Form **990**

Return of Organization Exempt From Income Tax

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

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

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

2022
Open to Public Inspection

Department of the Treasury Internal Revenue Service

For the 2022 calendar year, or tax year beginning and ending D Employer identification number C Name of organization Check if applicable: THE DAHLEM CONSERVANCY Address change 41-2155768 Doing business as Name change Room/suite Number and street (or P.O. box if mail is not delivered to street address) 3453 517-782-7117 S JACKSON RD Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/ **Terminated** 706,745 G Gross receipts\$ MI 49201 JACKSON Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending THOMAS DAVEY H(b) Are all subordinates included? 7117 S JACKSON RD If "No." attach a list. See instructions 49201 JACKSON 4947(a)(1) or X 501(c)(3) 501(c) () (insert no.) Tax-exempt status: WWW.DAHLEMCENTER.ORG H(c) Group exemption number Website: Year of formation: 2005 Form of organization: X Corporation Trust Association Part I Summary 1 Briefly describe the organization's mission or most significant activities: THE MISSION OF THE DAHLEM CONSERVANCY IS TO PROVIDE ENVIRONMENTAL EDUCATION Activities & Governance AND OUTDOOR EXPERIENCES TO THE PEOPLE OF SOUTH CENTRAL MICHIGAN. if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 Check this box 3 Number of voting members of the governing body (Part VI, line 1a) 12 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 98 6 6 Total number of volunteers (estimate if necessary) 16,413 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 7b b Net unrelated business taxable income from Form 990-T, Part I, line 11 Current Year Prior Year 499,552 410, 8 Contributions and grants (Part VIII, line 1h) Revenue 164,549 131 ,284 9 Program service revenue (Part VIII, line 2g) 3,011 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 289 34,459 49. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 594,339 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 216,151 281,159 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 54,240 140,125 200,893 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 482,052 356,276 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 220,262 238,063 19 Revenue less expenses. Subtract line 18 from line 12 End of Year Assets or Balances Beginning of Current Year 803,1 584,795 20 Total assets (Part X, line 16) 9,610 21 Total liabilities (Part X, line 26) 793.81 22 Net assets or fund balances. Subtract line 21 from line 20 Signature Block Part II 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. Date Signature of officer Sign PRESIDENT THOMAS DAVEY Here Type or print name and title Check Print/Type preparer's name self-employed P00886584 10/10/23 Paid BRIAN NOFZINGER 38-2962645 PUCKEY, GRUEL & ROOF, Firm's EIN Preparer GROSS, Firm's name Use Only 4196 W. MAPLE AVENUE 517-263-5788 49221 ADRIAN, MI Firm's address

May the IRS discuss this return with the preparer shown above? See instructions

X Yes

Form **990** (2022)

Pai	rt III Statement of Program Service Accomplishments	X
	Check if Schedule O contains a response or note to any line in this Part III	
TI	Briefly describe the organization's mission: HE MISSION OF THE DAHLEM CONSERVANCY IS TO PROVIDE ENVIRONMENTAL NO OUTDOOR EXPERIENCES TO THE PEOPLE OF SOUTH CENTRAL MICHIGAN.	EDUCATION

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
	If "Yes," describe these new services on Schedule O.	
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 50 including grants of \$) (Revenue \$)
T E N P R H I	THE DAHLEM CONSERVANCY MANAGES AND FUNDS THE JOHN AND MARY DAHLEM INVIRONMENTAL EDUCATION CENTER WHICH BRIDGES THE GAP BETWEEN PEOP LATURAL ENVIRONMENT, AND FUNCTIONS AS AN OUTDOOR CLASSROOM FOR SCRUBLIC PROGRAMS. COLORFUL GARDENS, LUSH FORESTS, FLOWER-STUDDED GROLLING MEADOWS, MARSHES, AND PONDS BLANKET THE NEARLY 300 ACRES IGHLIGHT MICHIGAN'S CHANGING SEASONS. WITH FIVE MILES OF HIKING INLCUDING THE 3/8 MILE NATURE FOR ALL TRAIL (HANDICAPPED ENABLED UNIQUE EXHIBITS, VISITORS CAN SPEND THE DAY EXPLORING THE GREAT AND DISCOVERING THE WONDERS OF NATURE.	LE AND THE HOOL AND RASSLANDS, AND HELP TRAILS, TRAIL) AND
L E I	(Code:)(Expenses \$ including grants of \$) (Revenue \$ LITTLE ACORNS NATURE PRESCHOOL PROVIDES AN ENVIRONMENT FOR CHILDREXPLORE, CREATE, IMAGINE, LEARN, AND GROW THROUGH HANDS-ON ACTIVEXPERIENCES; TO PROMOTE SOCIAL, EMOTIONAL AND CONGITIVE SKILLS; A INSTILL A LIFELONG LOVE, RESPECT, AND UNDERSTANDING OF NATURE. **(Code:)(Expenses \$ including grants of \$) (Revenue \$	TIES AND
T A E E F	THE DAHLEM CONSERVANCY OFFERS VARIOUS EDUCATIONAL PROGRAMS TO MEMAREA SCHOOLS, AND THE PUBLIC PROVIDING ENVIRONMENTAL EDUCATION AND EXPERIENCES. THE PROGRAMS ENCOURAGE LEARNING THROUGH HANDS-ON AND EXPERIENCES THAT PROVIDE LESSONS ON PRESERVING THE EARTH'S DIVERS FOSTERING AN UNDERSTANDING OF THE COMPLEX INTERACTIONS OF NATURAL POPULATION, WHILE PROMOTING THE CONCEPT THAT EVERYONE IS A TEACHER EVERYONE IS A LEARNER.	EBERS, ID OUTDOOR
	. With an interpolation of the first the first of the fir	22-72-10-10-10-10-10-1
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 257,824 including grants of \$) (Revenue \$)
4e	Total program service expenses 257, 874	

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 complete Schedule A 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 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 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 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 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 complete Schedule D. Part III 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 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X 11a complete Schedule D, Part VI b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more 11b of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more 11c of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11d reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X 11e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ 12a Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? If 12b "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

P	art IV Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	1		
	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			X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	0.4-		
	to defease any tax-exempt bonds?			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		Х
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	254	-	- 1
a	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	25b		X
26	If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		24
26	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	execution		21
	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		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If		000000000000000000000000000000000000000	
	"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		Χ
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	ASSESS -		
	"Yes," complete Schedule L, Part IV			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			
	conservation contributions? If "Yes," complete Schedule M			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301,7701-2 and 301,7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	1.	3.7	
	or IV, and Part V, line 1	34	X	57
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	0=1		ĺ
	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	20		V
	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	37		X
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	31		1
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	
D	art V Statements Regarding Other IRS Filings and Tax Compliance		21	
600	Check if Schedule O contains a response or note to any line in this Part V	Georgia Salana de de la compansión de la c		
	Check it deflection of deflication is respected of flote to diff into it that I did I did I all I	***********	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number reported in 56x 5 of 1 of 11 rest. Enter -0 - if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0 - if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c	100000000	

Form	990 (2022) THE DAHLEM CONSERVANCY 41-2155					age 3
	rt V Statements Regarding Other IRS Filings and Tax Compliance (contin	nued)		I SECRETARIO I	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		4.7			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	11		5.7	Nimetra Alexandra
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ıs?	(0.000.000.000.000.000.000.000.000.000.	2b	X	
3a				3a	X	-
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C			3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at	uthorit	y over,	1.1		N.F.
	a financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a	550000000	_X_
b	If "Yes," enter the name of the foreign country	gg	i kaya aran arang kanada arang			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccount	s (FBAR).			
5a						X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ion?		5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		_
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					27
	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	ns or				
	gifts were not tax deductible?	95363 FB		6b	188000000000	
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go	oods		,,,,,		613385555

b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		_
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	S				
	required to file Form 8282?			7c	***************************************	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		_		1000000
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		? ************************************			_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		weekeesse sage assess	7f		-
g	If the organization received a contribution of qualified intellectual property, did the organization file For					-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?			8		2010000
9	Sponsoring organizations maintaining donor advised funds.					
а						_
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	-2.55		9b		
10	Section 501(c)(7) organizations. Enter:	1 1				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		\dashv		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		-		
11	Section 501(c)(12) organizations. Enter:	البا				
а	Gross income from members or shareholders	11a		-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b	10	120		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
b	11 100, Onto the amount of the oxidity with the contract of th	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			13a		
а	Is the organization licensed to issue qualified health plans in more than one state?			. 13a	*********	
	Note: See the instructions for additional information the organization must report on Schedule O					
b	Enter the amount of reserves the organization is required to maintain by the states in which	1405	li e			
	the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	-		14a	1286200	Х
14a	Did the organization receive any payments for indoor tanning services during the tax year?					Δ_
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule	e U		140		-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			15	1	X
	excess parachute payment(s) during the year?	2.7000.		. 13		
	If "Yes," see instructions and file Form 4720, Schedule N.	in	202	16	43335151515	Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	HICON	ID:	- 10		1 .
	If "Yes," complete Form 4720, Schedule O.	vitios		8545588		4:0000000
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any active	VILIGO		17		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	12000		10000	HM13333	
	If "Yes," complete Form 6069.			Tuccecops:6	processors and the second	

517-782-3453

Form 990 (2022)

MI 49201

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

Sec	tion A. Governing Body and Management		_			Yes	No
	— the supposition had not the end of the tay year	1a	1	12		169	NO
1a	Enter the number of voting members of the governing body at the end of the tax year	14		14			
	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		1				
	committee, explain on Schedule O.	1b		12			
þ	Enter the number of voting members included on line 1a, above, who are independent	10		14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				2		Χ
	any other officer, director, trustee, or key employee?	630000	4 (1-1)		-		2.1
3	Did the organization delegate control over management duties customarily performed by or under the direct				3		X
	Supervision of officers, directors, tractors, or way ampreyand				4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed				5		X
5	Did the organization and the control and the c			300.1007/1	6		X
6	Did the organization have members or stockholders?	2/10/0	o				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint				7a		X
	one or more members of the governing body?	0.00	(i) · · ·	a + + 16 th to 100			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				7b		X
	stockholders, or persons other than the governing body?	ear by	the	following			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y				8a	Χ	000000000000000000000000000000000000000
а	The governing body?				8b	X	
b	Each committee with authority to act on behalf of the governing body?	1207/21	2.	1900001000	00		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at				9		X
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	ntorn	al	Revenue)	- 2.5
Sec	tion B. Policies (This Section B requests information about policies not required by the	nen	ui	10101100	COUC	Yes	No
					10a	100	Х
10a	Did the organization have local chapters, branches, or affiliates?	-2126			100		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,				10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	na the	for	n?	11a	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fili	ig the	1011	, 255,000			
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				12a	X	2000000000
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	ico to	con	flicts?	12b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give r	156 10 1	CON	111003 ;	120	41	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				12c		X
	describe on Schedule O how this was done				13	X	2.4
13	Did the organization have a written whistleblower policy?				14	1	X
14	Did the organization have a written document retention and destruction policy?	.e.@	- 60-	A.V. NOVAPER			
15	Did the process for determining compensation of the following persons include a review and approval by	2					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	f			15a	X	2000000000
а	The organization's CEO, Executive Director, or top management official	((0) -(0)		50 - 5000	15b		X
b	Other officers or key employees of the organization	r = 1 (F 7)	(a) · ·)	10000 - 10000			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a					16a		X
	with a taxable entity during the year?	7 E .			100		
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				16b	31230000	Q1000000
	organization's exempt status with respect to such arrangements?		1.71		100		
Se	ction C. Disclosure		_		-		
17	List the states with which a copy of this Form 990 is required to be filed MI	.ttau. ti	61 JA	01(a)	n 1 4 4 4 4 4		0.000
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T	(Secilo	JI (01(0)			
	(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)		m = 1	iou			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of ir	nerest	pol	icy,			
	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 re	coras					
Т	DENISE BIGHAM 7117 S JACKSON RD			-		0.0	3 4 5

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 orga				(0	:)			-			
(A) Name and title	(B) Average hours per week	offi	c, unle	Posi check i ess per nd a d	more rson i	s both	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest campensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations	
(1) JOHN BACON											
TRUSTEE	0.50	Х						0	0	0	
(2) BOB BASORE											
TENTIONE D	0.50	X						0	0	0	
TRUSTEE (3) BETTY DESBIENS	0.00									<u> </u>	
(-,	0.50										
BOARD MEMBER EMERITU	0.00	X	-			-		0	0	0	
(4)TRAVIS FOJTASEK	0.50										
TRUSTEE	0.00	X					ř	0	0	0	
(5) LINDSAY GALICKI											
TRUSTEE	0.50	X						0	0	0	
(6) LIBBY GREANYA											
	0.50							0	0	Ō	
TRUSTEE (7) AARON LAIDLER	0.00	X	-	H			-	0	0		
(I) AARON LAIDLER	0.50										
TRUSTEE	0.00	X	_				_	0	0	0	
(8) JASON VALENTE	0.50										
COLLEGE LIAISON	0.00	X						0	0	0	
(9) ANDY WALZ	0.00	2.4									
111111111111111111111111111111111111111	0.50					Ĭ	1	0	0	0	
TRUSTEE (10) THOMAS DAVEY	0.00	X	-	-	-	+	+	0	U	0	
(IO)IHOMAS DAVEI	1.00					1	1				
PRESIDENT	0.00	-	_	X			-	0	C	C	
(11) JOHN HAYNES	1 00										
SECRETARY	1.00	1		X				0	C		
DECKLITHA	0.00	-	-	-1	-	1	4			Form 990 (2022	

DAA

Page 8

Form **990** (2022)

P	irt VII Section A. Officers	s, Directors, Tru	uste	es, ł			loye	es,	and Highest Compensate	ed Employees (continued)
	(A) Name and title	(B) Average hours	bo	x, unle	Pos check ess pe	rson i	than d is both r/trust	ı an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1 TR	2) JUSTIN PHELP Easurer	1.00			Х				0	0	0
353536											
energy (Energy)											
*: (69)											
1897E											
10000											
											,
1b c d 2	Subtotal Total from continuation she Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from	eets to Part VII,	Sec	tion	Α,,					\$100,000 of	
3	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line organization and related organ individual	"complete Schere e 1a, is the sum nizations greater	dule of re than	J for eport n \$15	suc able 50,00	h ind com 00? I	dividi npen: If "Ye	ual satio	on and other compensation complete Schedule J for su	from the ch	3 X 4 X
5 Sec	Did any person listed on line 1 for services rendered to the or tion B. Independent Contract	rganization? If "\									5 X
1	Complete this table for your five compensation from the organic	ve highest comp ization. Report c	ensa omp	ated ensa	inde _l	pend for t	lent o	cont	dar year ending with or with	nin the organization's tax ye	ear.
	Name and	(A) I business address							Descrip	(B) stion of services	Compensation
							-11				
-											
	Total number of independent	contractors (incl	udin	a but	not	limit	ed to		ose listed above) who		
~	received more than \$100,000	of compensation	n fro	m th	e org	janiz	ation	1	TEL HOLDE GROVE, WITO	0	

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated business revenue (D) Revenue excluded (A) (B) Related or exempt Total revenue function revenue from tax under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns 15,715 1b **b** Membership dues 1c c Fundraising events 7,500 d Related organizations 1d 64,035 e Government grants (contributions) 1e f All other contributions, gifts, grants, 412,302 1f and similar amounts not included above g Noncash contributions included in lines 1a-1f 499,552 h Total. Add lines 1a-1f Business Code 74,609 74,609 PRESCHOOL Program Service Revenue 41,945 41,945 DAY CAMP PUBLIC PROGRAMS 36,772 36,772 11,223 EDUCATIONAL PROGRAMS f All other program service revenue 164,549 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 3,754 3,754 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ii) Personal 16,570 6a Gross rents 6a 6b 4,431 b Less: rental expenses 6c c Rental inc. or (loss) 12,139 -1,02313,162 d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets 7a other than inventory Other Revenue b Less: cost or other basis and sales exps. 7b c Gain or (loss) 7c d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 5.907 1c). See Part IV, line 18 b Less: direct expenses 5,907 c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code iscellaneous Revenue 900099 16,413 16,413 11a GIFT SHOP SALES d All other revenue 16,413 Total. Add lines 11a-11d 702,314 167,280 16,413 13,16

Total revenue. See instructions

Statement of Functional Expenses Part IX 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 (C) Management and (A) Total expenses (B) Program service Do not include amounts reported on lines 6b, 7b, Fundraising expenses general expenses expenses 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 26,343 106,098 253,243 120,802 Other salaries and wages Pension plan accruals and contributions (include 5,277 5,277 section 401(k) and 403(b) employer contributions) Other employee benefits 9 2,827 342 8,470 22,639 Payroll taxes Fees for services (nonemployees): a Management b Legal 5,868 5,868 Accounting Lobbying Professional fundraising services. See Part IV, line 17 e Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column 23,053 17,521 47,145 (A) amount, list line 11g expenses on Schedule O.) 5,954 5.735 12 Advertising and promotion 8,578 Office expenses 13,188 3.870 13 Information technology 14 15 Royalties 2,180 2,181 26,725 31,086 16 Occupancy 767 810 43 Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 19,114 4,483 23,597 Depreciation, depletion, and amortization 3,501 1,166 5,824 Insurance 23 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.) 10,951 390 9,002 20,343 PROGRAM ACTIVITIES 11,934 11,934 OTHER SUPPLIES 740 9,493 10,233 BUILDING IMPROVEMENT 1,484 3.950 6,162 SERVICE CHARGES 1,189 10,134 7,426 18,749 All other expenses 54,240 169. 938 257,874 482,052 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

	Check if Schedule O contains a response or			(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing			51,118	1	71,913
2	Savings and temporary cash investments	or east to 1992 or 1 100.000	± 1 (0.000,000,000,000,000,000,000,000,000,0	535,252	2	474,095
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net	(00-00-00	EXT C C.		4	
5	Loans and other receivables from any current or for	rmer officer, direc	etor.			
"	trustee, key employee, creator or founder, substan	tial contributor, or	35%			
	controlled entity or family member of any of these			1	5	
6	Loans and other receivables from other disqualified					
_	under section 4958(f)(1)), and persons described i				6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use			8,643	8	8,773
9	Prepaid expenses and deferred charges		***************************************	7,477	9	8,014
	a Land, buildings, and equipment: cost or other					
100	basis. Complete Part VI of Schedule D	10a	658,648			
h	Less: accumulated depreciation	10b	298,482	279,162	10c	360,166
11	Investments—publicly traded securities				11	
12					12	
13	Investments—program-related. See Part IV, line 1				13	
14	Intangible assets		Control of the Contro		14	
15				703,143	15	880,214
16		line 33)		1,584,795	16	1,803,175
17			l l	7,594	17	8,307
18	PA Miterial Solving				18	
19		19				
20					20	
21					21	
22	Loans and other payables to any current or forme	r officer, director,	54 509 Sec. 31 No.			
	trustee, key employee, creator or founder, substa		r 35%			
5	controlled entity or family member of any of these				22	
ī 23					23	
24					24	
25	· · · · · · · · · · · · · · · · · · ·		ird		1	
	parties, and other liabilities not included on lines 1	7-24). Complete	Part X			Salt Value of
	of Schedule D			2,016		1,050
26	Total liabilities. Add lines 17 through 25			9,610	26	9,357
	Organizations that follow FASB ASC 958, che	ck here X				
ß	and complete lines 27, 28, 32, and 33.					4 055 014
ਵੱ ₂₇	Net assets without donor restrictions			1,016,488		1,255,916
28	Net assets with donor restrictions		4	558 , 697	28	537,902
2	Organizations that do not follow FASB ASC 9	58, check here				
2	and complete lines 29 through 33.					
27 28 29 20 20 20 20 20 20 20 20 20 20 20 20 20					29	
2 2 30					30	
31	Retained earnings, endowment, accumulated inc	ome, or other fund	dsat	4 555 405	31	1 700 616
<u>ਡ</u> 32	2 Total net assets or fund balances	cyclocenologic entre execute ex	ereni 111 (2001) (2011)	1,575,185		1,793,818
Z 33	and the second of the second o			1,584,795	33	1,803,175

Form **990** (2022)

-orm	m 990 (2022) THE DAHLEM CONSERVANCY	41-2155768			Pag	ge 12
Pa	art XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this	Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		1			314
2	Total expenses (must equal Part IX, column (A), line 25)		2			052
3	Revenue less expenses. Subtract line 2 from line 1		3			262
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,57	75,	185
5	Net unrealized gains (losses) on investments	8 4 ANNESSEE AUGESTO 140 101 1	5		-1,	629
6	Donated services and use of facilities	attire announce to the second	6			
7	Investment expenses					
8	Prior period adjustments					
9						
10		rt X, line				
	32, column (B))	*************************************	10	1,79	33,	818
Pa	art XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this	Part XII			533355	
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual	Other				
	If the organization changed its method of accounting from a prior year or checked "Oth	ner," explain on				
	Schedule O.					
2a	a Were the organization's financial statements compiled or reviewed by an independent	accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year we	ere compiled or				
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separa	ate basis				
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year we	ere audited on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separa	ate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes respon	sibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an indepen	ident accountant?		2c	Χ	-
	If the organization changed either its oversight process or selection process during the	e tax year, explain on				
	Schedule O.					
За	As a result of a federal award, was the organization required to undergo an audit or au	dits as set forth in the		7.00-22552		Sections:
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization of					
	required audit or audits, explain why on Schedule O and describe any steps taken to u	ndergo such audits		3b		

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

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.

Inspection Employer identification number

		THE DAHLEM C	CONSERVANCY			41-215	5768
Part	I Reas	on for Public Charity	Status. (All organization	s must o	complet	e this part.) See instru	ctions.
The org	anization is not	a private foundation becaus	e it is: (For lines 1 through 12, c	heck only	one box.)	
1	A church, co	nvention of churches, or ass	ociation of churches described i	n section	170(b)(1)(A)(i).	
2	A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Forr	n 990).)			
3	A hospital or	a cooperative hospital service	ce organization described in sec	tion 170(b)(1)(A)(i	iii).	
4	A medical re	search organization operated	d in conjunction with a hospital c	lescribed i	n sectio i	n 170(b)(1)(A)(iii). Enter the	hospital's name,
	city, and stat	e:	www.a.v			. 25	93374 - (43376 (43976)44149573)
5	An organizat	ion operated for the benefit of	of a college or university owned	or operate	d by a go	vernmental unit described in	
1	—	(b)(1)(A)(iv). (Complete Part					
6	-	-	overnmental unit described in s				
7 X	described in	section 170(b)(1)(A)(vi). (C			rnmental	unit or from the general publi	С
8			I 70(b)(1)(A)(vi) . (Complete Par	2.			
9		or a non-land-grant college o	cribed in section 170(b)(1)(A)(of agriculture (see instructions).	Enter the			ege
10		ion that normally receives (1) more than 33 1/3% of its supp	ort from co			oss
	receipts from	activities related to its exem	npt functions, subject to certain of and unrelated business taxable in	exceptions	s; and (2)	no more than 331/3% of its	
			0, 1975. See section 509(a)(2)				
11		•	exclusively to test for public safe			•	
12			exclusively for the benefit of, to				oses of
			ions described in section 509(a				
	g-consta	_	scribes the type of supporting or	-			
a	Transaction .		erated, supervised, or controlled				ring
			ver to regularly appoint or elect on omplete Part IV, Sections A a		or the air	ectors of trustees of the	
b	10000	* *	pervised or controlled in connec		ts suppor	ted organization(s), by having	1
~			ting organization vested in the s				
			Part IV, Sections A and C.	•			
С			supporting organization operate tructions), You must complet e				with,
d			d. A supporting organization op				
			organization generally must sa				iess
			nust complete Part IV, Sectio				
е			eived a written determination fron n-functionally integrated support			a Type I, Type II, Type III	
f		mber of supported organizati	ons				
g			e supported organization(s).	******			551(1)(5)
	ime of supported	(ii) EIN	(iii) Type of organization	(iv) Is the or	ganization	(v) Amount of monetary	(vi) Amount of
	organization		(described on lines 1–10	listed in your		support (see	other support (see
			above (see instructions))	Yes	No No	instructions)	instructions)
(A)			 	163	140		
(A)							
(B)							
(/							
(C)							
(D)							
(E)							
Total							
Total		I successive the second		1	100000000000000000000000000000000000000		

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.) Page 2

Sec	tion A. Public Support	a.io to quality					
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
J 4101	Jem for mean Jean and mind mi	(=/ ==	- No.Z. = 1	.,			
1	Gifts, grants, contributions, and membership fees received. (Do not			1			
	include any "unusual grants.")	266,700	328,043	292,924	410,755	499,552	1,797,974
	5532355555						
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						
3	furnished by a governmental unit to the						11100 ATVANA
	organization without charge	21,420					21,420
4	Total. Add lines 1 through 3	288,120	328,043	292,924	410,755	499,552	1,819,394
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)						7 016 204
6	Public support. Subtract line 5 from line 4	2000000000					1,819,394
	tion B. Total Support ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	* ,		328,043	292,924	410,755	499,552	1,819,394
7	Amounts from line 4 Gross income from interest, dividends,	288,120	320,043	232,324	410,755	457, 332	1,012,1271
8	payments received on securities loans.						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business			3,417	10,735	11,384	25,536
	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					(School September 1997)	1,844,930
12	Gross receipts from related activities, etc.	(see instructions)				12	941,617
13	First 5 years. If the Form 990 is for the o	rganization's first, s	econd, third, fourt	h, or fifth tax year a	as a section 501(c)	(3)	
	organization, check this box and stop her	re	d ene enconstant and encoded and the				
Sec	tion C. Computation of Public S	upport Percei	ntage	- iiii ii			- Comment
14	Public support percentage for 2022 (line 6	, column (f) divided	by line 11, colum	n (f))	7714 777 D. 19475		98.62%
15	Public support percentage from 2021 Sch					15	94.66%
16a	33 1/3% support test—2022. If the orga						4.2
	box and stop here. The organization qua	lifies as a publicly s	supported organiza	ation	50054 000 • 60 • 90000	0.00 653 1/00/50/5055	X
b	33 1/3% support test—2021. If the orga						
	this box and stop here . The organization						0.00000
17a	10%-facts-and-circumstances test—20						
	10% or more, and if the organization mee	ts the facts-and-cir	cumstances test, o	check this box and	stop nere. Explai	n in	
	Part VI how the organization meets the fa						[
_	organization	10.15.25.00.00	-001000000000000000 410101 4 - 15 11	a hay an line 42. 4	60 16b or 170 or	ner manananas	
b	10%-facts-and-circumstances test—20						
	15 is 10% or more, and if the organization	meets the facts-a	na-circumstances	test, check this bo	x and stop nere. t e as a publish our	-vhiqiis norted	
	in Part VI how the organization meets the						[
46	organization Private foundation. If the organization d	id not obcok o boy	on line 12 165 16	Sh 17a or 17h ch	ack this hovender		4) 4 4 4 4 4 4 4 4 4
18							<u></u>
	instructions	********		germanter gantañ et e		2. 11	

Schedule A (Form 990) 2022

Part III Support 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.)

	tion A. Public Support							
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2	(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							
	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			0				
	unrelated trade or business under section 513					1		
4	Tax revenues levied for the							
	organization's benefit and either paid to or expended on its behalf							
_	2.322331.31.3							
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					1		
14	received from disqualified persons							
b	Amounts included on lines 2 and 3							
	received from other than disqualified							
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7s and 7h						-	
8	Public support. (Subtract line 7c from							
	line 6.)							
Sec	tion B. Total Support		V	Y=	·			
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2	(f) Total
9	Amounts from line 6							
10a	Gross income from interest, dividends,							
100	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 or	rganization's first	second, third, fourt	h, or fifth tax vear	as a section 501/c)(3)		
	organization, check this box and stop her	-		-			818040418181818	*:
Sec	tion C. Computation of Public S							
15	Public support percentage for 2022 (line 8	, column (f), divide	d by line 13, colun	nn (f))			15	%
16	Public support percentage from 2021 Scho						16	%
Sec	tion D. Computation of Investme	ent Income Pe	ercentage				1:10	
17	Investment income percentage for 2022 (I	line 10c, column (f)	, divided by line 1:	3, column (f))			17	%
18	Investment income percentage from 2021	Schedule A, Part II	I, line 17				18	%
19a	33 1/3% support tests—2022. If the orga	anization did not ch	neck the box on lin	e 14, and line 15 i	s more than 33 1/3	%, and line		F=-0
	17 is not more than 33 1/3%, check this b	ox and stop here.	The organization	qualifies as a publ	icly supported orga	nization .		*****
b	33 1/3% support tests—2021. If the orga							
	line 18 is not more than 33 1/3%, check the							
20	Private foundation. If the organization di	id not check a box	on line 14, 19a, or	19b, check this be	ox and see instruct	ions		1212222
_						_		. (= 000) 000

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.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below.
- 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.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor 7 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more 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.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

CONTRACTOR OF	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
4c		
5a		
Ja		
5b		
5c		
6		W-1911-1111-111-111-11
7		
8		
0-		
9a		
9b		
9c		
10a	008800000552	
10b		1

Par	t IV Supporting Organizations (continued)			
		neste absoless re	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No_
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		Commence of the commence of th
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		
Sect	ion 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,	lan .		
· a	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.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	ctions).	
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			
IJ	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	-50000000000000000000000000000000000000	AND STREET
•	Parent of Supported Organizations. Answer lines 3a and 3b below.			
3				
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a	0.03557333555555	F0000000000000000000000000000000000000
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	34		
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	-uddccccccciiii	p-00-000000000000000000000000000000000
	of its supported organizations (it ites, describe in Fart VI the role played by the organization in this regard.			

Scriedule A (Form 990) 2022 TITE DATTEM CONSERVE		11 210	A. A. M.
Part V Type III Non-Functionally Integrated 509(a)(3) Su			
1 Check here if the organization satisfied the Integral Part Test as a qual			
instructions. All other Type III non-functionally integrated supporting of	organizations must comp	lete Sections A through	
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			1
of gross income or for management, conservation, or maintenance of			Į.
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)
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			9 (000) (000)
(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	unt,		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount	· ·		Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a пол-function	onally integrated Type III	supporting organization	

Schedule A (Form 990) 2022

(see instructions).

Secti	ion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt p	ourposes	14.49	1	
2	Amounts paid to perform activity that directly furthers exempt pur				
	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	1.1		4	
5	Qualified set-aside amounts (prior IRS approval required—provid	le details 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	ganization 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			10	
		(i)	(ii)		(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution	ıs	Distributable
	(======================================		Pre-2022		Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		959(1986(100)1188(100) 		
2	Underdistributions, if any, for years prior to 2022				
_	(reasonable cause required-explain in Part VI). See			8	
	instructions.			3	
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
	From 2018				
	From 2019				
d	From 2020				
	From 2021				
	Total of lines 3a through 3e				iol
	Applied to underdistributions of prior years			200	
	Applied to 2022 distributable amount				
-1	Carryover from 2017 not applied (see instructions)				
î	Remainder, Subtract lines 3g, 3h, and 3i from line 3f,				
4	Distributions for 2022 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	B A A B A A A A A A A A A A A A A A A A				
5	Remaining underdistributions for years prior to 2022, if				
•	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
•	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
,	and 4c.				
8	Breakdown of line 7:				
_	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
		16.000.00.0000			
	Excess from 2021				

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.

Open to Public

OMB No. 1545-0047

Employer identification number Name of the organization

Inspection

TH	HE DAHLEM CONSERVANCY			55768
	rt I Organizations Maintaining Donor Advised Fu	inds or Other Similar Funds or	Accour	nts.
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 6.		
	Complete it the original and or	(a) Donor advised funds	(b)	Funds and other accounts
4	Total number at end of year			
1	Aggregate value of contributions to (during year)			
2				
3	Aggregate value of grants from (during year) Aggregate value at end of year			++-8
4	Did the organization inform all donors and donor advisors in writing that	t the assets held in donor advised		
5	funds are the organization's property, subject to the organization's excl			Yes No
_	Did the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be used	**********	SERVICE COLUMN C
6	only for charitable purposes and not for the benefit of the donor or donor	or advisor, or for any other numose		
	전 전 경 100 4200 등 YAO			Yes No
Da				Acceptant has been been been been been been been bee
T	rt II Conservation Easements. Complete if the organization answered "Yes" on	Form 990, Part IV, line 7.		
_				
1	Purpose(s) of conservation easements held by the organization (check		important l	and area
	Preservation of land for public use (for example, recreation or educ		•	
	Protection of natural habitat	Preservation of a certified his	storic struct	uie
	X Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a conse		AND THE PARTY OF T
	easement on the last day of the tax year.		-	Held at the End of the Tax Year
а				40.00
þ	Total acreage restricted by conservation easements			40.00
С	Number of conservation easements on a certified historic structure incl		2c	
d		25, 2006, and not on a		
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organiza	ition during	the
	tax year			
4	Number of states where property subject to conservation easement is			
5	Does the organization have a written policy regarding the periodic mon	itoring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?			
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	of violations, and enforcing conservation e	easements	during the year
	20			
7	Amount of expenses incurred in monitoring, inspecting, handling of vio	lations, and enforcing conservation easer	ments durir	ng the year
	9099033 Million 394 (600 700 a 1000 Million No.			
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?	222222102502000.00000000	(i) - i i i i i i i i i i	Yes No
9	In Part XIII, describe how the organization reports conservation easem	ents in its revenue and expense stateme	nt and	
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that of	describes th	ne
	organization's accounting for conservation easements.	171		
Pa	art III Organizations Maintaining Collections of Art	t, Historical Treasures, or Othe	er Simila	r Assets.
264000000	Complete if the organization answered "Yes" on	Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958, not to	report in its revenue statement and balan	ce sheet w	orks
	of art, historical treasures, or other similar assets held for public exhibit	tion, education, or research in furtherance	e of public	
	service, provide in Part XIII the text of the footnote to its financial state			
b	If the organization elected, as permitted under FASB ASC 958, to repo		heet works	of
-	art, historical treasures, or other similar assets held for public exhibitio	n, education, or research in furtherance o	of public se	rvice,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art, historical treasures, or	r other similar assets for financial gain, pr	ovide the	Contract of the segmental of the Wi
_	following amounts required to be reported under FASB ASC 958 relations			
9	Revenue included on Form 990, Part VIII, line 1			\$
b	Woodstate Committee			
	Paperwork Reduction Act Notice, see the Instructions for Form 99			Schedule D (Form 990) 2022

Tolder Colle	dule D (Form 990) 2022 THE DAHLEN				1-21331		A 4	- /		age Z
	rt III Organizations Maintaining						Asset	s (con	inue	a)
3	Using the organization's acquisition, accession collection items (check all that apply):	, and other records, che	ck any of the folk	owing that make	significant us	e of its				
а	Public exhibition	d 🔲 Loan	or exchange prog	gram						
b	Scholarly research	e Other								
c	Preservation for future generations									
	Provide a description of the organization's colle	actions and explain how	they further the c	organization's ex	emnt nurnose	in Parl				
4	XIII.	ections and explain now	iney further the c	ngamzation s ex	empt purpose	iii t ait	•			
5	During the year, did the organization solicit or r	eceive donations of art,	historical treasur	es, or other sim	ilar					
	assets to be sold to raise funds rather than to be					SEREE E		Ye	s	No
Pa	rt IV Escrow and Custodial Arra	ngements.								
2000000000	Complete if the organization 990, Part X, line 21.		Form 990, P	art IV, line 9	or reported	d an a	amoun	t on Fo	orm	
1a	Is the organization an agent, trustee, custodiar	or other intermediary fo	or contributions o	r other assets n	ot					
	included on Form 990, Part X?	+30006+100530003+100431+00+30+0041	(8.676)65816581.6761.6741.44	**************	**********			Ye	s	No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the following	g table:		i					
								Amoun		-
	Beginning balance					1c				-
d	Additions during the year		ne. In committee		or alreaders	1d				
е	Distributions during the year		avermout.	ilia a competito de	Television	1e				
f	Ending balance	rear research to sales 1635		gg. 2009/97/97/2004	ione in resource	_1f				
	Did the organization include an amount on For							Ye		No
	If "Yes," explain the arrangement in Part XIII. C	theck here if the explana	ition has been pr	ovided on Part >	(III				a	
Pa	rt V Endowment Funds.									
	Complete if the organization									
	<u> </u>	(a) Current year	(b) Prior year	(c) Two years be	ack (d) Th	ree years	back	(e) Fou		
	Beginning of year balance									245
b	Contributions								75,	864
	Net investment earnings, gains, and									
	losses							-	-49,	380
d	Grants or scholarships									
	Other expenditures for facilities and		- W C. V. III . III . C. V C. V. III . III . C. V. V. III . III . C. V. III .							
	programs								21,	174
f	Administrative expenses								-11.011	
g	End of year balance								517,	555
2	Provide the estimated percentage of the curren	nt year end balance (line	1g, column (a))	held as:						
а	Board designated or quasi-endowment									
b	Permanent endowment %	100000000000								
	Term endowment %									
	The percentages on lines 2a, 2b, and 2c shoul	d equal 100%.								
3a	Are there endowment funds not in the possess	•	hat are held and	administered for	the .					
Ų.	organization by:	non or the organization to							Yes	No
	-							3a(i)		X
	(i) Unrelated organizations(ii) Related organizations							2-(11)		X
h	If "Yes" on line 3a(ii), are the related organizati	one lieted as required or						3b		23
J J	Describe in Part XIII the intended uses of the co					1.01.101		[00]		
- 4 De	Irt V Land, Buildings, and Equip		it lulius.			-1000	***************************************			
	Complete if the organization		Form 990 P	art IV line 1	1a See For	m 99	0∈Par	t X lin	<u>-</u> 10	
	Description of property	(a) Cost or other basis	(b) Cost or o		(c) Accumulate		<u>0, 1 ui</u>	(d) Book		
	Description of property	(investment)	(b) cost of o	1	depreciation		- 1	(d) Doon	vanic	
	Land	(introdution)	(out	,						
	Land						56			
	Buildings		-							
	Leasehold improvements				200	10'		21	10	100
	Equipment			EO (40	298	,40,	4			482
	Other	7_ 22 - 12		58,648			-			648
Tota	I. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part X, co	olumn (B), line 10	JC.)	3-14-14-14-14-14-14-14-14-14-14-14-14-14-	100 00000			ou,	166

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" of the organization and		line 11b. See Form 990. F	Part X, line 12.
-	(a) Description of security or category	(b) Book value	(c) Method of va	
	(including name of security)		Cost or end-of-year n	narket value
(1) Financial d	erivatives			
(2) Closely he	d equity interests			
(3) Other				
4.8.3		1		
(B)				
(C)	STATES OF THE ST			
	EXP E. COMPTA - EXPLORES EXPLERENCE PROPERTY OF THE TOTAL STATE OF			
(E)				
(H)	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments – Program Related.		l age and a second	
rait viii	Complete if the organization answered "Yes"	on Form 990. Part IV	Line 11c. See Form 990. F	Part X. line 13.
);	(a) Description of investment	(b) Book value	(c) Method of va	
	tal postulption of investment	``	Cost or end-of-year n	narket value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
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	Temperature Carrier		(b) Book value
(1)	RECEIVABLE DAHLEM END			600,082
(2)	PROMISES TO GIVE LAND			270,458 9,674
(3)	BENEFICIAL INTEREST I	N ASSETS		9,012
(4)				
(5)				
(6)				
_(7)				
(8)				
(9)	2000 . W. S. S. S. S. C. (1960) 48 W.			880,21
THE PARTY OF THE P	n (b) must equal Form 990, Part X, col. (B) line 15.)			000/21
Part X	Other Liabilities. Complete if the organization answered "Yes" line 25.	on Form 990, Part I\	/, line 11e or 11f. See Forn	n 990, Part X,
1.:	(a) Description of liabil	ity		(b) Book value
	income taxes			
	DLL LIABILITIES			1,050
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990. Part X. col. (B) line 25.)			1,05
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the	ootnote to the organization	n's financial statements that report	s the

Sche	edule D (Form 990) 2022 THE DAHLEM CONSERVANCY		2155768	Page 4
100 ATM 1473 IN 1434	art XI Reconciliation of Revenue per Audited Financial S	tatements With Reve	nue per Return.	
SSEEZGERT	Complete if the organization answered "Yes" on Form	990, Part IV, line 12a.	•	
1	Total revenue, gains, and other support per audited financial statements		1	702,314
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	Net unrealized gains (losses) on investments	2a		
a	Departed position and use of facilities			
D	Donated services and use of facilities	11111111		
C.	Recoveries of prior year grants	() () () () () () () () () ()		
	Other (Describe in Part XIII.)	NORMAN TO THE RESERVE	2000000	
	Add lines 2a through 2d			700 214
3	Subtract line 2e from line 1		3	702,314
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			702,314
Pa	art XII Reconciliation of Expenses per Audited Financial	Statements With Exp	enses per Return.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	482,052
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	a concession in reconstruction and concess.		
	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
		2c		
ان	Other losses	(440) (44)		
	Other (Describe in Part XIII.)	3.43.13.43		
_	Add lines 2a through 2d			400 050
3	Subtract line 2e from line 1	ana na ana garanta ya kwana kana a ka	100 100 000 x 3	482,052
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	l l		
4		1 . 1	100000000000000000000000000000000000000	
	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)			
b c	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	4b	4c	
b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	4b	F-9040404040402044-9040	482,052
b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information.		5	482,052
b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18		5	482,052
b c 5 Pa Provi	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information.	Part IV, lines 1b and 2b; Par	t V, line 4; Part X, line	482,052
b c 5 Pa Provi	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b; Par	t V, line 4; Part X, line	482,052
b c 5 Pa Provi	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b; Par	t V, line 4; Part X, line	482,052
b c 5 Pa Provi	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b; Par	t V, line 4; Part X, line	482,052
b c 5 Pa Provi	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b; Par	t V, line 4; Part X, line	482,052
b c 5 Pa Provi	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b; Par	t V, line 4; Part X, line	482,052
b c 5 Pa Provi	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b; Par	t V, line 4; Part X, line	482,052
b c 5 Pa Provi	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b; Par	t V, line 4; Part X, line	482,052
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b c 5 Pa Provi 2; Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	Part IV, lines 1b and 2b; Par rovide any additional informa	t V, line 4; Part X, line tion.	
b c 5 Pa Provi 2; Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	Part IV, lines 1b and 2b; Parrovide any additional informa	t V, line 4; Part X, line tion.	
b c 5 Pa Provi 2; Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	Part IV, lines 1b and 2b; Parrovide any additional informa	t V, line 4; Part X, line tion.	
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b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	Part IV, lines 1b and 2b; Par rovide any additional informa	t V, line 4; Part X, line tion.	
b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	Part IV, lines 1b and 2b; Par rovide any additional information	t V, line 4; Part X, line tion.	
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b c 5 Pa	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	Part IV, lines 1b and 2b; Par rovide any additional information	t V, line 4; Part X, line tion.	
b c 5 Parente Provide	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII. Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	Part IV, lines 1b and 2b; Par rovide any additional information	t V, line 4; Part X, line tion.	
b c 5 Parente Provide	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	Part IV, lines 1b and 2b; Par rovide any additional information	t V, line 4; Part X, line tion.	
b c 5 Parente Provide	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII. Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	Part IV, lines 1b and 2b; Par rovide any additional information	t V, line 4; Part X, line tion.	
b c 5 Provide	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII. Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	Part IV, lines 1b and 2b; Par rovide any additional information	t V, line 4; Part X, line tion.	
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Schedule D (F	orm 990) 2022	THE DAHLEN	4 CONSERVANCY		41-2155768	Page 5
Part XIII	Suppleme	ntal Information	(continued)			

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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

Open to Public Inspection

Employer identification number

Name of the organization 41-2155768 THE DAHLEM CONSERVANCY FORM 990, PART I, LINE 6 THE DAHLEM CONSERVANCY DEPENDS ON VOLUNTEERS TO HELP PROVIDE ENVIRONMENTAL EDUCATION AND OUTDOOR EXPERIENCES. VOLUNTEERS ARE UTILIZIED TO ASSIST IN PRESENTING INDOOR/OUTDOOR ELEMENTARY SCHOOL PROGRAMS, ASSIST WITH SUMMER CAMPS, ASSIST WITH LIVE ANIMAL EXHIBITS, MAINTAINING HIKING TRAILS, AND TO REMOVE NON-NATIVE INVASIVE PLANTS WITH THE GOAL OF RESTORING NATIVE HABITATS TO THE DAHLEM'S NEARLY 300 ACRES. VOLUNTEERS ALSO PARTICIPATE ON SEVERAL COMMITTEES THAT ARE ESSENTIAL IN PLANNING AND GUIDING THE ORGANIZATION TO ESTABLISHED GOALS AND FOCUS AREAS. FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS TRANSFER TO SUPPORTING ORGANIZATION FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 COPY OF FORM 990 IS REVIEWED BY FINANCE COMMITTEE AND APPROVED PRIOR TO FILING RETURN. FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL COMPENSATION PROCESS FOR EXECUTIVE DIRECTOR - EXECUTIVE COMMITTEE OF BOARD OF DIRECTORS CONDUCTS AN ANNUAL REVIEW OF THE EXECUTIVE DIRECTOR'S COMPENSATION. THE FINAL APPROVAL IS OBTAINED FROM THE BOARD OF DIRECTORS. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST AT THE DAHLEM CONSERVANCY'S

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OMB No. 1545-0047

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

Open to Public Inspection

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

Employer identification number 41-2155768

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

THE DAHLEM CONSERVANCY

(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
(2)					
(4)					
(5)					-

(g) Section 512(b)(13) 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. 9 (a) 9 <u>ن</u> **(**p (a) Part

Name, address, and EiN of related organization	Primary activity	Legal domicile (state	Exempt Code section	Fublic charity status	Direct controlling entity	controlled entity?	No.
		of foreign country)		Wallah on James H		22	200
(1) THE DAHLEM CONSERVANCY ENDOWMENT 7117 S JACKSON ROAD JACKSON MI 49201	SUPPORT	MI	50103	7	DAHLEM CON		×
(2)							
(3)							

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

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9

Schedule R (Form 990) 2022

THE DAHLEM CONSERVANCY

41-2155768

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Schedule R (Form 990) 2022 Part

Schedule R (Form 990) 2022 Percentage ownership (i) Section 512(b)(13) controlled entity? Yes No 8 Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. (i) General on managing Yes No partner? Percentage ownership (P amount in box 20 of Schedule K-1 (i) Code V—UBI (Form 1065) Share of end-of-year assets (h) Dispro-portionate (g) Yes No alloc,? (g) Share of end-of-year assets (f) Share of total псоте (f) Share of total income (C corp, S corp, Type of entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) Direct controlling entity 9 (d)

Direct controlling
entity (c) Legal domicile foreign country) (state or (state or foreign country) (c) Legal domicite Primary activity (b)Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization Part IV DAA E 3 3 4 E 4 6 3

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	s 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?	ed organizations listed ir	n Parts II–IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1 a	×
				1b	×
			 (4) (5) (4) (5) (5) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6	2	×
d Loans or loan quarantees to or for related organization(s)				10	×
					Þ
 Loans or loan guarantees by related organization(s) 			Control of the Contro	9	4
f Dividends from related organization(s)				11	×
α Sale of assets to related organization(s)				19	×
Purchase of assets from related organization(s)				÷	×
Exchange of assets with related organization(s)			4 (Ę	×
				÷	×
ן בפספ כו ומסוווניס, כקמוסוויסיון, כו סוויסן מסספים נס יסומלא כופמאל כו	***************************************				
k Lease of facilities, equipment, or other assets from related organization(s)				¥	×
				=	×
m Performance of services or membership or fundraising solicitations by related organization(s)				-L	×
Charing of facilities carriement mailing lists or other secots with related organization(s)	AREA SOMERHANDING SOUTH A		NAME OF THE PROPERTY OF THE PR	- Lu	×
		*******			\$ >
 Sharing of paid employees with related organization(s) 	10000 100000 100000 100000 100000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10			10	4
p Reimbursement paid to related organization(s) for expenses		Contract to the same of the second second		1	×
				19	X
				1	×
s Other transfer of cash or property from related organization(s)				1s	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.	ne, including covered re	elationships and transact	ion thresholds.		
(a)	(p)	(0)	(p)		
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	ount involved	
(1)					
(2)					
(3)					
(4)					
(c)					
(9)					
			Schedule	Schedule R (Form 990) 2022	0) 2022

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

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

(a) Name, address, and EiN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	(k) Percentage ownership
							S .		65	
(2)										
(3)										
(5)										
(9)										
(2)										
(8)										
(6)	_									
(10) « BORDONO DO PRESENTA DE SELOS ESTADOS DE SONO DE SELOS DE S										
								Schedu	Schedule R (Form 990) 2022	990) 2022

Schedule R (F	orm 990) 2022	THE	DAHLEM	CONSERVANC	Y	41-2155768	Page 5
Part VII	Suppleme	ntal Info	ormation.		questions on Schedule		
- ait vii	Provide ad	ditional i	nformation	for responses to o	uestions on Schedule	e R. See instructions.	
10.5010.05303.0307.70				271017747410000000			
	NAMED CONTRACTOR ASSOCIATE						
*250000 E0000000				KERAKAN KARAPATAN PERBANJAN	ANALYSI KEKI MERIMBERTALAH ME		.,,
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