	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	20
<u>×</u>	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	ADDRESS STATE	5	6
∆ct	6	Total number of volunteers (estimate if necessary)		6	0
`	7a	Total unrelated business revenue from Part V	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	7a	0
	b i	Net unrelated business taxable income from form 9 0 T Part , the 11		7b	0
_			Prior		Current Year
0	8 (Contributions and grants (Part VIII, line 1h)	1	69,220	301,683
2	9 1	Program service revenue (Part VIII, line 2g)		43,079	64,579
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		95,567	1,935,379
ا تم		Other revenue (Part VIII column (A) lines 5 6d 8c 9c 10c and 11c)		35,979	73,480
		Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		43,845	2,375,121
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)		45,045	
	14 6	Benefits paid to or for members (Part IX, column (A), line 4)			45,397
			0	10 000	010.005
Expenses	10 0	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		19,962	218,085
ē	IOar	Professional fundraising fees (Part IX, column (A), line 11e)			0
시		otal fundraising expenses (Part IX, column (D), line 25) 97,264	// 80 1		
-1		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		55,325	279,040
		otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		75,287	542,522
- 60	19 F	Revenue less expenses. Subtract line 18 from line 12		31,442	1,832,599
Net Assets or Fund Balances			Beginning of C		End of Year
Sse		otal assets (Part X, line 16)		64,065	10,460,741
nd A		otal liabilities (Part X, line 26)		49,254	3,840,879
_		let assets or fund balances. Subtract line 21 from line 20	4,8	14,811	6,619,862
	art II	Signature Block			
Und	der pen	alties of perjury, I declare that I have examined this return, including accompanying schedules and stateme	nts, and to the b	est of my know	ledge and belief, it is
true	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer h	as any knowled	ge.	•
Sign	n	Signature of officer		Date	
ler	e	ELLEN FERRETTI EXECUTIVE	DIRECTO	R	
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	Date	Check	if PTIN
aid		Kelley Lindsay, CPA			□ "
rep	arer	Firm's name Kohanski & Co., PC	111/1	.7/23 self-emp	
•	Only	4 Meadow Avenue, Ste C		Firm's EIN	83-2620517
	- 1	a 1 = 10=0=			E70-041 0040
lav +	he IDS			Phone no.	570-941-2248
ay l	יום ועכ	discuss this return with the preparer shown above? See instructions			X Yes No

- 1		am Service Accomplishments contains a response or note to any lin	e in this Part III	X
	Briefly describe the organization's m The mission of NBLT		ral, working, and sc	enic
	884 84 84 84 84 84 74 74 74 74 74 74 74 74 74 74 74 74 74			A. (
2	Did the organization undertake any s	ignificant program services during the year whic		Yes X No
3	If "Yes," describe these new services Did the organization cease conduction	on Schedule O. g, or make significant changes in how it conduc		ations, L. T. L. T
		THE STATE OF STATE OF STATE OF THE STATE OF	Control to the Control of the Contro	Yes X No
4	Describe the organization's program expenses. Section 501(c)(3) and 501	service accomplishments for each of its three la (c)(4) organizations are required to report the an ny, for each program service reported.		
	See Schedule O	333,040 including grants of \$		

	***************************************	OII1 O		****************
	***************************************	Client Co	opv	
		SANTANA MARINA PARAMBANA MARINA M	×., y	
t s	he land to a like-recause sometimes of anage the conservation of the prior year ennsylania Department of 1400 ownships, Luzerne Cransferred to the Epecies and habitat,	rust will acquire land fainded conservation organither conservation organition values found on that the Land Trust receivent of Conservation and acres of natural lands county Pennsylvania. The Bureau of Forestry. The a cold water fishery,	nization. The Trust vations are better so t land. ved grant awards from Natural Resources for in Newport and Hanove land was purchased a project protects enda and scenic mountain h	transfer will do this wited to the the the and angered aighlands.
C	utreach and Educati	including grants of \$) (Revenue \$	
e	nderstand and value ducating the commun rowth strategies.	ure that the communities the conservation of pricty about the importance	ivate and public land e of land conservation	l by broadly on and smart
	* *** ********************************			20.000000000000000000000000000000000000
4d	Other program services (Describe on		IV 4820001 = 0.00 = 22-	
40	(Expenses \$	including grants of \$) (Revenue \$)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions			х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes " complete Schedule C. Part II.	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	18 -		
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	201		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
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,	- 10		D. A. C.
	VII, VIII, IX, or X, as applicable.			
а				
	complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments—the requires in Part X, ling 18, that is 5% or more	110		
	of its total assets reported in Part X, line 16? If "Ye "bringer Schedule", Part I	11b		x
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	92		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	_	<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
19	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		, ,	
10	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?			77
20a	If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	00		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<u>X</u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
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Part IV Checklist of Required Schedules (continued)

51			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
D-	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
d	to defease any tax-exempt bonds?	24c		-
25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
LJa	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25-		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		
_	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Vas " complete Schedule I 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	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing threshold, conduction and exertion is		C.	
а	A current or former officer, director, trustee, key en place, chalar or punder, or adbita it is consocitor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
0.4	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			7.7
33	complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
33	sections 301 7701-2 and 301 7701 32 If "Vee " complete Schodule B. Bort I	20		х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		_
J 1	or IV and Part V line 4	34		x
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	33a		_
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	-		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	x	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			-
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			110000
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	Dr.	1817	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	Ted T		17 -0
	reportable gaming (gambling) winnings to prize winners?	1c		

P	art V Statements Regarding Other IRS Filings and Tax Compliance (contin	ued)				No				
2a		1			T	T				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	6	13.5	100	100				
b	2.23(2.34 A = 0.00)			2b	X					
3a		3.00		3a		X				
b	55.00° AUG	0		3b						
4a			v over.							
	a financial account in a foreign country (such as a bank account, securities account, or other financial			4a		x				
b				nando est						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccount	s (FBAR)							
5a	42.11 A 75 (1) (1)			5a		x				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transacti	ion?		5b	1	X				
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?										
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the										
	organization solicit any contributions that were not tax deductible as charitable contributions?	•		6a		x				
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	IS OF		entrawar - Ja		1				
	gifts were not tax deductible?	.0 01		6Ь						
7	Organizations that may receive deductible contributions under section 170(c).		(4.4 (4.4 (4.4 (4.4 (4.4 (4.4 (4.4 (4.4	COSCRETATOR DE	100	1000				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go	ahor			15					
	and services provided to the payor?	Jous		7a		x				
Ь	If "Yes," did the organization notify the donor of the value of the goods or sociace provided?	19111		74		- A				
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			- r B		1				
	as midrad to file file a conce	•		7-		x				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		7c		A				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cor			70	-	X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract		********	7e	 	X				
g	If the organization received a contribution of qualified intellectual property, did the organization file For		O oo roquirod?	7f		X				
h	If the organization received a contribution of cars boats, ai planes property, did the organization me Poli	on file	as required?	7g		X				
8	Sponsoring organizations maintaining donor dused funds. Did attono addission to all fainer	d by th	a roiiii 1096-C	??		┢				
	sponsoring organization have excess business holdings at any time during the year?	u by III	е		1710	1000				
9	Sponsoring organizations maintaining donor advised funds.				music					
a	Did the sponsoring organization make any taxable distributions under section 4966?			0-	2200	1000				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	****		9a		+				
10	Section 501(c)(7) organizations. Enter:			9b		-				
a	Initiation fees and capital contributions included on Part VIII, line 12	اممها								
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a			100					
11	Section 501(c)(12) organizations. Enter:	10b				MAL				
	Cross income from march and an about ald a	المما			10.00					
b	Gross income from other sources. (Do not net amounts due or paid to other sources	11a								
	against amounts due or received from them			1.5						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b		10	NAME OF	Tall 1				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	li coscor di		12a	-					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12b				HEX.				
а	Is the organization licensed to issue qualified health plans in more than one state?			10						
u	Note: See the instructions for additional information the organization must report on Schedule O.		V5537013777777777777	13a						
b	Enter the amount of reserves the organization is required to maintain by the states in which					11				
•		آ عمد آ		7.50		83				
С	the organization is licensed to issue qualified health plans Enter the amount of reserves on hand	13b		11:30		1,70				
14a	CARAGE	13c				77				
_	Did the organization receive any payments for indoor tanning services during the tax year?	•		14a		X				
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule is the organization subject to the section 4060 toy on payment(a) of more than \$4,000,000 in any payment (b) of more than \$4,000,000 in any payment (c) of more than \$4,000 in any payment (c) of more			14b						
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerat			1						
	excess parachute payment(s) during the year?			15		X				
16	If "Yes," see instructions and file Form 4720, Schedule N.		_	10000						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in	come?		16		X				
7	If "Yes," complete Form 4720, Schedule O.				LINE.	IIIAII -				
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activiti					1				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes." complete Form 6069.	×		17	1 6 6 7 1					
	II I I I I I I I I I I I I I I I I I I					4-11-1				

Form 990 (2022) NORTH BRANCH LAND TRUST 23-7755642 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 20 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. Enter the number of voting members included on line 1a, above, who are independent 20 1b 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? X 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? X Did the organization have members or stockholders? X 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a X Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? X 8a Each committee with authority to act on behalf of the governing body? b X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a h Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X 12c Did the organization have a written whistleblower policy? 13 X 13 Did the organization have a written document retention and destruction policy? 14 X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 PA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Another's website X Upon request Other (explain on Schedule O) X Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

ELLEN FERRETTI, EXECUTIVE DIRECTOR 105 LT. MICHAEL CLEARY DRIVE

DAA

DALLAS

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(C) Position (A) (B) (D) (E) (F) (do not check more than one Name and title Average Reportable Reportable Estimated amount box, unless person is both an hours compensation compensation of other officer and a director/trustee) per week from the from related compensation (list any organization (W-2/ organizations (W-2/ ndividual trustee Former from the nstitutional trustee (ey employee hours for 1099-MISC/ 1099-MISC/ organization and related 1099-NEC) 1099-NEC) related organizations compensated organizations below dotted line) (1) ELLEN FERRETTI 40.00 EXECUTIVE DIRECTOR 0.00 0 1,767 (2) CHRISTINA DILKS TAYLOR 2.00 0.00 X DIRECTOR/CHAIR X 0 0 (3) FRED VALENTINE 2.00 0.00 DIRECTOR/VICE CHAIR X X 0 0 0 (4) JOHN L. ZEMBRUSKI, ESO. 2.00 DIRECTOR/SECRETARY X 0.00 X 0 0 0 (5) RYAN FLOOD 2.00 DIRECTOR/TREASURER 0.00 X X 0 0 0 (6) Barry H. Dyller 2.00 DIRECTOR 0.00 X 0 0 0 (7) John Lloyd 2.00 DIRECTOR 0.00 X 0 0 0 (8) Guthrie Mitchell 2.00 DIRECTOR X 0.00 0 0 0 (9) Cathy O'Donnell 2.00 DIRECTOR 0.00 X 0 0 0 (10) Guy Rothery 2.00 DIRECTOR 0.00 X 0 0

0

0

DIRECTOR

(11) Vincent A.

2.00

0.00

Part VII Section A. Officers	, Directors, Tru	ıstee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours per week	bo	x, unle īcer a	Pos check ess pe	erson	than c is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(12) Kelly Bray Sn	2.00									
DIRECTOR (13) Sarah Block	0.00	X						0	0	0
(13) Salan Block	2.00									
DIRECTOR	0.00	x						o	0	0
(14) Chris Grover										
	2.00									
DIRECTOR (15) Richard Hazzo	0.00	X					_	0	0	0
(15) RICHARD HAZZO	2.00	أ								
DIRECTOR	0.00	x						0	o	0
(16) Stephen Maake	stead									
0. 104401.001.001.001.001.001.001.001.001.0	2.00									
DIRECTOR	0.00	X	_					0	0	0
(17) Susan Magnott	2.00									
DIRECTOR	0.00	x						o	o	0
(18) Bryan Stahl E	sq.	-	7	ľ			4	Copy		
TOTAL TOTAL CONTROL OF THE CONTROL O	2.00	V		Ш	U		L	CODA		
DIRECTOR (19) Jill Robinson	0.00	X	-				-		0	0
(19) UIII RODINSON	2.00									
DIRECTOR	0.00	$ \mathbf{x} $						o	o	0
1b Subtotal							.,,,	83,615		1,767
c Total from continuation shee		Section	on A	steam	21.51	tette	100			
d Total (add lines 1b and 1c) Total number of individuals (inc				0.00	interace:	*****		83,615	400.000 (1,767
reportable compensation from t			0	iose	IISTE	eo ab	ove)	who received more than \$	100,000 of	
										Yes No
3 Did the organization list any for employee on line 1a? If "Yes," or	r mer otticer, dire co <i>mplete Schedi</i>	ctor, ule J	trust	tee, I uch	key e indiv	emplo <i>idua</i>	oyee I	, or highest compensated		3 X
4 For any individual listed on line	1a, is the sum of	of rep	ortat	ole c	omp	ensa	tion			AST RATE
organization and related organi						"Yes,	" co	mplete Schedule J for such	1	4 X
individual 5 Did any person listed on line 1a	a receive or accr	ue co	mpe	ensa	tion 1	from	any	unrelated organization or in	ndividual	
for services rendered to the org		s," c	omp	lete	Sche	edule	J fo	r such person	******	5 X
Section B. Independent Contractor1 Complete this table for your five		neato	d in	done	ndo	nt oo	ntro	otora that received more the	\$400,000 -f	
compensation from the organiz	ation. Report co	mper	isati	on fo	r the	cale	enda	r year ending with or within	the organization's tax year	48
Name and b	(A) ousiness address							Descripti	(B) on of services	(C) Compensation
								.		
						\dashv				
						-	_			
2 Total number of independent co	ontractors (includ	ling b	ut n	ot lin	nited	to th	ose	listed above) who		
received more than \$100,000 of	compensation I	rom	the c	orgai	nizat	ion			0	223/11/27

		Check i	f Sch	edule O con	tains a	response	or note t	to any line in this	s Part VIII		
					į.	<u> </u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts	2 1	a Federated cam	paigns		1a		- 6		W-18-18-18-18	EXCUSE VENE	and the second
irar		b Membership du	-	******	1b	3	1,262				
s,		c Fundraising eve	0.0.0	************	1c		7,340	360KB (\$150KB)	The second		
#;	9	d Related organiz		*******	1d		-	0.103			
s,		e Government grants (c			1e	7	2,336				
6	2	f All other contributions								June 1, 1975 F 1972	A MANUAL CARE
Ē.		and similar amounts n Noncash contributions			1f	19	0,745	IVEST STELL IT I'			
Contributions, Gifts, Grants	3	lines 1a-1f			1g \$	2.	2,962				
ပ္ပိုင္ပ	0	h Total. Add lines						301,683			
ice						Busi	ness Code				
	22	Program Se	rvic	e Revenue		5	41900	64,579	64,579		
Ž,	, I	b = 1.11V1.0101127422	1211111211								
Program Service					*******	ACTUAL PORTING					
gran		i paratamananana				0.0000000					
5	6	•			* * * * * * * * * *				,		
		f All other program									
-	1	g Total. Add lines						64,579			
	3			-	ls, interes	st, and	ľ				
	١.	other similar am				radhaara ranne		277,004	277,004		
	4	Income from inv	estme	nt of tax-exemp	t bond pr	oceeds					
	5	Royalties		1		11/10/11/12/20 20 20 20 20 20 20 20 20 20 20 20 20 2					
		0		(i) Real	500	(ii) Persor		0			
	6a		6a		,620 ,697	.116	H	Cop			
	b		6b		,077		/ I I L		y		
	٥	(/	6c	1004	,077				2010		Z III WAS EASER II I I I I I I
	d 7a	Net rental incom Gross amount from	01 (1	(i) Securities		(ii) Other		-5,077	-5,077		
	1	sales of assets	7a		,132	2,570					
ø	۱,	other than inventory Less: cost or other	_/a	10	,152	2,570	7,417				
Other Revenue	٦	basis and sales exps.	7b			923	2,174				
Še	c	Gain or (loss)	7c	10	,132	1,648					
P. F		Net gain or (loss			,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,658,375	1,658,375		
Ě		Gross income from		sina events			A7.5 C	2,000,010	1,030,373	Switz and	122 2 70 15 201
		(not including \$									
		of contributions rep							The second of the second		
		1c). See Part IV, lin	o 18	*******	8a	113	3,488				
	b	Less: direct expe		10,510.00.00.00.00.00.00.00.00.00.00.00.00.0	8b		5,082				
	С	Net income or (lo	oss) fro	om fundraising e	events			77,406			
	9a	Gross income fro									TT (// 3.27 3.27
		activities. See Pa	art IV,	line 19	9a						
	b	Less: direct expe			9b						
		Net income or (Id			ities		e proper				
	10a	Gross sales of in					100	The second second	The Property of		AND REST
		returns and allow	ances	0.000000000000	10a						
		Less: cost of goo			10b		×.	6 /65 x, of 46			Parasas Sile (198
	С	Net income or (Id	ss) fro	om sales of inve	ntory						
2						Busin	ess Code				
enue	11a	Miscellaneo	us I	ncome	*****			1,151	1,151		
Revenue	b	7.707.20 - 3.507.555.555.55									
Re	C					00000					
2						41.77.77.77					
	200	Total Add lines						1,151	1 000 000		
	12	Total revenue.	ee ins	STUCTIONS	escrepture de la composition della composition d			2,375,121	1,996,032	0	0

Statement of Functional Expenses Part IX

Form 990 (2022)

Check if Schedule O contains a	response or note to any line in t	his Part IX	piete column (A).	X
Do not include amounts reported on lines 6b		(B)	(c) T	(D)
8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising
Grants and other assistance to domestic organizations		ехрепзез	general expenses	expenses
and domestic governments. See Part IV, line 21	45,397	45,397	Control of the Charles	
2 Grants and other assistance to domestic	10/007	10,001		
individuals, Soc Bort IV, line 22				
3 Grants and other assistance to foreign	2020			
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	9.6		a , and allow all and all all all all all all all all all al	
	,			
trustees, and key employees	N482			
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	104 563	75.000	45 500	
7 Other salaries and wages	184,563	75,980	45,702	62,881
8 Pension plan accruals and contributions (include	0 000	2 224		
section 401(k) and 403(b) employer contributions)		3,334	2,005	2,759
9 Other employee benefits	10,663	4,390	2,640	3,633
10 Payroll taxes	14,761	6,077	3,655	5,029
11 Fees for services (nonemployees):				
a Management	10			
b Legal	8,556	8,556		
c Accounting	36,074		36,074	
d Lobbying	LUODI	('ODY		
 Professional fundraising services. See Part IV, line 		CUDY		
f Investment management fees		1 7		
g Other. (If line 11g amount exceeds 10% of line 25, column	1			
(A) amount, list line 11g expenses on Schedule O _i)	103,822	103,822		
12 Advertising and promotion	1,097	1,097		
13 Office expenses	46,189	21,323	1,904	22,962
14 Information technology				
15 Royalties	WIS -			
16 Occupancy	38,314	34,441	3,873	
17 Travel	2 7 7 7 7	3,709		
18 Payments of travel or entertainment expens				
for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	***			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,870	5,870		
23 Insurance	45 000	1,260	15,823	
24 Other expenses. Itemize expenses not covered		HI STATE IN TERROR		
above (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)				
a Training	8,466	8,391	75	
b Miscellaneous	5,306	5,256	50	
c Telephone & Internet	4,173	3,756	417	
d Equipment Rent & Maint.	256	256	/	
e All other expenses	125	125		
25 Total functional expenses. Add lines 1 through 24e	542,522	333,040	112,218	97,264
26 Joint costs. Complete this line only if the		222,220		31,204
organization reported in column (B) joint costs				
from a combined educational campaign and fundraising solicitation. Check here				
following SOP 98-2 (ASC 958-720)				

23-7755642

		Check if Schedule O contains a response or no	te to any line	in this Part X	AMMERICAN .		
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	percentato establishe	ANGHO HAVO DEDO COLORA PARIATI	22,022	1	65,766
	2	Savings and temporary cash investments	1. SIDSSESSES 10.00		1,142,169	2	2,006,814
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			25,568	4	209,578
	5	Loans and other receivables from any current or form	er officer, dire	ctor,		WU	
		trustee, key employee, creator or founder, substantial	contributor, o	r 35%			
		controlled entity or family member of any of these pers	sons-			5	
	6	Loans and other receivables from other disqualified pe					
ţ		under section 4958(f)(1)), and persons described in se	ection 4958(c))(3)(B)		6	
Assets	7				7		
ĕ	8	EXECUTE OF THE PROPERTY OF THE			8		
	9	Prepaid expenses and deferred charges		5,241	9		
	10a	Land, buildings, and equipment: cost or other					AND RESERVED IN
		basis. Complete Part VI of Schedule D	10a	1,268,707	Section 8. Appeared		
	b	Less: accumulated depreciation		31,709	2,169,586	10c	1,236,998
	11	Investments - publish traded accurities		BOOKS TOTAL SECTION SAIL	2,078,313	11	4,628,738
	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			1,721,166	15	2,312,847
	16	Total assets. Add lines 1 through 15 (must equal line			7,164,065	16	10,460,741
	17	Accounts payable and accrued expenses			14 012	17	54,405
	18	Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV	(0.4) 0.4 (0.4) 0.4 (0.4)			18	0.7.00
	19	Deferred revenue	f Can		19	408,000	
	20	Tax-exempt bond liabilities		V .	20	100/000	
	21	Escrow or custodial account liability. Complete Part IV		y	21		
Ø	22	Loans and other payables to any current or former offi	(1),100,100,100,100,100,100		tec .	C. St. 198 5	
Liabilities		trustee, key employee, creator or founder, substantial		35%			
abil		controlled entity or family member of any of these pers				22	
Ë	23	Secured mortgages and notes payable to unrelated th	ird parties	-		23	
	24	Unsecured notes and loans payable to unrelated third	narties			24	207,783
	25	Other liabilities (including federal income tax, payables					2077.00
		parties, and other liabilities not included on lines 17-24					
		of Schedule D			2,334,441	25	3,170,691
	26	Total liabilities. Add lines 17 through 25			2,349,254	26	3,840,879
		Organizations that follow FASB ASC 958, check he					3/040/073
es		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			3,066,556	27	4,665,072
Balances	28	Net assets with donor restrictions		1,748,255	28	1,954,790	
٦		Organizations that do not follow FASB ASC 958, c	heck here				2/301/130
Fund		and complete lines 29 through 33.	LIGOR HOLD			7(4)	
6	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equipme	nt fund			30	
SS	31	Retained earnings, endowment, accumulated income,	or other funds			31	
Net Assets	32	Total net assets or fund balances	or other fullus	************	4,814,811	32	6,619,862
ž	33	Total liabilities and net assets/fund balances			7,164,065		
	55	Total liabilities and net assets/fully balances			1,104,005	33	10,460,741

Form **990** (2022)

1 Total re	Check if Schedule O contains a response or note to any line in this Part XI evenue (must equal Part VIII, column (A), line 12) expenses (must equal Part IX, column (A), line 25)	T 1 T		oaneoananacan	X				
1 Total re	evenue (must equal Part VIII, column (A), line 12)								
2 Total e	xpenses (must equal Part IX, column (A), line 25)		2,3	75,	121				
		2	5	42,	522				
3 Reven	Revenue less expenses. Subtract line 2 from line 1								
4 Net as:	sets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,8	4,814,83					
5 Net un	Net unrealized gains (losses) on investments								
6 Donate	d services and use of facilities	6							
<i>i</i> mvesu	ient expenses	7		-9,	139				
	eriod adjustments	8		43,	930				
9 Other of	hanges in net assets or fund balances (explain on Schedule O)	-9-							
10 Net ass	ets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line								
	ımn (B))	10	6,6	19,	862				
Part XII	Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII	an zive zivez		141211					
				Yes	No				
1 Accour	ting method used to prepare the Form 990: Cash X Accrual Other			100					
	ganization changed its method of accounting from a prior year or checked "Other," explain on				817				
Schedu	le O.								
	ne 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								
reviewe	d on a separate basis, consolidated basis, or both:		- 1	-0 BS	5- X				
Se	parate basis Consolidated basis Both consolidated and separate basis			10					
b Were the	e organization's financial statements audited by an independent accountant?		2b	X					
If "Yes,"	check a box below to indicate whether the financial statements for the year were audited on a				45				
	e basis, consolidated basis, or both:				J -0				
	parate basis Consolidated basis Both consolidated and separate basis								
c If "Yes"	to line 2a or 2b, does the organization have a committee that is amen responsibility on oversight of								
the aud	it, review, or compilation of its financial statements and selection of an ed people a countant?		2c	X					
If the or	ganization changed either its oversight process or selection process during the tax year, explain on		1016						
Schedu	le O.								
3a As a res	sult of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Guidance, 2 C.F.R. Part 200, Subpart F?		3a		x				
b If "Yes,"	did the organization undergo the required audit or audits? If the organization did not undergo the								
required	audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	********	. Зь						

Form **990** (2022)

Part VII Section A. Officers	, Directors, Tru	ıstee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)		
(A) Name and title	(B) Average hours per week (list any hours for	of	x, uni ficer a	Pos check ess pe	erson directo	than cois both or/trusto	ee)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/	(F) Estimaled amount of other compensation from the organization and	
	related organizations below dotted line)	Individual trustee or director	ional trustee		(ey employee	Highest compensated employee	7	1099-NEC)	1099-NEC)	related organizations	
(20) Mary Kolessar	2.00										
DIRECTOR	0.00	X						0	0		C
(21) Kay Stricklan											
DIRECTOR	2.00 0.00	x						0	0		C
	STATEMENT FOR CONSIGNAT										
		(li	\bigcirc	n	1	Сору			
-	en en en mois de tare en	•					L	ООРУ			

	.5505-32222-0										
c Total from continuation shee d Total (add lines 1b and 1c)											
Total number of individuals (increportable compensation from t		mited					_	who received more than \$	100,000 of		
3 Did the organization list any for	mer officer, dire	ctor,	trus	tee,	key (emple	oyee	, or highest compensated		Yes	No
 employee on line 1a? If "Yes," of For any individual listed on line organization and related organi 	1a, is the sum of	of rep	ortal	ble c	omp	ensa	tion	and other compensation from	om the	3	
individual	AND CONTROL FOR A MATERIAL CO.									4	
for services rendered to the org	anization? If "Ye	es," c	отр	lete	Sche	dule	J fo	r such person		5	
Section B. Independent Contractor Complete this table for your five	highest compe	nsate	ed in	depe	ende	nt co	ntrac	ctors that received more that	an \$100,000 of		
compensation from the organiza	ation. Report co (A) usiness address	mper	nsati	on fo	r the	cale	enda				_
Name and b	ùsíness address							Descripti	(B) on of services	(C) Compensation	1
Total number of independent co received more than \$100,000 of	entractors (includ	ding t	out n	ot lin	nited	to th	iose	listed above) who			H

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.

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

NORTH BRANCH LAND TRUST

Employer identification number 23-7755642

Part	tl Rea	son for Public Charity	Status. (All organizations	s must o	complet	e this part.) See instruction	ons.							
The org	ganization is no	ot a private foundation becaus	se it is: (For lines 1 through 12, o	heck only	one box.)								
1	A church, c	onvention of churches, or ass	sociation of churches described i	n section	170(b)(1)(A)(i).								
2	77		(A)(ii). (Attach Schedule E (Forn											
3			ice organization described in sec		(b)(1)(A)(iii).								
4			d in conjunction with a hospital o				spital's name.							
-	city, and sta		CONTRACTOR AND											
5	An organiza	ation operated for the benefit	of a college or university owned	or operat	ed by a go	overnmental unit described in	TOTAL PART CONTROL PROPERTY							
-		0(b)(1)(A)(iv). (Complete Par			, 3.									
6			overnmental unit described in s	ection 17	'0(b)(1)(A)(v).								
7 2	An organiza		substantial part of its support fro											
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)													
9	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or													
	university:	-80-65												
10	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)													
11	An organiza	tion organized and operated	exclusively to test for public safe	ty. See s	ection 50	9(a)(4).								
12	An organiza	tion organized and operated	exclusively for the benefit of, to	perform th	ne function	ns of, or to carry out the purpos	es of							
	one or more	publicly supported organizat	ions described in section 499(a	(1) or se	etion-500	(a)(2). See section 509(a)(3).	Check							
	one or more publicly supported organizations describes in section 49(a (1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type or supporting organization in it is molete lines 12e, 12f, and 12g.													
а														
	the supp	oorted organization(s) the pov	wer to regularly appoint or elect	a majority	of the dire	ectors or trustees of the								
			omplete Part IV, Sections A a		_									
b	control c	or management of the suppor	pervised or controlled in connecting organization vested in the separative, Sections A and C.				t							
С			supporting organization operated	l in conne	ction with	and functionally integrated wit	th							
·	its suppo	orted organization(s) (see ins	tructions). You must complete	Part IV,	Sections	A. D. and E.	,							
d			d. A supporting organization ope				n(s)							
	that is no	ot functionally integrated. The	e organization generally must sat	tisfy a dist	tribution re	equirement and an attentivenes	ss							
			nust complete Part IV, Sectior											
е	Check th	nis box if the organization rec	eived a written determination fro	m the IRS	that it is	a Type I, Type II, Type III								
£			n-functionally integrated supporti	ng organi	zation.									
f		mber of supported organization following information about the												
g				10.50		*								
	ne of supported rganization	(il) EIN	(iii) Type of organization (described on lines 1–10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see							
			above (see instructions))		ment?	instructions)	instructions)							
				Yes	No		,							
(A)														
(B)														
(C)														
(D)														
(E)														
otal					1591, 101									

Page 2

NORTH BRANCH LAND TRUST Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	262,039	211,736	718,910	169,220	301,683	1,663,588
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	262,039	211,736	718,910	169,220	301,683	1,663,588
	Public support. Subtract line 5 from line 4						67,321
Sec	tion B. Total Support			1071-9-10-9-5			1,596,267
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	262,039					(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	126,004	211,736 50,672	718,910	169,220 -79,204	301,683 277,004	1,663,588 413,790
9	Net income from unrelated business activities, whether or not the business is regularly carried on	Clie	ent C	opy			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10	11 100 YE 18			The district		2,077,378
12	Gross receipts from related activities, etc. (s	ee instructions)	*************			12	1,109,122
13	First 5 years. If the Form 990 is for the orga	anization's first, sec	cond, third, fourth, c	or fifth tax year as a	a section 501(c)(3)		
	organization, check this box and stop here						27-1-222-24
Sec	tion C. Computation of Public Su	F. J. C.					
14	Public support percentage for 2022 (line 6, o	column (f) divided I	y line 11, column (f))		14	76.84%
15	Public support percentage from 2021 Sched		CERT - EDECKOR SCHOOL STREET			15	90.00%
	33 1/3% support test—2022. If the organize box and stop here. The organization qualification of the stop here.	es as a publicly su	oported organizatio	n			x
b	33 1/3% support test—2021. If the organiz				is 33 1/3% or more	, check	1
17a	this box and stop here. The organization quality-facts-and-circumstances test—2022			1.40 m. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.			
ı, a	10% or more, and if the organization meets						
b	Part VI how the organization meets the facts organization 10%-facts-and-circumstances test—2021 15 is 10% or more, and if the organization m in Part VI how the organization meets the facts	and-circumstance If the organization teets the facts-and-	es test. The organiz n did not check a bo circumstances test	ation qualifies as a ox on line 13, 16a, c, check this box ar	a publicly supported 16b, or 17a, and li nd stop here. Expl	d ne ain	
18	organization Private foundation. If the organization did r instructions	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support	-						
Cal	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022		(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					(-/,		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b								
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6.)				12.884			
	ction B. Total Support	-C	ant ('ODV	M			
	ndar year (or fiscal year beginning in)	(a) 2018	b) 2019	J West of Y	(d) 2021	(e) 2022		(f) Total
9	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First 5 years. If the Form 990 is for the orga	ınization's first, se	cond, third, fourth.	or fifth tax year as	a section 501(c)(3)		
	organization, check this box and stop here				, , ,	•		arana E
Sec	tion C. Computation of Public Sup	port Percent	age					
15	Public support percentage for 2022 (line 8, c	olumn (f), divided	by line 13, column	n (f))	**************************************		15	%
16	Public support percentage from 2021 Sched	ule A, Part III, line	15				16	%
	tion D. Computation of Investmen						-	
17	Investment income percentage for 2022 (line	3 10c, column (f),	divided by line 13,	column (f))	40	Listan ya 🗀	17	<u></u> %
	Investment income percentage from 2021 Sc			rawa e. Mes			18	%
19a	33 1/3% support tests—2022. If the organiz							
b	17 is not more than 33 1/3%, check this box							
Ŋ	33 1/3% support tests—2021. If the organization 18 is not more than 33 1/3%, check this							
20	Private foundation. If the organization did n	ook and stop ne n	e. me organizatio Lline 14: 19a or 19	in qualifies as a pub 9h, check this boy s	incly supported of	yanızatlon ne	******	******
	and in the organization did in	SHOOK & DOX OH	17, 13a, 01 1	DE, OHOOK HIIS DOX 6	355 11311461101	10 ser see	and a facilities and	****

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		u Indo
2		
3a	176 14	
3b	wij.	
30	D.7 110	
3с		.E.Juleo
4a		
4b	HW	
	100	
4c		
5a	11-1-1-1	
	- 1	
5b		
5c		
6		
7		
8	000000000000000000000000000000000000000	
57 72 U		
9a		
9b	BANY	1448
9c		
10a		, V
iva	Statu	100
10b	/Farm 0/	00) 2022

Pa	In IV Supporting Organizations (continued)			
4.4			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	1 5 7	1000	
а	The state of the s			E or
	11c below, the governing body of a supported organization?	11a		
b	y was a few and	11b		
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,		13024	71 2
Sec	provide detail in Part VI. tion B. Type I Supporting Organizations	11c		
	- Type Toupporting Organizations		Vaa	T
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		Yes	No
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			10 1
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	100		W. 3
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	57.5	2 2 1 1 1 1 1	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	AVT.		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	100		
	supervised, or controlled the supporting organization.	2		
Sect	ion 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			23/4
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
	Did the organization provide to each of its supported of		Yes	No
1			W 18 14	W.
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	5 84		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		lo Aug	
•	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		PERM	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have		4121	
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Secti	supported organizations played in this regard. on E. Type III Functionally Integrated Supporting Organizations	3		
1				
a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test. Complete line 2 below.			
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 entity (see instru			
2	Activities Test. Answer lines 2a and 2b below.	ictions). T	v I	181.27
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
	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,	Jane 1		
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2-		6110
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's	2a	20/13/63	March 1
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If	70.00		
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would	A CITY	7	
	have engaged in these activities but for the organization's involvement.	26		P25
	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>	2b	S. 151 (T.)	Sec. 3
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	9615	10	
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	30	ISIU-	11.7
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a	21, 7, 6	N Las
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		100
	and the state of t	1 20 1		

I ait	V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust of	on Nov. 20, 197	'0 (explain in Part VI). S	ee
	instructions. All other Type III non-functionally integrated supporting organizations	s must complet	te Sections A through E.	
Section	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year
	•		V V TIOI TCai	(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	on B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 /	Aggregate fair market value of all non-exempt-use assets (see	141.5		alvoivo Maria
j	instructions for short tax year or assets held for part of year):	1655		
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors	H-SU	WIND CHAPTER IN STREET	A 1 / 1 / 1/5
	(explain in detail in Part VI):			
	Acquisition indebtedness applicable to non-exempt-use assets	2		
	Subtract line 2 from line 1d.	3		
4 (Cash deemed held for exempt use. Enter 0.015 of line 3 force to amour Cosee instructions).	VQ		
5 1	Net value of non-exempt-use assets (subtract line 4 from line 3)	1 25		
	Multiply line 5 by 0.035.	6		
7 F	Recoveries of prior-year distributions	7		
8 !	Minimum Asset Amount (add line 7 to line 6)	8		
ectio	n C – Distributable Amount			Current Year
1 /	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 E	Enter 0.85 of line 1,	2	WINDS TO SE	
3 1	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
	Inter greater of line 2 or line 3.	4		
	ncome tax imposed in prior year	5	He MANAGE TO	
	Distributable Amount. Subtract line 5 from line 4, unless subject to	16	ni in the lies of the	
6 E				

Schedule A (Form 990) 2022

Pa	T V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)	9	
Sec	tion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purpor	ses		1	
2	Amounts paid to perform activity that directly furthers exempt purposes	of supported			
	organizations, in excess of income from activity			2	
3_	Administrative expenses paid to accomplish exempt purposes of support	orted organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required—provide details	ails in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7_	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organizations	ation is responsive		8	
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	T.		10	
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		C. G. Shirk, particular in		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017		The water of	1, 137	
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021.	Cany			
f	Total of lines 3a through 3e	Copy			
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount			38	
i	Carryover from 2017 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from			9 66	
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				III TO A TOTAL OF THE ST
5	Remaining underdistributions for years prior to 2022, if			1	
	any. Subtract lines 3g and 4a from line 2. For result			18	
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h			531	
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:	Political State of the Control of th	ELL PHY NO. THE STATE	200	
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022			U.Ve	Ten us Vijavija

Schedule A (Form 990) 2022

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
^E mammeraan	
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

N	ORTH BRANCH LAND TRUST		23_7	755642
_	art I Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds or		
	Complete if the organization answered "Yes" on I	Form 990. Part IV. line 6.	Account	.5.
	· · · · · · · · · · · · · · · · · · ·	(a) Donor advised funds	1 0) Funds and other accounts
1	Total number at end of year		,	7, 1,110 1,110 1,110 1,110 1,110
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that	the assets held in donor advised		
	funds are the organization's property, subject to the organization's exclu			Yes No
6	Did the organization inform all grantees, donors, and donor advisors in v	[* * * * * * * * * * * * * * * * * * *		TEST INC
	only for charitable purposes and not for the benefit of the donor or dono			
	f and approximate the state of	advices, or for any other purpose		Yes No
Pa	art II Conservation Easements.			Yes No
	Complete if the organization answered "Yes" on F	Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check a			
	X Preservation of land for public use (for example, recreation or education of land for public use)	ation) Preservation of a historical	ly important	land area
	X Protection of natural habitat	Preservation of a certified I		
	X Preservation of open space	1		
2	Complete lines 2a through 2d if the organization held a qualified consen	vation contribution in the form of a cons	ervation	
	easement on the last day of the tax year.			Held at the End of the Tax Yea
а	Total number of conservation easements		2a	60
ь	Total acreage restricted by conservation easements Number of conservation easements on a certified is recurred in the second se	F Cany	2b	12,145.00
С	Number of conservation easements on a certified list in a rective indu	led in Lay OOV	2c	0
ď	Number of conservation easements included in (c) acquired after July 2	5, 2006, and not on a	5201 	
	historic structure listed in the National Register	,	2d	0
3	Number of conservation easements modified, transferred, released, exti	nguished or terminated by the organiza		
	tax year	nguisites, or terminated by the organize	ation during i	.iio
4	Number of states where property subject to conservation easement is lo	cated 1		
5	Does the organization have a written policy regarding the periodic monit	* * * * * * * * * * * * * * * * * * * *		
_	violations, and enforcement of the conservation easements it holds?	orning, mapeodori, mandaling of		Yes X No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	violations, and enforcing conservation a	asemente d	
•	1800	violations, and emorcing conservation e	sasements c	dillig tile year
7	Amount of expenses incurred in monitoring, inspecting, handling of viola	tions, and enforcing concorration conc	monto durina	the year
•	79,000	tions, and emorcing conservation easer	ments during	trie year
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of coation 170/h\/4\/P\/	:\	
•			•	Yes X No
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easemer	ate in its revenue and expense statemen	Maragaran et and	. M T M. Tes A NO
•	balance sheet, and include, if applicable, the text of the footnote to the o			
	organization's accounting for conservation easements.	gamzation s imancial statements that t	iescribes trie	,
Pa	rt III Organizations Maintaining Collections of Art,	Historical Treasures, or Other	Similar A	Assets
	Complete if the organization answered "Yes" on F	orm 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958, not to rep		e sheet wor	ks
	of art, historical treasures, or other similar assets held for public exhibitio			
	service, provide in Part XIII the text of the footnote to its financial statement			
b	If the organization elected, as permitted under FASB ASC 958, to report		heet works o	ıf
	art, historical treasures, or other similar assets held for public exhibition,			
	provide the following amounts relating to these items:	,	. 220 0011	,
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	If the organization received or held works of art, historical treasures, or o	ther similar assets for financial gain, pro	ovide the	¥
	following amounts required to be reported under FASB ASC 958 relating	_ : •	THE LIE	
				\$
h	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X	SAMANA)))(CVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVV		* ***********************************

3	art III Organizations Maintaini	ng Collections of A	Art, Historical Tr	easures, or Othe	er Similar A	ssets (c	continu	ied)	
3	Using the organization's acquisition, access collection items (check all that apply):								
а		. 171.							
b			oan or exchange prog	•					
C		e _ O	mei						
4	Provide a description of the organization's	collections and explain h	ow they further the o	rganization's evemnt r	urnose in Part				
•	XIII.	concentration and explain in	on they future the or	gamzation a exempt p	dipose iii ait				
5	During the year, did the organization solicit	or receive donations of a	nt. historical treasure	s or other similar					
	assets to be sold to raise funds rather than						Ye		No
P	art IV Escrow and Custodial A					444444			140
	Complete if the organizati 990, Part X, line 21.		on Form 990, Pa	rt IV, line 9, or rep	orted an an	nount on	Form		
1a	Is the organization an agent, trustee, custo	dian or other intermedian	y for contributions or	other assets not		12			===
	included on Form 990, Part X?		-0-70000-00				Ye	s 📗	No
b	If "Yes," explain the arrangement in Part X	Il and complete the follow	ving table:						_
							Amount		
C	# page and the contraction of th				1c				_
d	Additions during the year	(868) - 688) - 68 - 68 - 683 - 686(666)		0.0000000000000000000000000000000000000	1d				
e	Distributions during the year	100 - 60 (200 000 - 200 00 - 200 00 00 00 00 00 00 00 00 00 00 00 00	000000000000000000000000000000000000000		1e				- 7.
า ว _ิ	Ending balance Did the organization include an amount on	Form 900 Part V line 21	for operation or quote	dial account liability	1f		Ye		N.
	If "Yes," explain the arrangement in Part XI								No
	art V Endowment Funds.	ii. Oneok here ii tile exple	madon nas been pro	vided off Falt XIII		.,,,,,,,,,,			
	Complete if the organizati	on answered "Yes" o	n Form 990. Pai	rt IV. line 10.					
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three year	s back	(e) Four	years b	ack
1a	Beginning of year balance	2,597,634	3,267,552	2,539,391	2,46	7,620	2,3	65,	198
b	Contributions	2,480,328	of Co	DV/	11	1,900		14,	200
	Net investment earnings, gains, and			υ	24				
_	losses	125,926	-368,306	788,919	216	5,965	1	63,	626
	Grants or scholarships Other expenditures for facilities and								_
Ç	-	-23,356	-301,612	60,000	154	5,000		74,	500
f	programs Administrative expenses	23,330	301,012	658		,094			904
g	End of year balance	5,180,632	2,597,634				2 4	67,	
2	Provide the estimated percentage of the cu					700-	-,	J.,	0_0
а	Board designated or quasi-endowment	%							
	Board designated or quasi-endowment Permanent endowment %	%							
b		%							
b	Permanent endowment %								
c	Permanent endowment % Term endowment %	oould equal 100%.	n that are held and ac	dministered for the			2		
c	Permanent endowment % Term endowment % The percentages on lines 2a, 2b, and 2c sh Are there endowment funds not in the possorganization by:	ould equal 100%. ession of the organization						Yes	No
b	Permanent endowment % Term endowment % The percentages on lines 2a, 2b, and 2c sh Are there endowment funds not in the possorganization by:	ould equal 100%. ession of the organization					3a(i)	Yes X	No
ь с 3а	Permanent endowment % Term endowment % The percentages on lines 2a, 2b, and 2c sh Are there endowment funds not in the poss organization by: (i) Unrelated organizations (ii) Related organizations	ould equal 100%. ession of the organization						_	No X
ь с 3а	Permanent endowment % Term endowment % The percentages on lines 2a, 2b, and 2c sh Are there endowment funds not in the poss organization by: (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related organi	nould equal 100%. ession of the organization zations listed as required	on Schedule R?				3a(i)	_	
b c 3a b 4	Permanent endowment % Term endowment % The percentages on lines 2a, 2b, and 2c st Are there endowment funds not in the poss organization by: (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related organi Describe in Part XIII the intended uses of the	nould equal 100%. ession of the organization zations listed as required	on Schedule R?				3a(i) 3a(ii)	_	
b c 3a b 4	Permanent endowment % Term endowment % The percentages on lines 2a, 2b, and 2c st Are there endowment funds not in the poss organization by: (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related organi Describe in Part XIII the intended uses of the related organi. The VI Land, Buildings, and Equations	nould equal 100%. ession of the organization zations listed as required to organization's endowment.	on Schedule R? ent funds.				3a(i) 3a(ii) 3b	X	
b c 3a b 4	Permanent endowment % Term endowment % The percentages on lines 2a, 2b, and 2c sh Are there endowment funds not in the poss organization by: (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related organi Describe in Part XIII the intended uses of the strength organization Tt VI Land, Buildings, and Equations	nould equal 100%. ession of the organization zations listed as required ne organization's endowm uipment. on answered "Yes" o	on Schedule R? ent funds. n Form 990, Par	t IV, line 11a. See	e Form 990,	Part X,	3a(i) 3a(ii) 3b	X .	
b c 3a b 4	Permanent endowment % Term endowment % The percentages on lines 2a, 2b, and 2c st Are there endowment funds not in the poss organization by: (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related organi Describe in Part XIII the intended uses of the related organi. The VI Land, Buildings, and Equations	nould equal 100%. ession of the organization zations listed as required ne organization's endowm uipment. on answered "Yes" o	on Schedule R? ent funds. n Form 990, Par (b) Cost or ot	t IV, line 11a. See	e Form 990,	Part X,	3a(i) 3a(ii) 3b	X .	
3a b 4 Pa	Permanent endowment Term endowment % The percentages on lines 2a, 2b, and 2c sh Are there endowment funds not in the poss organization by: (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related organi Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equations Complete if the organization Description of property	nould equal 100%. ession of the organization zations listed as required ne organization's endowm uipment. on answered "Yes" o (a) Cost or other basis (investment)	on Schedule R? ent funds. n Form 990, Par (b) Cost or ot	t IV, line 11a. See	e Form 990,	Part X,	3a(i) 3a(ii) 3b line 1().	X
3a b 4 Pa	Permanent endowment % Term endowment % The percentages on lines 2a, 2b, and 2c st Are there endowment funds not in the poss organization by: (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related organi Describe in Part XIII the intended uses of the related organization of property Land, Buildings, and Equation of property	nould equal 100%. ession of the organization zations listed as required ne organization's endowm uipment. on answered "Yes" o (a) Cost or other basic (investment)	on Schedule R? ent funds. n Form 990, Par (b) Cost or ot	t IV, line 11a. See	e Form 990,	Part X,	3a(i) 3a(ii) 3b).	X
b c 3a b 4 Pa 1a b	Permanent endowment % Term endowment % The percentages on lines 2a, 2b, and 2c st Are there endowment funds not in the poss organization by: (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related organi Describe in Part XIII the intended uses of the tyle Land, Buildings, and Equation Complete if the organization Description of property Land Buildings	nould equal 100%. ession of the organization zations listed as required ne organization's endowm uipment. on answered "Yes" o (a) Cost or other basis (investment)	on Schedule R? nent funds. n Form 990, Par (other 1,20	t IV, line 11a. See her basis (c) A) de	E Form 990, Accumulated	Part X,	3a(i) 3a(ii) 3b line 10 d) Book v). alue	X 372
b c 3a b 4 Pa 1a b c	Permanent endowment % Term endowment % The percentages on lines 2a, 2b, and 2c sh Are there endowment funds not in the poss organization by: (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related organi Describe in Part XIII the intended uses of the strict of the organization Complete if the organization Description of property Land Buildings Leasehold improvements	could equal 100%. ession of the organization zations listed as required the organization's endowmuipment. on answered "Yes" of the control	on Schedule R? lent funds. In Form 990, Par s (b) Cost or other (other 1,20	t IV, line 11a. See her basis (c) A 0 de 20,796	e Form 990, Accumulated expreciation	Part X,	3a(i) 3a(ii) 3b line 10 d) Book v). 8,8	X 172
b c 3a b 4 Pa 1a b c d	Permanent endowment % Term endowment % The percentages on lines 2a, 2b, and 2c st Are there endowment funds not in the poss organization by: (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related organi Describe in Part XIII the intended uses of the tyle Land, Buildings, and Equation Complete if the organization Description of property Land Buildings	rould equal 100%. ression of the organization zations listed as required ne organization's endowm uipment. on answered "Yes" o (a) Cost or other basis (investment)	on Schedule R? ent funds. n Form 990, Par s (b) Cost or ot (other 1,20	t IV, line 11a. See her basis (c) A) de	E Form 990, Accumulated	Part X,	3a(i) 3a(ii) 3b line 10 d) Book v). alue	X 72 70 58

Form 990) 2022 NORTH BRANCH LAND TRUS	T	23-7755642	Page
	Form 990 Part IV line	11h See Form 990 Part	X line 12
(a) Description of security or category	(b) Book value		
(including name of security)		Cost or end-of-year ma	ket value
derivatives			
eld equity interests			

Transaction of the state of the			
n (b) must equal Form 990. Part X. col. (B) line 12.)		Control of the Control of the	
	orm 990, Part IV, line	11c. See Form 990. Part	X. line 13.
(a) Description of investment	(b) Book value		
		Cost or end-of-year man	ket value
Ч			
01:	0		
(,IIeni	$H \cap O \cap W$		
Complete if the organization answered "Yes" on F	form 990, Part IV, line	11d. See Form 990, Part	X, line 15.
116.55			1,644,45
			551,894
RIGHT OF USE ASSET			116,502
(b) must equal Form 990, Part X, col. (B) line 15.)	24461560		2,312,84
Other Liabilities. Complete if the organization answered "Yes" on F	orm 990, Part IV, line	11e or 11f. See Form 990	
(a) Description of liability			(b) Book value
ncome taxes			
			3,170,171
ITS			520
(b) must equal Form 990, Part X, col. (B) line 25.)			3,170,691
	te to the organization's finan	cial statements that reports the	
	Investments – Other Securities. Complete if the organization answered "Yes" on F (a) Description of security or category (including name of security) derivatives sid equity interests In (b) must equal Form 990, Part X, col. (B) line 12.) Investments – Program Related. Complete if the organization answered "Yes" on F (a) Description of investment Other Assets. Complete if the organization answered "Yes" on F (a) Description PROJECTS IN PROCESS BENEFICIAL INTEREST RIGHT OF USE ASSET In (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on F (a) Description of liability (b) must equal Form 990, Part X, col. (B) line 25.) (b) must equal Form 990, Part X, col. (B) line 25.)	Investments – Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line (a) Description of security or chaptery (coluding name of security) derivatives and equity interests in (b) must equal Form 990, Part X, col. (B) line 12.) Investments – Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line (a) Description of Investment (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line (a) Description PROJECTS IN PROCESS BENEFICIAL INTEREST RIGHT OF USE ASSET (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line (b) must equal Form 990, Part X, col. (B) line 15.) (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line (b) must equal Form 990, Part X, col. (B) line 25. (b) must equal Form 990, Part X, col. (B) line 25.)	Investments — Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part IV, line 11c. See Form 990, Part IV,

	21002		20 110003	ffice.	rayes
Pa	art XI Reconciliation of Revenue per Audited Financial S	tatements With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements		en am rent pot trout out of	1	2,349,422
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	520 P			
а	Net unrealized gains (losses) on investments	2a	-62,339	1,7,8	
b	Donated services and use of facilities	2b		SINT	
C	Recoveries of prior year grants	2c		S. E.	
d	Other (Describe in Part XIII.)	2d	45,779		
е	Add lines 2a through 2d			2e	-16,560
3	Subtract line 2e from line 1		TO STATE OF THE ST	3	2,365,982
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		9,139	157	
b	Other (Describe in Part XIII.)	4b		1035	
C	Add lines 4a and 4b			4c	9,139
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,375,121
Pa	rt XII Reconciliation of Expenses per Audited Financial S			Return.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line	12a.		
1				1	588,301
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	8 8		346	
а	Donated services and use of facilities	2a		1676	
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	45,779	Tree .	
е	Add lines 2a through 2d			2e	45,779
3	Subtract line 2e from line 1			3	542,522
4	Amounts included on Form 990, Part IX, line 25, but not on line 1;			13.4	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		VET2-	
b	Other (Describe in Part XIII.)	VODV.		3-111	
С	Add lines 4a and 4b	JUPA	DECEMBER OF STREET	4c	
5	Total expenses Add lines 3 and 4c (This must equal Form 900 Part I line 18	1 1	IN PARTY CONTINUES AND CONCURS THE PARTY OF	5	E42 E22

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

Part II, Line 9 - Accounting for Conservation Easements

Part XIII Supplemental Information.

Conservation easements are intangible assets comprised of listed rights and/or restrictions over property that are conveyed by a property owner to the Land Trust in order to protect the owned property as a natural area, as defined in Federal regulations. Conservation easements are granted in perpetuity and stay with the property even if it is sold. The Land Trust acts as a steward of the rights, ensuring that the landowner or subsequent landowners honor the conservation easement. Conservation easements purchased are recorded at actual cost and are carried at that basis throughout the period owned. If donated, no value has been assigned to the conservation easements due to the lack of foreseeable future cash flow benefits and absence of a secondary conservation easement market.

Part X - FIN 48 Footnote The Land Trust qualifies as a tax-exempt organization under section 501(c) (3) of the Internal Revenue Code and is a Pennsylvania nonprofit corporation. Accordingly, the Land Trust is not subject to Federal and state income taxes. In accordance with the Financial Accounting Standards Board guidance on accounting for uncertainty in income taxes, management evaluated the Land Trust's tax positions and concluded that the Land Trust had taken no uncertain tax positions that require adjustment to the financial statements to comply with provisions of this guidance. With few exceptions, the Land Trust is no longer subject to income tax examinations by Federal, state or local tax authorities for the tark before Une 3, 2020. Part XI, Line 2d - Revenue Amounts Included in Financials - Other Rental Expense 9,697 Fundraising Expense 36,082 Part XII, Line 2d - Expense Amounts Included in Financials - Other Rental Expense 9,697 Fundraising Expense 36,082

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer Identification number NORTH BRANCH LAND TRUST 23-7755642 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events ď In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization control of contributions' col. (i) Yes No 2 3 Client Cop 5

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

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			ANNUAL DINNER &	Miscellaneous F	None	(add col. (a) through
			(event type)	(event type)	(total number)	col (c))
9				(**************************************	(trial news)	
Revenue	1	Gross receipts	113,488	7,340		120,828
	١,	Less: Contributions		7,340		7,340
		Gross income (line 1 minus		7,540		1,340
	3	1000	112 400			112 400
-	_	line 2)	113,488			113,488
	4	Cash prizes				
	5	Noncash prizes				
nses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	22,988			22,988
Direc	8	Entertainment				
	9	Other direct expenses	13,094			13,094
	40	Direct overses summer.	Add lines 4 through 9 in column (d)			36.002
						36,082 77,406
-	77	Net income summary. Suc	otract line 10 from line 3, co unit of olete if the organization at sv	nt (Ab)	***********	11,406
P	art	iii Gaming. Comp	plete if the organication and	rere tres corrorneso, y	art IV, line 19, or report	ted more than
		\$15,000 on For	m 990-EZ, line 6a.			
ē.			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
듾		1	(a) Dingo	bingo/progressive bingo	(c) Other gaining	and (a) through and (a)\
		1				col. (a) through col. (c))
Š						coi. (a) through coi. (c))
Revenue	1	Gross revenue				col. (a) through col. (c))
Rev	1	Gross revenue				col. (a) through col. (c))
٦						col. (a) through col. (c)
٦		Gross revenue Cash prizes				col. (a) through col. (c))
٦	2	Cash prizes				col. (a) through col. (c))
٦	2					col. (a) mrough col. (c)
Direct Expenses Rev	2	Cash prizes				col. (a) through col. (c))
٦	3	Cash prizes Noncash prizes Rent/facility costs				col. (a) through col. (c))
٦	3	Cash prizes Noncash prizes	No.			col. (a) through col. (c))
٦	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes %	Yes %	Yes %	col. (a) through col. (c)
٦	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs	Yes %		Yes %	Ol. (a) through Ol. (c)
٦	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	No	Yes %	No	col. (a) through col. (c)
٦	2 3 4 5 6 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary.	No Add lines 2 through 5 in column (d)	Yes %	No	Col. (a) through Col. (c)
٦	2 3 4 5 6 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary.	No Add lines 2 through 5 in column (d)	Yes %	No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. /	Add lines 2 through 5 in column (d) ary. Subtract line 7 from line 1, colu	Yes % No	No	COI. (a) through COI. (c)
O irect Expenses	2 3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. / Net gaming income summarer the state(s) in which the other states.	No Add lines 2 through 5 in column (d) ary. Subtract line 7 from line 1, column organization conducts gaming active	Yes % No	No	
a 6 Direct Expenses	2 3 4 5 6 7 8 Ente	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. // Net gaming income summarer the state(s) in which the one organization licensed to design a summare or the state of the organization licensed to design and the organizat	No Add lines 2 through 5 in column (d) ary. Subtract line 7 from line 1, column organization conducts gaming active	Yes % No	No	
a 6 Direct Expenses	2 3 4 5 6 7 8 Ente	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Net gaming income summarer the state(s) in which the one organization licensed to the communication of t	No Add lines 2 through 5 in column (d) ary. Subtract line 7 from line 1, column organization conducts gaming active conduct gaming activities in each of	Yes % No imn (d) ities: f these states?	No	Yes No
a 6 Direct Expenses	2 3 4 5 6 7 8 Ente	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Net gaming income summarer the state(s) in which the one organization licensed to the communication of t	No Add lines 2 through 5 in column (d) ary. Subtract line 7 from line 1, column organization conducts gaming activities in each organization conduct gaming activities in each organization.	Yes % No	No	Yes No
d a 6	2 3 4 5 6 7 8 Enters the	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Net gaming income summarer the state(s) in which the ene organization licensed to do," explain:	No Add lines 2 through 5 in column (d) ary. Subtract line 7 from line 1, column organization conducts gaming active conduct gaming activities in each o	Yes % No mn (d) ities: f these states?	No	Yes No
d a 6	2 3 4 5 6 7 8 Enters the	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Net gaming income summarer the state(s) in which the ene organization licensed to do," explain:	No Add lines 2 through 5 in column (d) ary. Subtract line 7 from line 1, column organization conducts gaming active conduct gaming activities in each o	Yes % No mn (d) ities: f these states?	No	Yes No
o d a 6	2 3 4 5 6 7 8 Enter Is the	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Net gaming income summarer the state(s) in which the ene organization licensed to do," explain:	No Add lines 2 through 5 in column (d) ary. Subtract line 7 from line 1, column organization conducts gaming active conduct gaming activities in each o	Yes % No imn (d) rities: f these states?	No	Yes No
o d a 6	2 3 4 5 6 7 8 Enter Is the	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Net gaming income summarer the state(s) in which the one organization licensed to do," explain:	No Add lines 2 through 5 in column (d) ary. Subtract line 7 from line 1, column organization conducts gaming activities in each of the conduct gaming activities in each of gaming licenses revoked, suspending	Yes % No imn (d) ities: f these states?	No No ar?	Yes No
o d a 6	2 3 4 5 6 7 8 Enter Is the	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Net gaming income summarer the state(s) in which the one organization licensed to do," explain:	No Add lines 2 through 5 in column (d) ary. Subtract line 7 from line 1, colu organization conducts gaming activities in each of gaming licenses revoked, suspend	Yes % No mn (d) ities: f these states?	No No	Yes No

Sch	edule G (Form 990) 2022	NORTH BRANC	CH LAND T	RUST	23-7755642			Page 3
11	Does the organization con	duct gaming activities wi	th nonmembers?				Ye	7 7
12				ember of a partnership or oth	her entity			1
							Ye	s No
13	Indicate the percentage of					¥ 9		
a	The organization's facility		***************	00 00 A 90 13 33 45		13a		%
14	Enter the name and addre	- concern - r - remail - marketer				13b		%
14	records:	ss of the person who pre	pares the organiz	zation's gaming/special even	nts books and			
	Name		in and substitution	MANAGERI PERFERNISA PERFERNISAS	**************	6.914/914/41/41/41/41	100150100	
	Address	*************		et e e en como d'anti a d'anti e e e e e e e e e e e e e e e e e e e			71711	
15a				the organization receives gar	ming	ý	Ye	s No
b	If "Yes," enter the amount	of gaming revenue recei	ved by the organiz	zation \$	and the			3 140
	amount of gaming revenue		-	STEERING	KENNESSE SERVER			
С	If "Yes," enter name and a	ddress of the third party:	10.101.10	M888808				
	Name							
	13,525,535,531,525,111,521,6					********	teces.	
	Address		www.scarev.parateg			****		
16	Gaming manager informati	ion:						
	Name	-15 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2			************************************			
				nt Copy				
		(IL CODY	V			
	Description of services pro-	vided	*************					
	Director/officer			on that the manufacture of the state of the				
	Director/onicer	Employee	Indepe	endent contractor				
17	Mandatory distributions:							
 а		under state law to make	charitable distrib	outions from the gaming prod	reeds to			
	retain the state gaming lice	nse?	onantable dietrib	rations from the gaining proc	Andrews - Andrews and American and American	Ī	Ye	s No
b	Enter the amount of distribu	utions required under sta	te law to be distril	buted to other exempt organ	nizations or	177.574		,
	spent in the organization's			_ \$				
Pa	rt IV Supplementa	al Information. Pro	vide the expla	nations required by Pa	art I, line 2b, columns (iii)	and (v);	and	
	Part III, lines 9	9, 9b, 10b, 15b, 15c	, 16, and 17b,	, as applicable. Also pr	ovide any additional infor	mation.		
	See instructio	ns.						
						2027433333	*******	
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11.55		*********						response;
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SCHEDULE (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No. 1545-0047

å Open to Public 2022 Inspection × Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, (h) Purpose of grant or assistance Employer Identification number Yes 23-7755642 noncash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (f) Method of valuation (book, FMV, appraisal, other) Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Go to www.irs.gov/Form990 for the latest information. noncash assistance (e) Amount of **Client Copy** Attach to Form 990. 38,012 (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. grant (c) IRC section (if applicable) General Information on Grants and Assistance (b) EIN NORTH BRANCH LAND TRUST the selection criteria used to award the grants or assistance? (2) Friends of the Howland Preserve PA 18657 PA 18702 (a) Name and address of organization or government (1) Luzerne Foundation 34 S River Street 546 Vosburg Road Department of the Treasury Internal Revenue Service Wilkes-Barre Name of the organization Tunkhannock Part

3

3

9

6

8

6

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2022)

23-7755642

Schedule I (Form 990) (2022) NORTH BRANCH LAND TRUST

(f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed (b) Number of recipients (a) Type of grant or assistance Part IV က ß 9 ~ 4

Schedule I (Form 990) (2022)

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

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

NORTH BRANCH LAND TRUST

23-7755642

Employer identification number

Form 990 - Organization's Mission or Most Significant Activities North Branch Land Trust (NBLT) is a community-based, non-profit, land conservation organization focused on helping landowners conserve their property and helping communities develop growth strategies for the benefit of their citizens. NBLT implements an established strategic conservation plan that seeks to conserve important natural areas throughout the watersheds of the North Branch of the Susquehanna River and surrounding areas in Northeast Pennsylvania. The Land Trust accomplishes its conservation mission primarily by accepting donations of development or subdivision rights on land. NBLT will also seek financial resources to buy land outright or to purchase land. The Land Trust welcomes and accepts gifts of conservation land and other property providing that all Land Trust policies and procedures governing the acquisition of land and other property are adhered to. Since its inception in February 1994 through June 2021, NBLT has conserved or protected nearly 22,700 acres of which over 1,506 acres are owned by NBLT. NBLT is nationally accredited through the Land Trust Alliance and adheres to strict standards and practices governing all land conservation transactions. Any landowners or other stakeholders interested in learning about land conservation options or supporting the Land Trust strategic conservation mission can contact the Land Trust at (570)310-1781 or via their website at www.nblt.org.

Form 990, Part I, Line 6

Employer identification number

23-7755642

stewardship of fee-owned properties, fundraising, recordkeeping, bulk mailing services, event planning, and outdoor activities support.

Form 990, Part III, Line 4a - First Accomplishment

Land Conservation

NBLT holds 58 conservation easements on over 11,400 acres of natural land in Bradford, Columbia, Lackawanna, Luzerne, Sullivan, Susquehanna, Wayne and Wyoming Counties of Northeastern Pennsylvania. Each easement requires annual monitoring to determine if any violations of restrictions provided for under the conservation easements have occurred on the land.

Fee-Owned Lands

benefit of the public and complete the properties in our service area for the benefit of the public and complete the property are and endangered plant and animal species. Most of these lands are open to the public from dawn to dusk for passive recreation activities while some lands are closed or open by appointment only due to the fragile nature of the ecosystem found there. The Land Trust welcomes and accepts gifts of conservation land and other property providing that all Land Trust policies and procedures governing the acquisition of the land or other property are adhered to.

On March 18, 2016 North Branch Land Trust acquired 39.08 acres of old rail bed lands in Laurel Run Borough and Planes Township, Luzerne County

Pennsylvania. This property represents 2.5 miles of old rail bed which will be converted into a hiking and biking trail for public recreation. Once the trail is completed it will be deeded over to the Pennsylvania Bureau of Forestry. The trail is currently under construction.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

Page 1 of 3

Employer identification number

NORTH BRANCH LAND TRUST

23-7755642

At least 5 to 10 business days prior to filing Form 990, a draft of the completed 990 is provided to the finance committee or a designated committee member. Any questions will be reviewed with the preparer and any appropriate modifications will be made to the return.

At least 24 hours prior to the filing of Form 990, a draft email copy is distributed to all board members for their information and review.

Satisfaction of the above requirements will permit an officer of the Organization to sign Form 990.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Conflict of interest disclosures are required annually from all officers,

directors and key employees.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
Governing documents and annual Form 990 are available on the public
information page of the Organization's website. These documents are also
available for inspection upon request during normal business hours at the
physical location of the Organization.

Form 990, Part IX, Line 11g - Other Fees for Services

Description

**************************************	Tot/Prog Service		Mgt & General		Fundraising		
Professional		- Other	· (1 - 1818 - 1818 1819 1818)	ocura cocurati dendesi cicaca			
*200 - 100 - 100 to 100	\$	77,954	\$	P	\$	0	
IT Services	1851559	Haranii, Falis		90 N 120 N 100 N 1			
N2 (18 (1886)	\$	4,885	\$	0	\$ \$	0	
Registration	Fees						

Name of the organization NORTH BRANCH	TRUST			Employer identification number 23-7755642		
VERSION CONTRACTOR CON	\$	2,890	\$	0	\$	0
E-Commerce F	ees	*(* · · · *) · · · · (*) · · · *(*) *(*)			WW.	
500-5000000-500000	\$	1,080	\$	0	\$	0
Project Site	Exper	ses				***********
51 10 10 10 10 10	\$	14,765	\$	0	\$	
Reimbursable	Exper	ses				
#15 . #4 . #44 . #44 #44 #44 . #44	\$	2,248	\$	0	\$	0
То	tal		195-104			
200	\$	103,822	\$	0	\$	0
Form 990, Pa	rt XI,	Line 9 - Oth	ner Changes i	n Net Asset	s Explana	tion
Rental Expen	5e			*******************	\$	9,697
Fundraising 1	Expens	e Cli	ent C	onv	\$	36,082
Rental Expens	se	9 11		ору	\$	-9,697
Fundraising 1	Expens	e			\$	-36,082
	********	********************************			**************	ETOTES FERONON, PRODRESS NO.
					cama m	
10.2		Property (also selected and selection of the selection of				
Visit til (ed. med latin sed fre have foreit fre fre til ed. (foreit						

		titiistaa kaidistaa kakkalika kaa			******	19 P 4 4 4 5 4 4 4 4 4 4 4 4 6 5 4 4 4 4 4 4
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	********	********************				
F. (578-9-100-0) 111-011-012-012-013-013-013-013-013-013-013-013-013-013						
					Page 3	3 of 3

Form 4562

Department of the Treasury

Internal Revenue Service
Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

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

OMB No. 1545-0172

2022

Identifying number

chment 179

NORTH BRANCH LAND TRUST 23-7755642 Business or activity to which this form relates Indirect Depreciation Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 1 1,080,000 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 2,700,000 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filling separately, see instructions 6 (a) Description of property (c) Elected cost 7 Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2021 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 12 Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 14 Property subject to section 168(f)(1) election 15 15 16 Other depreciation (including ACRS) 5,870 16 MACRS Depreciation (Don't include listed property. See instructions.) Part III Section A MACRS deductions for assets placed in service in tax years beginning before 2022 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction period service only-see instructions) 19a 3-year property b 5-year property 7-year property d 10-year property 15-year property 20-year property g 25-year property 25 yrs. Residential rental 27.5 yrs. MM S/L property 27.5 yrs. MM S/L i Nonresidential real 39 yrs. MM S/L property MM S/L Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System Class life S/L b 12-year 12 yrs. S/L 30-year C 30 yrs. MM S/L d 40-year 40 yrs. MM S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 22 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 5,870 22 For assets shown above and placed in service during the current year, enter the 23

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

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

OMB No. 1545-0172

Identifying number

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

NORTH BRANCH LAND TRUST 23-7755642 Business or activity to which this form relates Residential Rental-Vosburg **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 1,080,000 Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 2,700,000 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property 6 (b) Cost (business use only) Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2021 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 12 13 Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year. See instructions Property subject to section 168(f)(1) election 15 15 16 Other depreciation (including ACRS) 4,043 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2022 17 310 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2022 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use (e) Convention (f) Method (g) Depreciation deduction period service only-see instructions) 19a 3-year property b 5-year property 7-year property C d 10-year property 15-year property 20-year property 25-year property 25 yrs. S/L Residential rental 27.5 yrs. MM S/L property MM 27.5 yrs. S/L Nonresidential real 39 yrs. MM S/L property MM S/L Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year 12 yrs. S/L 30-year C 30 yrs. MM S/L 40-year d 40 yrs. S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 22 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 4,353 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.

23-7755642	Federal Statements
	Taxable Interest on Investments
Description	
	Unrelated Exclusion Postal Acquired after US Amount Business Code Code 6/30/75 Obs (\$ or %)
_	\$19,554
Total	\$19,554
	Taxable Dividends from Securities
Description	
	Unrelated Exclusion Postal Acquired after US Amount Business Code Code 6/30/75 Obs (\$ or %)
*	\$
Total	\$202,286

23-7755642	Federal Statements	tements		
Forn	Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)	ees for Service (Non-	employee)	
Description Professional Fees - Other IT Services Registration Fees E-Commerce Fees	Total Expenses \$ 77,954 4,885 2,890 1,080	Program Service \$ 77,954 4,885 2,890 1,080	Management & General	Fund Raising
roject Site Expenses Reimbursable Expenses Total	14,765 2,248 \$ 103,822	14,765 2,248 \$ 103,822		\[\cdot \]
	Form 990, Part IX, Line 24e	- All Other Expenses		
Description Licenses & Permits Total	Expenses \$ Client (Program Service CODY 125	Management & General	Fund Raising

Schedule A, Part II, Line 1(e)

Description

\v					l
	Donations Contributions of Nonfinancial Assets	ANNUAL DINNER & AUCTION	Auction Merchandise Supplies	Miscellaneous Fundraising Cash Contribution	

31,262 72,336 167,783 22,962

Amount

7,340

Total

Federal Statements

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	Total	Excess
THE LUZERNE FOUNDATION	\$	\$
NATURAL LANDS TRUST		•
PA DCNR		
PA DCNR BUREAU OF FORESTRY		
OPEN SPACE INSTITUTE		
ESTATE OF GEORGE W. BIERLY		
KENNETH & CAROLINE TAYLOR FAMILY FOU	5,000	
HACKETT PHILANTHROPIES		
JAMES & FLORENCE DEPOLO FOUNDATION		
FIDELITY CHARITABLE	15,000	
LEONARD JANUS		
SORDONI FAMILY FOUNDATION		
WILLIAM PENN FOUNDATION		
PAUL D WASSERROTT FOUNDATION		
MASLOW FAMILY FOUNDATION	20,000	
Earth Conservancy	108,869	67,321
Total	\$ 148,869	\$ 67,321

Schedule A, Part II, Line 12 - Current year

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Program Service Revenue

Amount	64,579 19,554 202,286 55,164	1,151	113,488	4,620	460,842
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73-7	755617
23-1	JJUHZ

Federal Statements

ANNUAL DINNER & AUCTION Other Direct Fundraising or Gaming Expenses

Description	Amount
Flowers Printing & Copying Supplies Postage Art Framing	\$ 5,658
Credit Card Fees Advertising Rental Consulting	3,333
Miscellaneous Expense	4,103
Total	\$ 13,094

23-7755642	Federal Statements	
Guardian Society Event <u>O</u>	ther Direct Fundraising or Gaming Expenses	
Description	Amount	
Guardian Society Total	\$	
	Client Copy	

Mail to:

Pennsylvania Department of State Bureau of Corporations and Charitable Organizations 207 North Office Building Harrisburg, PA 17120

See www.dos.pa.gov/charities for more information

Charitable Organization Registration Statement

BCO-10 (rev. 2/2022)

Fee: See instructions

Read all instructions prior to completing form.

Certificate number: 1	(N/A if initial registration)	If this is a voluntary registration, check and complete the applicable box(es). For a registration to be voluntary, at
Fiscal year ended:	96/30/2023 MM DD YYYY	least one of the following must apply: Organization is exempt from registration because
FEIN: 2 3 - 7	7 5 5 6 4 2	Organization does not solicit contributions in Pennsylvania
1. Legal name o	forganization: North Branc	ch Land Trust
Check if na	me change and give previous	name
2. All other nam	es used to solicit contributions	N/A
-		<u> </u>
3. Contact person	a: Ellen Ferretti	Contact's e-mail:ferretti@nblt.org
4. Principal address of organization: 105 Lt. Michael Cleary Drive		Mailing address (if different than principal address):
Dallas, PA	18612	
County: Luze	erne	Phone number: (570) 310-1781
		(570) 074 4704
Email (if diffe	rent than Contact's email):	
Website: WW	v.nbit.org	
Non-Profit O	ganization	ation, unincorporated association, etc.):
Where establis	_{hed:} Pennsylvania	Date established:* 02/01/1994
*Initial registrant		nal documents such as charter, articles of incorporation,

6.	Name and addresses of all offices, chapters, branches, auxiliaries, affiliates or other subordinate units located in Pennsylvania, which share in the contributions or other revenue raised in the Commonwealth: (Attach a separate sheet if necessary) N/A
7.	Short form registration applicability – Specified types of charitable organizations described in §162.7(a) of the Act may file a short form registration, which permits the organization to register without filing a financial report. Check the section that describes the organization. If the organization does not meet any of the criteria below for short form registration, check "Not Applicable":
	§162.7(a)(1) – Persons or organizations which solicit contributions for the relief of a specific individual, when all of the contributions collected are turned over to the named beneficiary for his/her use without any deductions and provided that all contributions collected shall be held in trust
	§162.7(a)(2) — Organizations which only solicit within the membership of the organization by other members of the organization. The term "membership" shall not include those persons who are granted a membership solely upon making a contribution as the result of solicitation. "Member" means a person having membership in a nonprofit corporation, or other organization, in accordance with the provisions of its articles of incorporation, bylaws or other instruments creating its form and organization and having bona fide rights and privileges in the organization such as the right to vote, to elect officers and directors, to hold office or position as ordinarily conferred on members of such organizations.
	§162.7(a)(3) — Organizations which receive gross contributions of no more than \$25,000 per fiscal year whose fundraising activities are carried on only by volunteers, members, officers or permanent employees and only permanent employees are compensated for those fundraising activities
	§162.7(a)(4) — Veterans organizations chartered under Federal law, organizations of volunteer firemen, ambulance associations, rescue squad associations and their auxiliaries or affiliates, which are not exempt from registration, did not receive gross contributions in excess of \$100,000 and did not use a professional solicitor.
•	Not Applicable
<u> </u>	Charitable organizations which check boxes §162.7(a)(1) – §162.7(a)(4) are not required to file a financial report with this registration. If "Not Applicable" is checked, the charitable organization must submit financial reports which are audited, reviewed, compiled or internally orepared. See Instructions.
	Items 8 and 9 are required to be completed by initial registrants only
8. I	Date organization first solicited contributions from Pennsylvania residents:// MM DD YYYY Other
9. I:	f organization solicited Pennsylvania residents and received gross* contributions totaling more han \$25,000 in any given fiscal year, provide the date the organization first received contributions otaling more than \$25,000.
Ot	her*Includes contributions received both within and outside Pennsylvania before any deductions or expenses.

IV.	rias the organization been granted IRS tax-exempt status? V Yes No				
	A. If "Yes," under which IRS code section: 501(c)(3) and attach a copy of the IRS exemption letter if not previously submitted.				
	B. Has the organization's tax-exempt status ever been denied, revoked or modified? Yes V N (If "Yes," attach a copy of the denial, revocation or modification and subsequent reinstatement, if any, and if not previously submitted.)				
11.	Was the organization required to file any type of IRS 990 return, including 990, 990EZ, 990PF or 990N and applicable schedules, for its most recently completed fiscal year? Yes No (If "Yes," attach a copy of the most recently filed 990, 990EZ, 990PF or 990N and include all schedules. DO NOT INCLUDE SCHEDULE B UNLESS YOU FILE 990 PF.				
	If "No," attach an explanation of why the organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return or an organization that files a 990N, 990EZ or 990PF, must file a Pennsylvania public disclosure form (BCO-23).)				
12.	Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.): Direct mail, telephone, website, and press releases.				
	A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence. To provide the opportunity and means for landowners, primarily in Luzerne,				
	Wyoming, and Susquehanna Counties; to preserve land in its natural state; and				
	to provide the steardship of land conserved through conservation easements				
	and land owned by the Land Trust.				
14.	Yes No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.) Is the organization registered to solicit contributions in any other state or municipality?				
'n					
]	Is any person compensated, or does the organization intend to compensate any person, who solicite contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organizations only uses or intend to only use a professional fundraising counsel.)				
	If "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania residents: /				
i 1	Names, addresses, and telephone numbers of all professional solicitors the organization uses or intends to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates Pennsylvania residents were first solicited, or will be solicited: (Attach a separate sheet if necessary) N/A				

17.	organizations uses or intends to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents: (Attach a separate sheet if necessary)		
	N/A		
18.	Names, addresses, and telephone numbers of any commercial coventurers under contract with the organization: (Attach a separate sheet if necessary) N/A		
19.	If the registering charity is a parent organization located in Pennsylvania, does the organization elect to file a combined registration covering all of its Pennsylvania affiliates? (See note "Affiliate and Parent Organization") Yes No Vot Applicable		
	If "Yes," give all names and certificate numbers of the affiliate organizations: (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)		
20.	Is the registering charity a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on the registering charity's behalf? (See note "Affiliate and Parent Organization") Yes No Not Applicable		
	If "Yes," provide the name and, if available, certificate number of the parent organization. (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)		
	Legal name of parent organization Pennsylvania certificate number		
	Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)		
9	See attachment.		
25 25			
9	•		

22.	. N	Names of the individuals or officers of the organization who: (Attach a separate sheet if necessary)					
	A	Are in charge of solicitation activities: Christina Dilks Taylor, Chair					
	В	Have final responsibility for the custody of contributions: Christina Dilks Taylor, Chair					
	C	Have final responsibility for final distribution of contributions: Christina Dilks Taylor, Chair					
	D	Are responsible for custody of financial records: Christina Dilks Taylor, Chair					
23.		re any officers, directors, trustees, or employees related by blood, marriage, or adoption to:					
	A.	Any other officer, director, trustee, or employee? Yes No					
	В.	Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? ** Yes No					
	C.	Any officers, agents or employees of any supplier or vendor providing goods or services? ** Yes No					
		**(this includes any officer, director, trustee, or employee of the charitable organization who is also an officer, director, trustee, employee or owner of a professional fundraising counsel, professional solicitor, supplier or vendor)					
		If "Yes" is checked to any of the above, attach a list of related individuals including names, business, and residence addresses of related parties.					
24.	Ha	s the organization or any of its present officers, directors, executive personnel or trustees ever:					
		Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or currently has such proceedings pending in this or any other jurisdiction? Yes No					
	B.	Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency? Yes No					
	C.	Entered into any legally enforceable agreement (such as a consent agreement, an assurance of voluntary compliance or discontinuance or any similar agreement) with any district attorney, Office of Attorney General, or other local or state governmental agency? Yes No					
		(If "Yes" is checked in response to any of the above, attach a written explanation, including the reasons for actions, and copies of all relevant documents.)					

Certification – This registration statement must be signed by two different officers of the organization, one of whom shall be the chief fiscal officer or the equivalent.

I certify that the information provided in this registration, including all statements and attached documentation, is true and correct to the best of my knowledge, information and belief. I understand that the falsification of any statement or documentation made is subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities) and 10 P.S. §162.17 (relating to administrative enforcement and penalties).

Signature of Chief Fiscal Officer	Date				
Type or print name and title of Chief Fiscal Officer					
Signature of Other Authorized Officer	Date				
Type or print name and title of Other Authorized Officer					
Checklist for registration:					
Completed registration statement properly signed and dated.					
A copy of the IRS 990/990EZ/990PF/990N Return and required schedules, signed and dated by an authorized officer					
Public Disclosure Form BCO-23 (if required)					
Applicable Financial Statements (audited, reviewed, compiled or internally prepared)					
Registration fee and any late filing fees					
Initial Registrants Only: IRS determination letter, articles of incorporation or charter and by-laws.					
See Instructions for more information on completing this form and attachments.					

	Board
Name	Position
	2022-2023
Taylor, Christina Dilks	Chair
Valentine, Fred	Vice-Chair
Zembruski, Esq., John L.	Secretary
Flood, Ryan	Treasurer
Block, Sarah	Director
Dyller, Esq., Barry H.	Director
Groover, Chris	Director
Hazzouri, Richard	Director
Kolessar, Mary	Director
Lloyd, Elizabeth Eckman	Director
Maakestad, Stephen	Director
Magnotta, Susan	Director
Mitchell, Guthrie	Director
O'Donnell, Cathy	Director
Robinson, Jill	Director
Rothery, Guy F.	Director
Scarpetta, Vince	Director
Snyder Esq., Kelly Bray	Director
Sthal Esq., Bryan	Director
Strickland, Kay	Director