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CLIENT'S COPY

HOGANCAMP PC
ACCOUNTANTS & BUSINESS ADVISORS
17 WILDER STREET, PO BOX 743
KEENE, NH 03431

JANUARY 22, 2025

THE LANDMARK TRUST USA, INC.
707 KIPLING RD
DUMMERSTON, VT 05301

THE LANDMARK TRUST USA, INC.:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2023 EXEMPT
ORGANIZATION RETURN, AS FOLLOWS...

2023 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE
WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED
FOR YOUR FILES.

VERY TRULY YOURS,

GLENN W GALLOWAY CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2024

Prepared for	THE LANDMARK TRUST USA, INC. 707 KIPLING RD DUMMERSTON, VT 05301
Prepared by	HOGANCAMP PC 17 WILDER STREET, PO BOX 743 KEENE, NH 03431
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning JUL 1, 2023, and ending JUN 30, 2024

2023

Department of the Treasury
Internal Revenue Service

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

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

Name of filer

THE LANDMARK TRUST USA, INC.

EIN or SSN

03-0331485

Name and title of officer or person subject to tax **TOM MARTYN
TREASURER**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>352,302.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize HOGANCAMP PC to enter my PIN 47470
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

02050722330

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form **8879-TE** (2023)

LHA 302521 01-05-24

07440122 102249 4747

2023.05030 THE LANDMARK TRUST USA, INC 4747__1

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

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

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

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. THE LANDMARK TRUST USA, INC.	Taxpayer identification number (TIN) 03-0331485
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 707 KIPLING RD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DUMMERSTON, VT 05301	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **SUSAN MCMAHON**
707 KIPLING RD - DUMMERSTON, VT 05301

Telephone No. **802-257-7783** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 _____ or

tax year beginning **JUL 1**, 20 **23**, and ending **JUN 30**, 20 **24**

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

**MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045**

Return of Organization Exempt From Income Tax

Form 990

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.

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, 2024

B Check if applicable: C Name of organization THE LANDMARK TRUST USA, INC. D Employer identification number 03-0331485
E Telephone number 802-254-6868
G Gross receipts \$ 356,208.
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
I Tax-exempt status: X 501(c)(3)
J Website: LANDMARKTRUSTUSA.ORG
K Form of organization: X Corporation
L Year of formation: 1991
M State of legal domicile: VT

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Summary, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer TOM MARTYN, TREASURER
Date
Paid: Print/Type preparer's name GLENN W GALLOWAY CPA, Preparer's signature, Date, Check if self-employed, PTIN P00531231
Preparer Use Only: Firm's name HOGANCAMP PC, Firm's EIN 02-0374591, Firm's address 17 WILDER STREET, PO BOX 743 KEENE, NH 03431, Phone no. 603-352-2233

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III []

1 Briefly describe the organization's mission: THE LANDMARK TRUST USA PRESERVES AND RESTORES HISTORIC PROPERTIES THROUGH CREATIVE AND SUSTAINABLE USES FOR PUBLIC ENJOYMENT, EDUCATION, AND INSPIRATION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 456,515. including grants of \$) (Revenue \$ 267,488.) RESTORATION AND PRESERVATION OF TWO BUILDINGS THAT WERE ONCE PART OF THE RUDYARD KIPLING ESTATE, A 1915 SUGAR HOUSE, AN 1802 FARM HOUSE AND AN 1840'S FARM HOUSE.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 456,515.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and Schedule O completion.

Part 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 []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (13); 1b Enter the number of voting members included on line 1a, above, who are independent (13); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b 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); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (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? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); 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); 16b 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

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
SUSAN MCMAHON - 802-257-7783
707 KIPLING RD, DUMMERSTON, VT 05301

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SUSANNE PANDICH BOARD MEMBER	2.00	X					0.	0.	0.	
(2) CLAUDIA SAUERMANN WU BOARD MEMBER	2.00	X					0.	0.	0.	
(3) ERIC GRADOIA BOARD MEMBER	2.00	X					0.	0.	0.	
(4) ALYSSA LOZUPONE BOARD MEMBER	2.00	X					0.	0.	0.	
(5) RANDI ZITER BOARD MEMBER	2.00	X					0.	0.	0.	
(6) CHARLES JANSON BOARD MEMBER	2.00	X					0.	0.	0.	
(7) ERIN HAMMERSTEDT VICE PRESIDENT	3.00	X		X			0.	0.	0.	
(8) MARGO JONES SECRETARY	3.00	X		X			0.	0.	0.	
(9) EMILY WADHAMS BOARD MEMBER	2.00	X					0.	0.	0.	
(10) ERIN FINK BOARD MEMBER	2.00	X					0.	0.	0.	
(11) CHRISTINE HART PRESIDENT	3.00	X		X			0.	0.	0.	
(12) TOM MARTYN TREASURER	4.00	X		X			0.	0.	0.	
(13) JON MACCLAREN BOARD MEMBERS	2.00	X					0.	0.	0.	

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	77,989.					
	g Noncash contributions included in lines 1a-1f	1g	\$					
	h Total. Add lines 1a-1f			77,989.				
Program Service Revenue	2 a <u>PROPERTY RENTAL INCOME</u>	Business Code	900099	264,393.	264,393.			
	b							
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			264,393.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			46.	46.			
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	6a	(i) Real	(ii) Personal				
			b Less: rental expenses ...	6b				
			c Rental income or (loss)	6c				
	d Net rental income or (loss)							
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
			b Less: cost or other basis and sales expenses	7b				
			c Gain or (loss)	7c				
	d Net gain or (loss)							
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a			6,825.			
			b Less: direct expenses	8b	0.			
			c Net income or (loss) from fundraising events			6,825.		6,825.
9 a Gross income from gaming activities. See Part IV, line 19	9a							
		b Less: direct expenses	9b					
		c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a			6,955.				
		b Less: cost of goods sold	10b	3,906.				
		c Net income or (loss) from sales of inventory			3,049.	3,049.		
Miscellaneous Revenue	11 a	Business Code						
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d							
12 Total revenue. See instructions				352,302.	267,488.	0.	6,825.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	85,371.	54,637.	30,734.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	126,484.	126,484.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,400.	3,456.	1,944.	
9 Other employee benefits	18,339.	11,737.	6,602.	
10 Payroll taxes	17,305.	11,075.	6,230.	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	11,020.	7,053.	3,967.	
12 Advertising and promotion	10,820.	4,869.	3,246.	2,705.
13 Office expenses	2,050.	1,312.	738.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	1,198.	767.	431.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	223.		223.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	53,780.	34,419.	19,361.	
23 Insurance	7,542.	4,827.	2,715.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PRIOR YEAR DUE DILIGENC	89,805.	57,475.	32,330.	
b PROPERTY TAXES	29,324.	29,324.		
c PROPERTY UTILITIES	22,863.	22,863.		
d PROPERTY REPAIRS & MAIN	16,390.	16,390.		
e All other expenses SEE SCH O	83,439.	69,827.	13,437.	175.
25 Total functional expenses. Add lines 1 through 24e	581,353.	456,515.	121,958.	2,880.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	63,628.	1	14,308.
	2 Savings and temporary cash investments	77,402.	2	31,060.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	9,648.	9	595.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,030,465.		
	b Less: accumulated depreciation	10b 1,790,258.	1,320,714.	10c 1,240,207.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	1,773,778.	12	1,774,394.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,245,170.	16	3,060,564.	
Liabilities	17 Accounts payable and accrued expenses	2,433.	17	5,992.
	18 Grants payable		18	
	19 Deferred revenue	150,352.	19	189,522.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	22,432.	23	24,148.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	175,217.	26	219,662.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,961,744.	27	2,811,383.
	28 Net assets with donor restrictions	108,209.	28	29,519.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	3,069,953.	32	2,840,902.
33 Total liabilities and net assets/fund balances	3,245,170.	33	3,060,564.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	352,302.
2	Total expenses (must equal Part IX, column (A), line 25)	2	581,353.
3	Revenue less expenses. Subtract line 2 from line 1	3	-229,051.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,069,953.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,840,902.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
3b	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 _____		

Form 990 (2023)

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.)

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 14 %
15 Public support percentage from 2022 Schedule A, Part II, line 14 15 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	171,592.	25,156.	31,072.	67,240.	77,989.	373,049.
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	224,159.	268,573.	351,240.	346,739.	271,348.	1462059.
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	395,751.	293,729.	382,312.	413,979.	349,337.	1835108.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						1835108.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6	395,751.	293,729.	382,312.	413,979.	349,337.	1835108.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	557.	128.	100.	83.	46.	914.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	557.	128.	100.	83.	46.	914.
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.)	396,308.	293,857.	382,412.	414,062.	349,383.	1836022.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	99.95 %
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	99.95 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	.05 %
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	.05 %

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

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	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 supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

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.)

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

THE LANDMARK TRUST USA, INC.

Employer identification number

03-0331485

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Name of organization THE LANDMARK TRUST USA, INC.	Employer identification number 03-0331485
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BILL FLYNT 707 KIPLING RD DUMMERSTON, VT 05301	\$ 10,023.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE LANDMARK TRUST USA, INC.	Employer identification number 03-0331485
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization THE LANDMARK TRUST USA, INC.	Employer identification number 03-0331485
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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

2023

Open to Public Inspection

Name of the organization THE LANDMARK TRUST USA, INC. Employer identification number 03-0331485

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, acreage, and expenses, and two yes/no questions about monitoring and requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures, and amounts required to be reported.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		268,488.		268,488.
b Buildings		1,908,471.	953,405.	955,066.
c Leasehold improvements				
d Equipment		853,506.	836,853.	16,653.
e Other		0.	0.	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,240,207.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) INVESTMENT IN SCOTT FARM		
(B) INC	1,774,394.	COST
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	1,774,394.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information

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

Multiple horizontal lines provided for entering supplemental information.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

THE LANDMARK TRUST USA, INC.

Employer identification number

03-0331485

FORM 990, PART VI, SECTION A, LINE 7A:

THE BOARD OF DIRECTORS ARE ELECTED BY RECOMMENDATION AND VOTE OF CURRENT
OFFICERS AND DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR & TREASURER TOGETHER WITH
OTHER DIRECTORS AS REQUESTED.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION OF THE EXECUTIVE DIRECTOR HAS REVIEWED BY AN OUTSIDE ANALYST
IN THE PAST AND IS DISCUSSED AND APPROVED BY THE BOARD. ANNUAL SALARY
INCREASES ARE DISCUSSED AND APPROVED ANNUALLY.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

DEVELOPMENT:

PROGRAM SERVICE EXPENSES	9,899.
MANAGEMENT AND GENERAL EXPENSES	5,568.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	15,467.

PROPERTY SUPPLIES:

PROGRAM SERVICE EXPENSES	13,561.
MANAGEMENT AND GENERAL EXPENSES	0.

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization THE LANDMARK TRUST USA, INC.	Employer identification number 03-0331485
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FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 13,561.

PROPERTY INSURANCE:

PROGRAM SERVICE EXPENSES 12,773.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 12,773.

EXPANSION STUDIES:

PROGRAM SERVICE EXPENSES 5,987.

MANAGEMENT AND GENERAL EXPENSES 3,368.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 9,355.

MERCHANT & RESERVATION FEES:

PROGRAM SERVICE EXPENSES 7,856.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 7,856.

PROPERTY TELEPHONE & INTERNET:

PROGRAM SERVICE EXPENSES 7,845.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 7,845.

EVENT EXPENSES:

Name of the organization THE LANDMARK TRUST USA, INC.	Employer identification number 03-0331485
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PROGRAM SERVICE EXPENSES	2,625.
MANAGEMENT AND GENERAL EXPENSES	1,477.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,102.

ADMIN PHONE:

PROGRAM SERVICE EXPENSES	2,051.
MANAGEMENT AND GENERAL EXPENSES	1,154.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,205.

PROFESSIONAL DEVELOPMENT:

PROGRAM SERVICE EXPENSES	1,613.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,613.

ADMIN UTILITIES:

PROGRAM SERVICE EXPENSES	949.
MANAGEMENT AND GENERAL EXPENSES	534.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,483.

DUES:

PROGRAM SERVICE EXPENSES	905.
MANAGEMENT AND GENERAL EXPENSES	509.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,414.

Name of the organization THE LANDMARK TRUST USA, INC.	Employer identification number 03-0331485
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PROPERTY SECURITY:

PROGRAM SERVICE EXPENSES	1,322.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,322.

PROPERTY RUBBISH REMOVAL:

PROGRAM SERVICE EXPENSES	1,320.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,320.

POSTAGE:

PROGRAM SERVICE EXPENSES	515.
MANAGEMENT AND GENERAL EXPENSES	290.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	805.

EMPLOYEE ASSISTANCE PROGRAM:

PROGRAM SERVICE EXPENSES	360.
MANAGEMENT AND GENERAL EXPENSES	203.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	563.

MEALS AND ENTERTAINMENT:

PROGRAM SERVICE EXPENSES	334.
MANAGEMENT AND GENERAL EXPENSES	188.

Name of the organization THE LANDMARK TRUST USA, INC.	Employer identification number 03-0331485
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FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 522.

BANK SERVICE CHARGES:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 196.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 196.

CONSULTING:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 175.

TOTAL EXPENSES 175.

ADMIN REPAIRS & MAINTENANCE:

PROGRAM SERVICE EXPENSES -88.

MANAGEMENT AND GENERAL EXPENSES -50.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES -138.

TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A 83,439.

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

Name of the organization **THE LANDMARK TRUST USA, INC.** Employer identification number **03-0331485**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

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

2023 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	LAND	01/01/77	NC	.000	HY		11,000.				11,000.			0.	
15	DUTTON HOUSE ARCHITECT	12/31/98	NC	.000	HY		4,000.				4,000.			0.	
16	FIELD ENGINEERING STUDY	12/31/98	NC	.000	HY		17,222.				17,222.			0.	
20	ENGINEERING - YELLOW BARN	01/25/06	NC	.000	HY		4,765.				4,765.			0.	
95	LAND	06/30/01	L				218,488.				218,488.			0.	
96	LAND - WHITINGHAM	06/30/01	L				50,000.				50,000.			0.	
	* 990 PAGE 10 TOTAL -						305,475.				305,475.	0.		0.	0.
2	LAND IMPROVEMENTS - FULLY DEPRECIATED	01/01/89	SL	15.00		16	51,637.				51,637.	51,637.		0.	51,637.
3	POND	08/20/08	SL	15.00		16	9,761.				9,761.	9,761.		0.	9,761.
4	CULVERT	10/03/08	SL	15.00		16	1,850.				1,850.	1,845.		5.	1,850.
5	TREE REMOVAL	02/20/09	SL	15.00		16	10,622.				10,622.	10,622.		0.	10,622.
6	FIELD STUMPING	06/25/09	SL	15.00		16	5,453.				5,453.	5,096.		357.	5,453.
8	FULLY DEPRECIATED FARM BLDGS & IMPROVEMENTS	06/30/78	SL	20.00		16	18,627.				18,627.	18,627.		0.	18,627.
9	FOUNDATION	06/30/77	SL	40.00		16	6,635.				6,635.	6,635.		0.	6,635.
10	IMPROVEMENTS	09/20/88	SL	31.50		16	4,107.				4,107.	4,066.		0.	4,066.
11	FARMHOUSE IMPROVEMENT	03/01/92	SL	27.50	MM	16	5,043.				5,043.	4,949.		0.	4,949.
12	FARMHOUSE FURNACE	05/23/92	SL	27.50	MM	16	4,022.				4,022.	3,924.		0.	3,924.
13	SHOP-FIREWALL	08/29/92	SL	27.50	MM	16	4,631.				4,631.	4,585.		0.	4,585.

2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
14	FARMHOUSE WINDOWS	01/16/04	SL	27.50	MM16	778.				778.	778.		0.	778.
17	FARMHOUSE ROOF	04/08/99	SL	27.50	MM16	1,040.				1,040.	910.		38.	948.
18	FARMHOUSE WINDOWS	01/16/04	SL	27.50	MM16	5,230.				5,230.	3,650.		190.	3,840.
19	WINDOW LOFT	10/05/05	SL	27.50	MM16	725.				725.	454.		26.	480.
21	APT OVER OFFICE	09/30/05	SL	27.50	MM16	31,818.				31,818.	20,296.		1,157.	21,453.
22	ATTACHED FARM HOUSE IMPROVEMENT	09/30/05	SL	27.50	MM16	44,835.				44,835.	28,593.		1,630.	30,223.
23	FARMHOUSE IMPROVEMENT	04/01/05	SL	27.50	MM16	6,400.				6,400.	4,184.		233.	4,417.
24	FARMHOUSE APT IMPROVEMENT	06/30/06	SL	27.50	MM16	25,344.				25,344.	13,946.		922.	14,868.
25	SOLAR HW HEATER	03/31/07	SL	27.50	MM16	5,850.				5,850.	5,850.		0.	5,850.
26	SEPTIC SYSTEM	09/30/06	SL	15.00	16	9,808.				9,808.	7,030.		0.	7,030.
27	COOLER ROOM IMPROVEMENTS	09/30/06	SL	10.00	16	10,406.				10,406.	5,981.		0.	5,981.
28	PACKING BARN IMPROVEMENTS	09/30/06	SL	20.00	16	7,100.				7,100.	4,442.		355.	4,797.
29	1862 BARN RENOVATION	09/30/06	SL	39.00	MM16	6,219.				6,219.	2,055.		159.	2,214.
30	SOLAR PANELS (PHOTOVOLTAIC)	05/02/07	SL	27.50	MM16	5,850.				5,850.	3,408.		213.	3,621.
31	SOLAR PANELS - PACKING BARN	11/08/07	SL	27.50	MM16	21,027.				21,027.	12,240.		765.	13,005.
32	EQUIPMENT BARN - FOUNDATION & WINDOWS	11/15/07	SL	27.50	MM16	12,420.				12,420.	7,232.		452.	7,684.
33	CLEAR MOUNTAIN SOLAR	07/20/07	SL	27.50	MM16	2,994.				2,994.	1,744.		109.	1,853.
34	CEILING FOR EVENT ROOM	06/04/07	SL	27.50	MM16	2,243.				2,243.	2,132.		82.	2,214.

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35	PAINTING - PACKING BARN	07/09/07	SL	10.00		16	5,910.				5,910.	5,910.		0.	5,910.
36	VINYL FLOOR BATHROOM - PACKING BARN	06/15/07	SL	10.00		16	2,532.				2,532.	2,532.		0.	2,532.
37	TOILETS & SINKS - PACKING BARN	08/31/07	SL	27.50	MM	16	9,958.				9,958.	5,792.		362.	6,154.
38	CONCRETE FLLOR, EXCAVATION & SEPTIC - PACKING BARN	08/31/07	SL	27.50	MM	16	36,178.				36,178.	21,048.		1,316.	22,364.
39	PAINTING & SHEETROCK - PACKING BARN	05/31/07	SL	27.50	MM	16	5,997.				5,997.	3,488.		218.	3,706.
40	ELECTRIC - PACKING BARN	07/12/07	SL	27.50	MM	16	7,031.				7,031.	4,096.		256.	4,352.
41	METAL ROOF - PACKING BARN	07/12/07	SL	27.50	MM	16	1,977.				1,977.	1,152.		72.	1,224.
42	BARN WINDOWS	05/08/08	SL	27.50	MM	16	5,350.				5,350.	2,414.		195.	2,609.
43	BARN - WOOD FIRED BOILER	05/15/08	SL	27.50	MM	16	13,213.				13,213.	5,940.		480.	6,420.
44	DRILLED WELL	05/15/08	SL	27.50	MM	16	5,820.				5,820.	2,620.		212.	2,832.
45	STONE FOUNDATION	05/29/08	SL	28.50		16	7,605.				7,605.	3,347.		267.	3,614.
46	EQUIPMENT BARN	06/17/08	SL	27.50	MM	16	629.				629.	268.		23.	291.
47	EQUIPMENT BARN	06/30/08	SL	27.50	MM	16	1,728.				1,728.	742.		63.	805.
48	UBARN RENOVATION	08/04/08	SL	27.50	MM	16	4,847.				4,847.	1,870.		176.	2,046.
49	PACKING BARN - HEAT	10/17/08	SL	27.50	MM	16	26,200.				26,200.	9,017.		953.	9,970.
50	APPLE BARN - PLUMBING, HW HEATER, MOP SINK	08/04/08	SL	28.50		16	13,531.				13,531.	5,095.		475.	5,570.
51	EXCAVATION	06/30/08	SL	27.50	MM	16	30,600.				30,600.	13,125.		1,113.	14,238.
52	UBARN RENOVATION	09/15/09	SL	27.50	MM	16	9,261.				9,261.	3,590.		337.	3,927.

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53	STONE WALL REBUILD	04/20/10	SL	27.50	MM	16	2,690.				2,690.	1,029.		98.	1,127.
54	FARMHOUSE PAINTING	08/05/10	SL	10.00		16	10,500.				10,500.	10,500.		0.	10,500.
55	NEW PACKING ROOM	10/31/11	SL	27.50	MM	16	10,731.				10,731.	3,445.		390.	3,835.
57	WINDOWS - PACKING BARN	08/11/11	SL	27.50	MM	16	2,119.				2,119.	924.		77.	1,001.
58	CIDER BARN - IMPROVEMENTS	07/06/11	SL	27.50	MM	16	17,600.				17,600.	7,680.		640.	8,320.
64	FULLY DEPRCIATION COOK & STOCKWELL COTTAGES	11/01/77	SL	20.00		16	20,457.				20,457.	20,457.		0.	20,457.
65	COOK IMPROVEMENTS	08/01/00	SL	27.50	MM	16	44,848.				44,848.	36,901.		1,631.	38,532.
66	STOCKWELL IMPROVEMENTS	09/01/00	SL	27.50	MM	16	14,013.				14,013.	11,496.		510.	12,006.
67	STOCKWELL IMPROVEMENTS	09/30/05	SL	27.50	MM	16	4,967.				4,967.	3,172.		181.	3,353.
68	STOCKWELL PAINTING, STORM & ROOF	04/27/07	SL	27.50	MM	16	1,035.				1,035.	608.		38.	646.
69	PAINTING	05/01/07	SL	10.00		16	23,070.				23,070.	23,070.		0.	23,070.
70	OFFICE - IMPROVEMENTS	07/01/96	SL	39.00	MM	16	9,848.				9,848.	6,757.		253.	7,010.
71	OFFICE	02/15/96	SL	39.00	MM	16	18,552.				18,552.	12,912.		476.	13,388.
73	ARCHITECTURE	04/22/04	SL	39.00	MM	16	1,440.				1,440.	701.		37.	738.
74	INSULATION	03/08/05	SL	39.00	MM	16	3,910.				3,910.	1,804.		100.	1,904.
75	FARMHOUSE SCREENS, STORMS	09/30/06	SL	39.00	MM	16	2,781.				2,781.	1,063.		71.	1,134.
78	ROAD REPAIR	10/18/07	SL	10.00		16	2,948.				2,948.	1,864.		0.	1,864.
82	FARMSTAND	08/15/10	SL	10.00		16	62,590.				62,590.	62,590.		0.	62,590.

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87	SUGARHOUSE RENTAL	10/01/98	SL	27.50	MM16	39,234.				39,234.	34,902.		1,427.	36,329.
88	SUGARHOUSE WELL	12/19/03	SL	27.50	MM16	4,399.				4,399.	4,399.		0.	4,399.
89	NEW OFFICE	03/31/14	SL	27.50	MM16	28,950.				28,950.	9,916.		1,053.	10,969.
90	IMPROVEMENTS	07/01/14	SL	27.50	MM16	6,200.				6,200.	2,025.		225.	2,250.
91	NEW OFFICES - 1ST FLOOR	11/01/15	SL	27.50	MM16	6,311.				6,311.	1,756.		229.	1,985.
97	IMPROVEMENTS	06/30/01	SL	39.00	MM16	952,995.				952,995.	297,257.		24,436.	321,693.
100	FLOORING	06/30/21	SL	39.00	MM16	2,519.				2,519.	130.		65.	195.
101	(D)ESSEX START UP COSTS	06/30/21	SL	15.00	16	35,330.				35,330.	4,742.		0.	4,742.
103	(D)MACKAYE STARTUP COSTS	06/30/21	SL	15.00	16	30,896.				30,896.	2,060.		0.	2,060.
104	AMOS BROWN RESTORATION	07/31/22	SL	15.00	16	4,648.				4,648.	284.		310.	594.
106	CARRIAGE HOUSE IMPROVEMENTS	04/14/23	SL	15.00	16	6,949.				6,949.	116.		463.	579.
107	(D)MACKAYE IMPROVEMENTS	01/19/23	SL	15.00	16	15,536.				15,536.	432.		0.	432.
108	NAULAKHA BARN IMPROVEMENTS	05/31/23	SL	15.00	16	1,654.				1,654.	9.		110.	119.
109	NAULAKHA PROPERTY IMPROVEMENTS	04/14/23	SL	15.00	16	14,108.				14,108.	235.		941.	1,176.
110	STORAGE ROOM ADDITION	09/08/22	SL	15.00	16	5,013.				5,013.	279.		334.	613.
111	ROSINSKI MASONRY - AMOS BROWN PROPERTY	08/18/23	SL	15.00	16	47,650.				47,650.			2,647.	2,647.
112	NAULAKHA IMPROVEMENTS	02/15/24	SL	15.00	16	7,883.				7,883.			219.	219.
	* 990 PAGE 10 TOTAL -					1,975,216.				1,975,216.	904,233.		50,172.	954,405.

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7	FENCING	07/16/15	SL	5.00		16	7,787.				7,787.	7,787.		0.	7,787.
56	WATER HEATER - 1862 BARN	12/02/11	SL	5.00		16	1,385.				1,385.	1,385.		0.	1,385.
59	APPLE CRATE PAD PLATFORM	07/16/15	SL	15.00		16	6,708.				6,708.	3,539.		447.	3,986.
60	FULLY DEPRECIATED EQUIPMENT	04/19/90	SL	7.00		16	400,270.				400,270.	400,270.		0.	400,270.
61	DISHWASHER - INSTALLATION	06/01/15	SL	7.00		16	1,070.				1,070.	1,058.		0.	1,058.
62	COMPUTER	06/30/15	SL	5.00		16	1,062.				1,062.	1,062.		0.	1,062.
63	FULLY DEPRECIATED CONTROLLED ATMOS. STORAGE	06/10/94	SL	20.00		16	93,460.				93,460.	93,460.		0.	93,460.
72	WATER SOFTENER	04/07/04	SL	39.00	MM	16	1,142.				1,142.	550.		29.	579.
76	WASHER/DRYER	08/14/15	SL	7.00		16	1,172.				1,172.	1,169.		0.	1,169.
77	FULLY DEPRECIATED ORCHARDS	04/01/77	SL	20.00		16	184,539.				184,539.	184,539.		0.	184,539.
79	NEW FENCE	07/06/07	SL	10.00		16	6,680.				6,680.	4,008.		0.	4,008.
80	NEW ORCHARDS	12/30/10	SL	10.00		16	2,113.				2,113.	2,113.		0.	2,113.
81	PHOTOVOLTAIC SYSTEM	11/10/11	SL	5.00		16	92,913.				92,913.	92,913.		0.	92,913.
83	COOLER ENHANCEMENTS	06/10/11	SL	10.00		16	8,967.				8,967.	8,894.		0.	8,894.
84	SINKS	10/06/11	SL	10.00		16	1,187.				1,187.	1,187.		0.	1,187.
85	PRODUCE CASE	10/14/11	SL	10.00		16	1,322.				1,322.	1,322.		0.	1,322.
86	FULLY DEPRECIATED RENTAL FURNISHINGS	06/01/96	SL	7.00		16	6,785.				6,785.	6,785.		0.	6,785.
92	VEHICLES	07/03/13	SL	5.00		16	11,469.				11,469.	11,469.		0.	11,469.

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93	APPLE TREES	05/01/01	SL	10.00		16	2,453.				2,453.	2,453.		0.	2,453.
94	APPLE TREES	05/01/14	SL	10.00		16	2,735.				2,735.	2,329.		228.	2,557.
98	COMPUTERS	06/09/20	SL	5.00		16	4,193.				4,193.	2,587.		839.	3,426.
99	ESSEX LIBRARY FURNITURE	06/23/20	SL	7.00		16	8,087.				8,087.	3,465.		1,155.	4,620.
102	APPLE MACBOOK PRO	07/03/21	SL	5.00		16	917.				917.	366.		183.	549.
105	DUTTON FARMHOUSE - NEW BLINDS	03/01/23	SL	7.00		16	5,090.				5,090.	242.		727.	969.
	* 990 PAGE 10 TOTAL -						853,506.				853,506.	834,952.		3,608.	838,560.
	* GRAND TOTAL 990 PAGE 10 DEPR						3,134,197.				3,134,197.	1,739,185.		53,780.	1,792,965.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						3,078,664.			0.	3,078,664.	1,739,185.			1,790,099.
	ACQUISITIONS						55,533.			0.	55,533.	0.			2,866.
	DISPOSITIONS/RETIRED						81,762.			0.	81,762.	7,234.			7,234.
	ENDING BALANCE						3,052,435.			0.	3,052,435.	1,731,951.			1,785,731.
	ENDING ACCUM DEPR LESS DISPOSITIONS											1,785,731.			
	ENDING BOOK VALUE											1,266,704.			