** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Form **990**

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

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

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

2023
Open to Public

Go to www.irs.gov/Form990 for instructions and the latest information. Inspection A For the 2023 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable Address Ichange LAND BANK TWIN CITIES, Name change 61-1756962 Doing business as]Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ 2515 WABASH AVE 150 612-238-8210 8,708,572. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended ST. PAUL, MN 55114 H(a) Is this a group return Applica-ition pending F Name and address of principal officer: AARICA COLEMAN for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Yes No I Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions WWW.LANDBANKTWINCITIES.ORG H(c) Group exemption number J Website: K Form of organization: X Corporation Trust Other L Year of formation: 2015 M State of legal domicile: MN Part I Summary Briefly describe the organization's mission or most significant activities: LAND BANK TWIN CITIES, Activities & Governance CAPTURES STRATEGIC REAL ESTATE OPPORTUNITIES TO BENEFIT PEOPLE WITH if the organization discontinued its operations or disposed of more than 25% of its net assets. 19 Number of voting members of the governing body (Part VI, line 1a) 19 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 28 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 0. **Prior Year Current Year** 3,840,200. 2,340,729. 8 Contributions and grants (Part VIII, line 1h) 2,181,070. 3,159,516. 9 Program service revenue (Part VIII, line 2g) 1,466,678. 137,586. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 95,865. 230,741. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 7,583,813. 5,868,572. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 841,011. 771,776. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 63,250. 66,000. b Total fundraising expenses (Part IX, column (D), line 25) 3,707,136. 5,225,641. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4,611,397. 6,063,417. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,972,416. -194,845. 19 Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 31,192,674.32,751,043. 20 Total assets (Part X, line 16) 24,517,160. 22,836,353. Total liabilities (Part X, line 26) 8,233,883. 8,356,321. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| APLCA L COLEMAN | 1.1/12/2024 Signature of softeen 400... Sign AARICA COLEMAN, PRESIDENT Here Type or print name and title Date PTIN Preparer's signature Check Print/Type preparer's name 11/04/24 self-employed ANN NEIL ANN NEIL ₱01817922 Paid Firm's EIN 41-0746749 CLIFTONLARSONALLEN LLP Preparer Firm's name Firm's address 220 S 6TH STREET, SUITE 300 Use Only

MINNEAPOLIS, MN 55402

X Yes

Phone no. 612-376-4500

Eorn	n 990 (2023) LAND BANK TWIN CITIES, INC.	61-1756962 Page 2
	rt III Statement of Program Service Accomplishments	
×2-462	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
•	LAND BANK TWIN CITIES, INC. CAPTURES STRATEGIC REAL ESTA	TE
	OPPORTUNITIES TO BENEFIT PEOPLE WITH LOW TO MODERATE INC	OMES,
	PRIORITIZING PEOPLE OF COLOR AND POPULATIONS FACING BARR	IERS.
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.	
3	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 other	rs, the total expenses, and
	revenue, if any, for each program service reported.	445 044
4a	(Code:) (Expenses \$1, 976, 711. including grants of \$) (Reven	nue \$ 415,241.)
	LAND BANKING -	DECELT C
	LAND BANK TWIN CITIES, INC. (LBTC) ACQUIRES, HOLDS, AND	KESETTS
	STRATEGIC PROPERTIES WITHIN THE SEVEN-COUNTY METROPOLITA	OTALLY
	TARGETING SALES TO APPROVED NON-PROFIT ORGANIZATIONS, SO RESPONSIBLE FOR-PROFIT DEVELOPERS, COMMUNITY BUSINESSES,	VAID COMEDIMENT
		AND GOVERNMENT
	TO ADVANCE ITS MISSION.	
4b	(Code:) (Expenses \$ 192,072. including grants of \$) (Reven	ue\$ 224,597.
	COMMUNITY LENDING -	
	LBTC PROVIDES LOANS TO APPROVED NON-PROFIT AND SOCIALLY	RESPONSIBLE
	FOR-PROFIT DEVELOPERS, NON-PROFIT SERVICE PROVIDERS, COM	MUNITY
	BUSINESSES, AND GOVERNMENT FOR THE PURCHASE, REHABILITAT	ION, AND NEW
	CONSTRUCTION OF PROPERTIES, IN ALIGNMENT WITH ITS MISSION	N •
		Mary Mary
		- Language
4c	(Code:) (Expenses \$2, 637, 999. including grants of \$) (Revenue)	ue\$ 2,778,104.)
40	BROKERAGE/PROPERTY MANAGEMENT	
	LBTC BROKERS THE SALE AND PURCHASE OF PROPERTIES AND MANA	AGES PROPERTIES
	DURING HOLDING PERIODS TO SUPPORT ITS MISSION.	
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
4d	Other program services (Describe on Schedule O.) (Expenses \$ 3.1.2787. including grapts of \$) (Revenue \$	109,901.)
1 -	(Expanses v	
40	Total program service expenses 5, 119, 569.	Form 990 (2023)

DocuSign Envelope ID: E746C65D-5649-4714-B320-1E74FB3680DA 61-1756962 LAND BANK TWIN CITIES, INC. Page 3 Form 990 (2023) Part IV 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," complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for 3 X 3 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 X 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, assessments, or X 5 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

X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 X 7 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," complete X 8 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? X If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments X or in quasi-endowments? If "Yes," complete Schedule D, Part V 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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," complete Schedule D, X 11a Part VI b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in X Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X 13 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 X 14b 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 for any X foreign organization? |f "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to X 16 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 Part IX, X 17 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 Part VIII, lines Х 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." 19 complete Schedule G, Part III Х 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a 20b b 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

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Form 990 (2023)

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II

any contributions that were not tax deductible as charitable contributions? b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 70 Organizations that may receive deductible contributions under section 170(c). b Did the organization retwine a payment in excess of \$57\$ made party as a contribution and party for goods and services provided to the payor? 72 X b if "Yes," did the organization notify the donor of the value of the goods or services provided? 75 Did the organization notify the donor of the value of the goods or services provided? 76 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 76 If "Yes," indicate the number of Forms 8282 filed during the year 77 Did Ho organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 77 T X 9 If the organization received and contribution of qualified intellectual property, did the organization file Form 8899 as required? 9 If the organization received and contribution of cars, boats, simplense, or other valuelies, did the organization file Form 8899 as required? 9 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make and distributions under section 4966? 9 Sponsoring organization make and distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 11 Gross receipts, included on Form 990, Part VIII, line 12 12 Gross receipts, included on Form 990, Part VIII, line 12 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 14 Section 501(c)(29) qualified nonprofit health insurance issuers. 15 Section 501(c)(29) qualified nonprofit health insurance issuers. 16 The read of the engineering than insurance issuers. 17 Ho, "provide an ex		990 (2023) LAND BANK TWIN CITIES, INC.	61-1756	962	P F	age 5		
2a. Either the number of employees reported on From WS, Transmittation (Wage and Tax Statements, ideal for the calendar year anding with or within the year covered by this rotum. b If at heat one is reported on line 2a, did the organization file all required federal employment tax returns? 2b. W. X. Statement on the contribution of the company of the organization and the organization have an expense of the organization and the organization have an expense of the organization of the organization have an expense of the organization of the organization have an expense account, or other functional country. 4a. X. Y. Statement of the organization of the organization have an expense account, or other functional country. 4b. If Yea,* enter the name of the foreign country. 5c. Was the organization a party to a prohibited tax ehelter transaction at any time during the tax year? 5c. Was the organization and party to the prohibited tax ehelter transaction at any time during the tax year? 5c. If Yea,* other the name of the foreign country. 5c. If Yea,* other the same of the foreign country. 5c. If Yea,* other the same of the foreign country. 5c. If Yea,* other the same of the foreign country. 5c. If Yea,* other the same of the foreign country. 5c. If Yea,* other the same of the foreign country. 5c. If Yea,* other the same of the foreign country. 5c. If Yea,* other the same of the foreign country. 5c. If Yea,* other the companization in the foreign country. 5c. If Yea,* other the companization in the foreign country. 5c. If Yea,* other the companization in the foreign country. 5c. If Yea,* did the organization in expense of the foreign the foreign country. 5c. If Yea,* did the organization in expense of the foreign contributions of gradual the foreign country. 5c. If Yea,* did the organization netty the donor of the value of the goods or sorvices provided? 5c. If Yea,* did the organization netty the donor of the value of the goods or sorvices provided? 5c. If Yea,* did the organization network and prop	Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			T	T		
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5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6b C X C If 'Yes' to line 5a or 5b, did the organization file Form 8886-17? 6c Did to the organization have annual gross receipts that are normally greater than \$100,000, and did the organization scaled any contributions that were not tax deductibles as charistable contributions? 6c Jif 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible on the scale and the organization scaled any contributions under section 170(c). 6c Jif 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Granization stat may receive deductible contributions under section 170(c). 8d Jif 'Yes,' did the organization include with every solicitation and party as a contribution of party of goods and services provided to the payor? 7d Jif 'Yes,' indicates the number of Forms 8882 filed during the year or the goods or services provided? 7d Jif 'Yes,' indicates the number of Forms 8882 filed during the year Jif Ji								
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		•						

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Pa	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough	7b below, and for	a "No"	respor	nse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See ir	structions.			
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management				,	
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	9		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	9]		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99	0 was	filed?	4	<u> </u>	X
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ts?		5	<u> </u>	X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app	oint o	ne or	1		
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ckholo	ders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach					
-	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev					
	(This occion of togradio information again policies in a real state of the control of the contro		·		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such cha					
	· · · · · · · · · · · · · · · · · · ·			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to			12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye					
•	on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approval	y inde	ependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	•			
а	The organization's CEO, Executive Director, or top management official			15a	Х	
h	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nt wit	n a			
100	taxable entity during the year?			16a		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	its par	ticipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiz					
	exempt status with respect to such arrangements?			16b		
Sec	ion C. Disclosure					
	List the states with which a copy of this Form 990 is required to be filed MN		1,000			
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	990-T	(section 501(c)(3)	s only)	availab	ole
18	for public inspection. Indicate how you made these available. Check all that apply.	-551	(======================================			
	Own website Another's website X Upon request Other (explain of	n Soh	edule (1)			
10	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conf			d finan	ial	
19		iiot OI	anciost policy, all	. man		
00	statements available to the public during the tax year.	and :	records			
20	State the name, address, and telephone number of the person who possesses the organization's book ${\tt AARICA}$ COLEMAN - (612)238-8210	a i lu i	COOIGO			
	2515 WABASH AVE. SUITE 150, SAINT PAUL, MN 55114					
	TOTO MUDUAL DATE TOO, DUTLE FULL FULL DITTE					

Form 990 (2	2023)	LAND	BANK	TWIN	CITIES,	INC.	61-1756962	Page 7
Part VII	Compensation	of Offic	ers, Dir	ectors,	Trustees, K	ey Employees,	Highest Compensated	
	Employees, an	d Indep	endent	Contrac	ctors			

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

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

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

C Name and title	Check this box if neither the organization	•		niza	tion	cor	npei	nsat	ed any current officer, d	rector, or trustee.	
Compensation Comp											(F)
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332007 12-21-23 FORM 330 (2023)		<u> </u>	Δ		Δ	i			U •]		

Form **990** (2023) 332007 12-21-23

332008 12-21-23

332009 12-21-23

Form 990 (2023)

230,741.

5,868,572.

3,527,843.

e Total. Add lines 11a-11d

Total revenue. See instructions

Form 990 (2023) LAND BANK TWIN CITIES, INC.

Part IX Statement of Functional Expenses

	Check if Schedule O contains a response not include amounts reported on lines 6b,	se or note to any line in (A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b	, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	•				
	and domestic governments. See Part IV, line 21				1000
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			of earliches and all transporters and become an	SECTION CONTRACTOR CON
5	Compensation of current officers, directors,	463,591.	251,915.	209,914.	1,762
	trustees, and key employees	403,3214	201,010	203,3210	27.02
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
_	(/ / /	240,847.	128,596.	111,357.	894
7	Other salaries and wages Pension plan accruals and contributions (include	240,0476	120,330.	22270071	
8	•	6,568.	4,128.	2,397.	43
^	section 401(k) and 403(b) employer contributions)	11,938.	7,778.	4,138.	43 22
9	Other employee benefits	48,832.	26,973.	21,684.	175
10	Payroll taxes	40,032.	2073731		
11	Fees for services (nonemployees):				
a		124,867.		124,867.	
	Legal	205,679.		205,679.	- 48Ma-
	Accounting	20370731	1.024000		
	Lobbying	66,000.			66,000
-f		0070001	10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10		
g					
9	column (A), amount, list line 11g expenses on Sch 0.)	309,629.	206,238.	76,578.	26,813
12	Advertising and promotion	,			
13	Office expenses	40,022.	22,893.	16,917.	212
14	Information technology	92,880.	51,561.	40,469.	850
15	Royalties				
16	Occupancy	35,437.	20,865.	14,377.	195
17	Travel	1,102.	1,069.	33.	
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,461.	1,592.	869.	
20	Interest	856,440.	856,440.		
21	Payments to affiliates		-		
22	Depreciation, depletion, and amortization	770,842.	770,842.		
23	Insurance	41,130.	23,527.	17,385.	218
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PROPERTY EXPENSE - LLCS	2,539,456.	2,539,456.		
b	RESALE PARTNER OFFSET	172,304.	172,304.		
C	PROVISION FOR LOAN AND	24,179.	24,179.		
d	BAD DEBT EXPENSE	9,213.	9,213.		
_	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	6,063,417.	5,119,569.	846,664.	97,184.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.		İ		
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2023

Part X Balance Sheet LAND BANK TWIN CITIES, INC. 61-1756962 Page 11

		Check if Schedule O contains a response or note to any line in this Part X	,		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	11,906,741.	1	5,143,324
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	523,000.	3	102,000
	4	Accounts receivable, net	278,227.	4	323,189
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
g	7	Notes and loans receivable, net	1,456,694.	7	2,966,063
Assets	8	Inventories for sale or use		8	
إ ∛	9	Prepaid expenses and deferred charges	143,012.	9	91,831
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 360,151. 135,522.			
	b	Less: accumulated depreciation 10b 135,522.	32,756.	10c	224,629
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
- 1	13	Investments - program-related. See Part IV, line 11	16,852,244.	13	23,650,655
ĺ	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	0.	15	249,352
	16	Total assets. Add lines 1 through 15 (must equal line 33)	31,192,674.	16	32,751,043
	17	Accounts payable and accrued expenses	361,170.	17	570,332
	18	Grants payable	4 500 000	18	ECE COD
	19	Deferred revenue	1,672,305.	19	565,627
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
g	22	Loans and other payables to any current or former officer, director,			
≝		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons	10 010 500	22	22 100 040
-		Secured mortgages and notes payable to unrelated third parties	18,918,508.	23	22,198,049
ı		Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
- [parties, and other liabilities not included on lines 17-24). Complete Part X	1,884,370.	0.5	1,183,152
		of Schedule D	22,836,353.	25 26	24,517,160
		Total liabilities. Add lines 17 through 25	44,030,333.	26	24,317,100
_s		Organizations that follow FASB ASC 958, check here			
ğ		and complete lines 27, 28, 32, and 33.	4,613,321.	07	4,373,128
Net Assets or Fund Balances		Net assets without donor restrictions	3,743,000.	27 28	3,860,755
m		Net assets with donor restrictions	3,743,000	20	3,000,133
š		Organizations that do not follow FASB ASC 958, check here			
7		and complete lines 29 through 33.		29	
į į		Capital stock or trust principal, or current funds		30	
SSE		Paid-in or capital surplus, or land, building, or equipment fund		31	
or I		Retained earnings, endowment, accumulated income, or other funds	8,356,321.	32	8,233,883
딡	32	Total net assets or fund balances			

Form 990 (2023)

For	m 990 (2023) LAND BANK TWIN CITIES, INC.	61-1'	756962	Pa	_{ige} 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	5,86					
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,06		17. 45.			
3	3 Revenue less expenses, Subtract line 2 from line 1 3							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,35	6,3	<u>21.</u>			
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8	7	<u>2,4</u>	<u>07.</u>			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	8,23	<u>3,8</u>	<u>83.</u>			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	Separate basis X Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	**************************************			
	If the organization changed either its oversight process or selection process during the tax year, explain on School	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2023)			

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization Employer identification number 15.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.										
			CITIES, INC					51-1756962		
Part I	Reason for Public		·				S			
The organ	The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)									
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
з 🔲	A hospital or a cooperative									
4	A medical research organiz	zation operated in co	onjunction with a hospita	l describe	d in section	on 170(b)(1)(A)	(iii). Ente	r the hospital's name,		
	city, and state:									
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
	section 170(b)(1)(A)(iv). (Complete Part II.)								
6	A federal, state, or local go	vernment or governi	mental unit described in	section 1	70(b)(1)(A)(v).				
7 X	An organization that norma	ally receives a substa	antial part of its support f	rom a gov	ernmental	unit or from the	e general	public described in		
	section 170(b)(1)(A)(vi). (C	Complete Part II.)								
8	A community trust describ	ed in section 170(b))(1)(A)(vi). (Complete Par	t II.)						
9 🔲	An agricultural research or	ganization described	in section 170(b)(1)(A)	(ix) operat	ed in conj	unction with a l	and-grant	college		
	or university or a non-land-	grant college of agric	culture (see instructions).	Enter the	name, city	/, and state of t	he colleg	e or		
	university:		45344			AREA				
10	An organization that norma									
	activities related to its exer									
	income and unrelated busi	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	ired by the orga	ınization a	after June 30, 1975.		
	See section 509(a)(2). (Co	mplete Part III.)								
11	An organization organized									
12	An organization organized									
	more publicly supported or							Check the box on		
	lines 12a through 12d that									
a	Type I. A supporting orga									
	the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	ctors or trustees	s of the s	upporting		
	organization. You must o									
b	Type II. A supporting org									
	control or management of	of the supporting org	anization vested in the s	ame perso	ns that co	ntrol or manage	e the sup	ported		
	organization(s). You mus									
с	Type III functionally inte						integrate	ed with,		
	its supported organizatio									
d 📙	Type III non-functionally									
	that is not functionally int	tegrated. The organiz	zation generally must sat	isfy a distr	ibution red	quirement and a	an attentiv	veness		
	requirement (see instruct	•	•							
e	Check this box if the orga					Type I, Type II,	Type III			
	functionally integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.					
	r the number of supported o									
	ide the following information			(iv) to the ere	anization listed	(v) Amount of r	nonoton/	(vi) Amount of other		
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	ing document?	support (see ins	-	support (see instructions)		
	Organization		above (see instructions))	Yes	No	Support (SSS III)				

DocuSign Envelope ID: E746C65D-5649-4714-B320-1E74FB3680DA 61-1756962 Page 2 LAND BANK TWIN CITIES, INC. Schedule A (Form 990) 2023 Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (e) 2023 (f) Total (d) 2022 Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 1 Gifts, grants, contributions, and membership fees received. (Do not 3376550. 3840200. 2340729.11054469. 980,877 516,113. include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 2340729.11054469. 3376550 3840200. 516,113. 980,877 4 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, 4918300. column (f) 6136169. 6 Public support. Subtract line 5 from line 4. Section B. Total Support (b) 2020 (c) 2021 (e) 2023 (f) Total (a) 2019 (d) 2022 Calendar year (or fiscal year beginning in) 516,113. 980,877. 3376550. 3840200. 2340729. 11054469. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 1,840 7,460. 23,941. 6,651 7,990. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital 95,865. 230,741. 326,606. assets (Explain in Part VI.) 11405016. 11 Total support. Add lines 7 through 10 11,631,546. 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage		
14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	. 14	53.80 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	41.55 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or	more, check t	this box and
stop here. The organization qualifies as a publicly supported organization		X
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 and stop here. The organization qualifies as a publicly supported organization		l t
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b	, and line 14 is	s 10% or more,
and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Pameets the facts and circumstances test. The organization qualifies as a publicly supported organization		
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, c	or 17a, and line	15 is 10% or
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explai		
organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization	nization	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box	and see instr	uctions

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Schedule A (Form 990) 2023 LAND BANK TWIN CITIES, INC.

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

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

Se	ction A. Public Support							
Cal	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions,							
	merchandise sold or services per-							
	formed, or facilities furnished in							
	any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that							
3	are not an unrelated trade or bus-							
	iness under section 513							
			-					
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities				İ			
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5							
7 a	Amounts included on lines 1, 2, and							
	3 received from disqualified persons						2015	
k	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							
c	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
	Amounts from line 6							
	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties, and income from similar sources							
h	Unrelated business taxable income		-					
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
	Add lines 10a and 10b							
• •	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.)							
	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First 5 years. If the Form 990 is for th	ıe organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section !	501(c)(3) organizatior	٦,	
	check this box and stop here							
Sec	tion C. Computation of Publi	c Support Per	centage		- Land Control of Cont			
15	Public support percentage for 2023 (li	ne 8, column (f), di	ivided by line 13, c	olumn (f))		15	%	
	Public support percentage from 2022					16	%	
Sec	tion D. Computation of Inves	tment Income	Percentage	· · · · · · · · · · · · · · · · · · ·		T1		
17	Investment income percentage for 20	23 (line 10c, colum	nn (f), divided by lir	ne 13, column (f))		17	<u>%</u>	
	Investment income percentage from 2					18	<u>%</u>	
19a	33 1/3% support tests - 2023. If the	organization did no	ot check the box o	n line 14, and line	15 is more than 3	33 1/3%, and line 17	is not	
	more than 33 1/3%, check this box an							
b	33 1/3% support tests - 2022. If the	organization did no	ot check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%, an	d	
							F	
20	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1	4,555,55	Station of
2		
3a		- Constant
3b		
3c 4a		
-4a		
4b		
40		
4c	New Section	
_5a		
5b		
<u>5c</u>		
6		
7		
8		
9a		
9b		
90		
104		
10b A (Forn	2 990)	2023
$\sim t_1$ or t_1	, 550)	

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	rt IV Supporting Organizations (continued)			
		(Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		3000	
	11c below, the governing body of a supported organization?	11a	-	
	A family member of a person described on line 11a above?	11b	1 163566	i vitanis
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	<u>detail in</u> Part VI. ction B. Type I Supporting Organizations	11c	1	<u> </u>
360	Storr 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	163	INO
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		
Sec	tion C. Type II Supporting Organizations	*****	T	
		100000000000000000000000000000000000000	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	l	
Sec	tion D. All Type III Supporting Organizations		Γ	
		25223333	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		15505(4)	VIII)
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	SSAFES	(analog ali
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		4/8583	isposition.
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2	1000000	
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	2		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
		e)		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction The organization satisfied the Activities Test. Complete line 2 below.	~ <i>)</i> •		
a b	The organization satisfied the Activities rest. Complete line 2 pelow. 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	instruction.	c)	
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			
u	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	İ	
h	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
~	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard.	3b		

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Sch	nedule A (Form 990) 2023 LAND BANK TWIN CITIES,	INC.	6	1-1756962 Page 6
Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	ınizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	n Nov. 20, 1970 (<i>explain in</i> I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complet	te Sections A through E.	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3	<u></u>	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
-	see instructions).	4		
-5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
•	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionall	ly integrat	ed Type III supporting organ	ization (see
-	instructions).			

	edule A (Form 990) 2023 LAND BANK TWI				51-1756962 Page 7
	rt V Type III Non-Functionally Integrated 509	e(a)(3) Supporting Org	anizations _{(continu}	ued)	1 2
Sec	tion D - Distributions			T .	Current Year
1	Amounts paid to supported organizations to accomplish ex			1	
2	Amounts paid to perform activity that directly furthers exem		_		
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	is	3	
4	Amounts paid to acquire exempt-use assets			4	
_5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
_6	Other distributions (describe in Part VI). See instructions.			6	
	Total annual distributions. Add lines 1 through 6.	1		7	
8	Distributions to attentive supported organizations to which t	ne organization is responsive	9		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6	and the second s		9	
10	Line 8 amount divided by line 9 amount	m	/::\	10	/:::\
Sect	Section E - Distribution Allocations (see instructions) (i) (ii) Underdistributions Pre-2023			ıs	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount		and a state of the		
i	Carryover from 2018 not applied (see instructions)				
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years			and administration	
b	Applied to 2023 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if			l	
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.			3156155325550	
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
С	Excess from 2021				
d	Excess from 2022				
_	Evenes from 2023			orași li	

Schedule A (Form 990) 2023 LAND BANK TWIN CITIES, INC.	61-1756962 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D.	1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,
(See instructions.)	
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:	
MISCELLANEOUS INCOME	
2022 AMOUNT: \$ 95,865.	
2023 AMOUNT: \$ 230,741.	
	4000
<u>*</u>	

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

Name of the organization	Employer identification number					
Li	AND BANK TWIN CITIES, INC.	61-1756962				
Organization type (check						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	501(c)(3) taxable private foundation					
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.				
General Rule						
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's					
Special Rules						
sections 509(a)(1) contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support t and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) F , line 1. Complete Parts I and II.	d that received from any one				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
year, contributions is checked, enter h purpose. Don't cor	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$					
aution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must iswer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify at it doesn't meet the filing requirements of Schedule B (Form 990).						

	(Form 990) (2023)		Page 2
Name of org	ganization		Employer identification number
LAND B	ANK TWIN CITIES, INC.		61-1756962
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>1,162,50</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2 .		\$1,000,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Name, address, and Zir + +	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

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323453 12-26-23

Schedule B (Form 990) (2023)

Schedule B (Fo	orm 990) (2023)			Page 4
Name of organ	ization			Employer identification number
תולכו בדולול	THE DESTRICT AT MITTER TAIC			61-1756962
Part III Ex	om any ana contributor. Complete columne la	through (e) and the following line et charitable, etc., contributions of \$1,000 or	otry For organization	or (10) that total more than \$1,000 for the year
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Part I	(-),,			
		(e) Transfer of g	ift	
	Transferee's name, address, a	nd ZIP + 4	Relationsh	ip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	war.	(e) Transfer of gi		
	Transferee's name, address, a	, ,		ip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gi	ft	
	Transferee's name, address, a	nd ZIP + 4	Relationshi	p of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(a) Transfer of air		
	Transferee's name, address, ar	(e) Transfer of git		p of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

LAND BANK TWIN CITIES, INC.

Employer identification number 61-1756962

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose o	conferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	• ====	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included on line 2a	2c
d	Number of conservation easements included on line 2c acqui	ired after July 25, 2006, and not	
	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		r
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
		P. C. L. H. C. L. L. L. L. L. L. L. L. L. L. L. L. L.	to a companie alumina tha year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservati	on easements during the year
_	Does each conservation easement reported on line 2d above	satisfy the requirements of scation 170/bly	(4\/\P\/i\
8			
_	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation		
9	balance sheet, and include, if applicable, the text of the footn		
		ote to the organization a financial statemen	The trial describes the
Pai	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art. Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under FASB ASC 958		nd balance sheet works
Ia	of art, historical treasures, or other similar assets held for pub		
	service, provide in Part XIII the text of the footnote to its finan		
h	If the organization elected, as permitted under FASB ASC 958		
Ŋ	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items.	Samuelly Suddensity of Toolsardin in Idian	
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical trea		
2	the following amounts required to be reported under FASB AS		a 1 a a
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2023

Sch	edule D (Form 990) 2023 LAND BA	NK TWIN CI	TIES, INC	•					Page 2
	rt III Organizations Maintaining C	Collections of A	rt, Historical T	reasures, or C	Other S	Simila	r Asset	s (continu	ued)
3	Using the organization's acquisition, access	ion, and other record	ds, check any of th	e following that m	ıake sign	ificant ι	use of its		
	collection items (check all that apply).								
а				xchange program					
b	Scholarly research		e Other						
С									
4	Provide a description of the organization's c						se in Part	XIII.	
5	During the year, did the organization solicit of							٦.,	П.,
	to be sold to raise funds rather than to be m							_ Yes	No
Ра	rt IV Escrow and Custodial Arran	-	ete if the organizati	on answered "Ye:	s" on For	m 990,	Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa		11 6 1.11			المامط			
1a	Is the organization an agent, trustee, custod						_	7 ٧	No
	on Form 990, Part X?							Yes	III NO
b	If "Yes," explain the arrangement in Part XIII	and complete the to	ollowing table:					Amount	
							1111111	7 11700171	
C	0 0					1c			
d						1d			
	e Distributions during the year					1e 1f			
f	Ending balance							Yes	No
	Did the organization include an amount on F							_	
	If "Yes," explain the arrangement in Part XIII. To V Endowment Funds Complete if								
ા લ	Endowment rands complete in	(a) Current year	(b) Prior year	(c) Two years b		Three v	ears back	(e) Four y	ears back
4.	Destruite a of completence	(a) Guireiti year	(b) Hot your	(0) 1 (10) 3 (10) 2	iden (d)			(+)	
1a	Beginning of year balance						LW/V-		
b	Contributions								
C	Net investment earnings, gains, and losses	100000				-11			
d	Grants or scholarships					-			
е	Other expenditures for facilities								
,	and programs			1					
f	Administrative expenses								
g	End of year balance Provide the estimated percentage of the curr	ont year and balance	o (line 1a, column (all hold as:	1			L	• • • • • • • • • • • • • • • • • • • •
2			e (line 19, column) %	a)) Heid as.					
a	Board designated or quasi-endowment	%							
b	Permanent endowment	/8 %							
С	Term endowment The percentages on lines 2a, 2b, and 2c sho	ř. "							
30	Are there endowment funds not in the posse		ation that are held :	and administered	for the				
Sa	organization by:	33,011 of the organize	tion that are nois	ara daminotoroa				T	es No
	(i) Unrelated organizations?							3a(i)	
								3a(ii)	
h	If "Yes" on line 3a(ii), are the related organiza							3b	
1	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm								
Service Messagement	Complete if the organization answered), Part IV, line 11a.	See Form 990, Pa	art X, line	10.			
	Description of property	(a) Cost or o			(c) Accu		d	(d) Book	value
	2000.pt.o 0. property	basis (investr	1 ' '	s (other)	depre	ciation			
1a	Land				100				
	Buildings	1							
	Leasehold improvements			99,199.		3,15			,048.
d	Equipment		20	50,952.	13	2,37	1.	128	,581.
	Other								
	. Add lines 1a through 1e. (Column (d) must e		X. line 10c. columi	n (B))			<u> </u>	224	<u>,629.</u>

Schedule D (Form 990) 2023 LAND BANK T	WIN CITIES, I	NC. 61	-1756962 Page 3
Part VII Investments - Other Securities Complete if the organization answered "Yes"	on Form 000 Dort IV line	11b See Form 000 Bort V line 12	
	(b) Book value	(c) Method of valuation: Cost or end	t-of-veer market value
(a) Description of security or category (including name of security)	(b) BOOK Value	(c) Method of Valuation. Cost of end	1-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			1 - 6
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	I-of-year market value
(1) PROPERTY HELD FOR SALE	23,650,655.	COST	
(2)			
(3)			
(4)			
(5)			A14.7
(6)		100.000	
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))	23,650,655.		
Part IX Other Assets			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [[]	Description		(b) Book value
(1)	, Miles		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		
Part X Other Liabilities			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1	l1e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability	***************************************		(b) Book value
(1) Federal income taxes			
(2) OTHER LIABILITIES			880,913.
(3) LEASE LIABILITY			302,239.
(4)		4.00	
(5)			
(6)	· · · · · · · · · · · · · · · · · · ·		,
(7)			
(8)			
(9)			1,183,152.
Total. (Column (b) must equal Form 990, Part X, line 25, col.		the executivation of inequals at temperate th	

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

	dule D (Form 990) 2023 LAND BANK TWIN CITIES, INC.				1756962	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemer	its With Reve	nue per Re	turn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	5,868	<u>,572.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants					
	Other (Describe in Part XIII.)	2d				
	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	5,868,	<u>,572.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)			5	5,868,	<u>,572.</u>
Par	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With Exp	enses per F	Return	1	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	6,063,	417.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
	Donated services and use of facilities	2a				
	Prior year adjustments	2b				
	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
	Add lines 2a through 2d			2e		0.
	Subtract line 2e from line 1			3	6,063,	417.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)			5	6,063,	417.
	XIII Supplemental Information					
Provid	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	, lines 1b and 2b	; Part V, line 4;	; Part X,	line 2; Part XI	,
lines 2	d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi	onal information.				
PAR	T X, LINE 2:					
				04/~	\	
THE	ORGANIZATION IS A TAX-EXEMPT ORGANIZATION	UNDER SE	CLION 5	01(C)(3) OF	
			D 3 T T3 T G	O. C.	77.77 ONT	77
THE	INTERNAL REVENUE CODE (IRC) AND IS SUBJECT	. TO FEDE	RAL INC	OME	TIAX ONL	<u>Y</u>
	THE PROPERTY OF THE PROPERTY O	mron and	DESTRICT SE	י א מיז	NTO.	
ON I	NET UNRELATED BUSINESS INCOME. THE ORGANIZA	ALTON COR	KENILTX 1	HAS	NO	
	or amen prigrangs targone and to how constrain	יזדמת ג מי	AME EATH	ח ג כונ	TON	
UNR.	ELATED BUSINESS INCOME AND IS NOT CONSIDERE	D A PKIA	ATE FOOI	NDAT.	TON	
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CONT	TO TOURTONG ADE CONCIDEDED MAY DEDUCTED F					
COM	TRIBUTIONS ARE CONSIDERED TAX DEDUCTIBLE.					
	A CONTRACTOR OF THE CONTRACTOR					
mur	ORGANIZATION FOLLOWS THE ACCOUNTING STANDA	ייע איי מא	CT.ARTRTI	as m	ян	
тпь	ORGANIZATION FOLLOWS THE ACCOUNTING STANDA	MD IIIAI	CHARLE	30 I.	1111	
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BEC/	OGNITION THRESHOLD AND MEASUREMENT PRINCIPI	ਾ ਕ⊖ਬ 2ੜ,	HE CONSC	מדיונ	ATED	
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FINI	ANCIAL STATEMENT RECOGNITION AND MEASUREMEN	т ОР ТАХ	POSITIO	ons '	TAKEN O	R
					le D (Form 99	
332054	NA-XQ-XQ		•	JULIEUU	io D (i oi iii as	,

Schedule D (Form 990) 2023 LAND BANK TWIN CITIES, INC. [Part XIII Supplemental Information (continued)	61-1756962	Page 5
EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO	BE REALIZEI) .
THE IMPLEMENTATION OF THIS POLICY HAD NO IMPACT ON ORGANIZAT	'ION'S	
CONSOLIDATED FINANCIAL STATEMENTS.		
		•
		.
	- Marine - 1	
	Schedule D (Form 99	00) 2023

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Internal Revenue Service	Go	to www.irs.gov/Form990 for instru	ctions	and t	the latest informatio	n.		Inspection
Name of the organization								entification number
		NK TWIN CITIES, IN					<u>61-1756</u>	
	ing Activities complete this par	 Complete if the organization answ rt. 	ered "\	∕es" o	n Form 990, Part IV,	line 17.	Form 990-E2	Z filers are not
	<u>-</u>	sed funds through any of the followi	ng acti	vities.	Check all that apply.			
a Mail solicitati	ons				jovernment grants			
	email solicitation:				rnment grants			
c X Phone solicit		g Specia	l fundr	aising	events			
d X In-person soli		or oral agreement with any individual	linclu	dina o	fficers directors trus	stees o	r	
•		Part VII) or entity in connection with p		-		1000, 0	X Yes	s No
		viduals or entities (fundraisers) pursu				he fund		
compensated at lea	ast \$5,000 by the	organization.						
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,		(iii)	Did	,tentent	(v) A	mount paid	(vi) Amount paid
(i) Name and address		(ii) Activity	have c	Did raiser ustody	(iv) Gross receipts from activity	to (or	retained by) ndraiser	to (or retained by)
or entity (fund	alser)		contrib	ntrol of utions?	Hom activity		d in col. (i)	organization
CROWLEY, WHITE, HELD	MER &	The Management of the Control of the	Yes	No				
SELVIG, INC 1619	DAYTON	CONSULTANTS		х	164,000.		66,000.	98,000.
**************************************	**************************************			ļ				
And the second s								
AMMINISTRA	********	A. L. S. 2014-10-10-10-10-10-10-10-10-10-10-10-10-10-	ļ					

							MARKET	
Total					164,000.		66,000.	98,000.
	h the organization	n is registered or licensed to solicit o	ontribu	utions	or has been notified	it is exe	empt from reg	gistration
or licensing.						w		
MN								11.29(
		Mark and the second sec						
- AND -								
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For Paperwork Reduction	II ACT NOTICE, SE	e the Instructions for Form 990 or	JU-Ľ4				ocneane	G (Form 990) 2023

LHA 332081 09-13-23

SEE PART IV FOR CONTINUATIONS

_			NK TWIN CITI			-1756962 Page 2
Р	art	U				
	1	of fundraising event contributions and gro				ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
						(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
<u>a</u>			(event type)	(event type)	(total number)	
Revenile		Gross receipts				
ď	'	Cross receipts				
	2	Less: Contributions				
_	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	_	Nieuwania makana				
Ø		Noncash prizes				
Expenses	6	Rent/facility costs				
ű.	ľ			10.00		
Ř		Food and beverages				
Direct						
	8	Entertainment				
		Other direct expenses				
	t .	Direct expense summary. Add lines 4 through				
D	11 11 l	Net income summary. Subtract line 10 from line Gaming. Complete if the organization a	ne 3, column (d)	2000 Dort IV line 10 or		
1.6	11 L 11	\$15,000 on Form 990-EZ, line 6a.	inswered fes on Forn	1990, Fart IV, line 19, 011	reported more than	
_		preject on rom occ 22, into 34.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
_~	1	Gross revenue				
တ္တ	2	Cash prizes				
Direct Expenses						
ΕXΒ	3	Noncash prizes				
ect	4	Rent/facility costs				
Ģ	7	Tiong admity decid				
	5	Other direct expenses	AL CHARACTER			
			Yes %	Yes%	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	0	Net gaming income summary. Subtract line 7 f	from line 1 column (d)			
	-	ivet gaining income summary, Subtract line 7	rom line 1, column (a)			
9	Ente	er the state(s) in which the organization conduc	ts gaming activities:			
		ne organization licensed to conduct gaming act				Yes No
b	If "N	lo," explain:				
		11 - 144 (24) 21 21 21 21 21 21 21 21				
		e any of the organization's gaming licenses rev			ear?	Yes No
b	It "Y	es," explain:	= 1 2000 1 2000 1	treson		
	-					
	-					
33208	2 09-	13-23			Sched	dule G (Form 990) 2023

Sch	edule G (Form 990) 2023 LAND BANK TWIN CITIES, INC. 6	1-1756962 Page 3
11		Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes No
13	Indicate the percentage of gaming activity conducted in:	t r
а	ı The organization's facility	
b	An outside facility	13b %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name	
	Address	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount	nt
	of gaming revenue retained by the third party \$	
С	If "Yes," enter name and address of the third party:	
	Name	
	Address	
16	Gaming manager information:	
	Name	AL SANTO
	Gaming manager compensation \$	
	Description of services provided	
		WWW
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
<u>.</u>	retain the state gaming license?	Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	е
	organization's own exempt activities during the tax year \$	
Par	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	d Part III, lines 9, 9b, 10b,
		TD 0
SCI	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAIS	srs:
<u>(I</u>	NAME OF FUNDRAISER: CROWLEY, WHITE, HELMER & SELVIG, INC.	
(I)) ADDRESS OF FUNDRAISER:	
1.00	,	
<u>161</u>	19 DAYTON AVENUE SUIT 301, SAINT PAUL, MN 55104	

Schedule G	(Form 990)	LAND BANK	TWIN CITIES,	INC.	61-1756962	Page 4
Part IV	(Form 990) Supplemental Infor	rmation (continued))		-	

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SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2023

OMB No. 1545-0047

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

Open to Public Inspection

Name of the organization

LAND BANK TWIN CITIES, INC.

Employer identification number 61–1756962

P	art I Questions Regarding Compensation			T
	•	15505555	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	auticocj and onlocky moduling are the services of the services			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
Ü	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	X Approval by the board or compensation committee			
	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
4				1
	organization or a related organization:	4a	х	eleverances.
_	Receive a severance payment or change-of-control payment?	4b		X
b		4c		X
С	Participate in or receive payment from an equity-based compensation arrangement?	40		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
				L
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:		iii waa	v
а	The organization?	5a		$\frac{x}{x}$
b	Any related organization?	5b	THE SECTION	
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			Nestin
а	The organization?	6a		<u>X</u>
b	Any related organization?	6b	55-040 M-988	_X_
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		_X_
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

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

61-1756962

Page 2

LAND BANK TWIN CITIES, INC.

Schedule J (Form 990) 2023

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	-2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) EDWARD LANDENBERGER	Ξ	165,897.	0	0	6,946.	25,473.	198,316.	0
œ.	⊞	- 1	0.	0.	- 1			0
(2) SHANA WENGER	Ξ	139,178.	0	0	5,839.	17,626.	162,64	0
14	⊞	0	0		• 0	• 0		0
(3) SANDRA L. OAKES	Ξ	8,987.	0	91,500.	370.	1,775.	102	0.
PRESIDENT (LEFT 4/2023)	⊞	0	0.	0.	0	0		0
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	Ξ							
	Ξ							
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schedule J (Form 990) 2023 LAND BANK TWIN CITIES, INC.	61-1756962 Pac	Page 3
Part III Supplemental Information	ı	
rovide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	s part for any additional information.	
PART I, LINE 4A:		
SANDRA OAKES - SEVERANCE PAYMENT - \$75,000		
PART I, LINE 7:		
SONUSES FOR THE PRESIDENT ARE PROVIDED AT THE DISCRETION OF THE EXECUTIVE		
COMMITTEE BASED ON PERFORMANCE OUTCOMES AND FOR ALL OTHER STAFF AT THE		
DISCRECTION OF THE PRESIDENT BASED ON PERFORMANCE OUTCOMES.		
	Schedule J (Form 990) 2023	0) 2023

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

LAND BANK TWIN CITIES, INC.	61-1756962
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:
LOW TO MODERATE INCOMES, PRIORITIZING PEOPLE OF COLOR AND	POPULATIONS
FACING BARRIERS.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
GENERAL PROGRAM - ACTIVITIES THAT GENERALLY RELATE TO THE	OVERALL
MISSION OF LAND BANK TWIN CITIES, INC. BUT DO NOT FALL UND	ER A SPECIFIC
DEFINED PROGRAM.	
EXPENSES \$ 312,787. INCLUDING GRANTS OF \$ 0. REVENUE \$	109,901.
FORM 990, PART VI, SECTION A, LINE 1A:	
THE EXECUTIVE COMMITTEE CONSISTS OF FIVE MEMBERS FROM THE 1	BOARD OF
DIRECTORS WHO CAN, WHEN DELEGATED AUTHORITY BY THE BOARD, A	ACT WITH THE FULL
AUTHORITY OF THE BOARD OF DIRECTORS.	
FORM 990, PART VI, SECTION B, LINE 11B:	
LAND BANK TWIN CITIES, INC. PROVIDES A COPY OF THE COMPLETE	ED FORM 990 TO
ALL MEMBERS OF ITS FINANCE COMMITTEE AND BOARD OF DIRECTORS	
FILING WITH THE IRS. THE FINANCE COMMITTEE IS CHARGED WITH	
THE DOCUMENT AT ONE OF ITS REGULARLY SCHEDULED MEETINGS, A	TTER WHICH A COPY
OF THE COMPLETED DOCUMENT IS CIRCULATED TO THE FULL BOARD (
PRIOR TO ITS SUBMISSION.	
INION TO ITS SOSMISSION.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ORGANIZATION'S CONFLICT OF INTEREST (COI) POLICY APPLIE	S TO THE
ORGANIZATION'S BOARD OF DIRECTORS, COMMITTEE MEMBERS, AND E	
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2023

332211 11-14-23

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization LAND BANK TWIN CITIES, INC.	Employer identification number 61-1756962
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT O	F INTEREST
POLICY, FINANCIAL STATEMENT, AND THE FORM 990 AVAILABLE TO	THE PUBLIC UPON
REQUEST.	
FORM 990, PART XII, LINE 2C:	
THE PROCESS FOR OVERSIGHT AND SELECTION OF AN INDEPENDENT	ACCOUNTANT
HAS NOT CHANGED FROM THE PRIOR YEAR.	
	- Company
	Lang.

Docu Sign Envelope ID: E746C65D-5649-4714-B320-1E74FB3680DA

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990,

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

Open to Public Inspection 2023

OMB No. 1545-0047

Employer identification number 61–1756962

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

TWIN CITIES, INC.

LAND BANK

Name of the organization

Department of the Treasury Internal Revenue Service

LAND BANK TWIN CITIES, CITIES, AND BANK TWIN CITIES, AND BANK TWIN CITIES, Direct controlling AND BANK TWIN £ HNC. HNG O. HINC. O. HNC. • End-of-year assets 2,929,852. <u>@</u> ,424. ٥. 。 ं Total income 587 ਉ Legal domicile (state or foreign country) REAL ESTATE HOLDING COMPANY MINNESOTA MINNESOTA MINNESOTA MINNESOLA REAL ESTATE HOLDING COMPANY REAL ESTATE HOLDING COMPANY REAL ESTATE HOLDING COMPANY Primary activity 9 Name, address, and EIN (if applicable) of disregarded entity TCC HIAWATHA LLC - 38-3995675 2515 WABASH AVE, SUITE 150 2515 WABASH AVE, SUITE 150 2515 WABASH AVE, SUITE 150 2515 WABASH AVE, SUITE 150 TCC NWUD LLC - 32-0434228 <u>a</u> TCC BLOOM LAKE ONE LLC ST. PAUL, MN 55114 ST. PAUL, MN 55114 ST. PAUL, MN 55114 ST. PAUL, MN 55114 TCC ADY LLC

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. PartII

		,	1
12(b)(13) siled y?	No		
(g) Section 512(b)(13) controlled entity?	Yes		
(f) Direct controlling entity			
(e) Public charity status (if section	501(0)(3))		
(d) Exempt Code section			
(c) Legal domicile (state or foreign country)			
(b) Primary activity			
(a) Name, address, and EIN of related organization			

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

Schedule R (Form 990) 2023

LAND BANK TWIN CITIES, INC.

Schedule R (Form 990)

61-1756962

	CHILD' HIC.				PT-1/26962
Part I Continuation of Identification of Disregarded Entities	ntities				
(a)	(q)	(5)	(b)	<u>(a</u>	(4)
Name, address, and EIN	Primary activity	Legal domicile (state or	Total income	End-of-vear assets	Direct controlling
of disregarded entity		foreign country)			entity
TCC PROPERTY SERVICES LLC - 27-3326192					
2515 WABASH AVE, SUITE 150					SATHTO NIWH WAS CINED
ST. PAUL, MN 55114	REAL ESTATE BROKERAGE	MINNESOTA	110,366	284 776	CNL
TCC UNIVAN LLC				• 0 / 2	•) , , ,
2515 WABASH AVE, SUITE 150					SETUTO NIWE SWEE CHAIL
ST. PAUL, MN 55114	REAL ESTATE HOLDING COMPANY	MINNESOTA	0	C	CALL CALL
TCC VIC LLC					• >
2515 WABASH AVE, SUITE 150					LAND BANK TWT NITHE
ST. PAUL, MN 55114	REAL ESTATE HOLDING COMPANY	MINNESOTA	0	c	ONLY CONTRACTOR OF THE CONTRAC
LB 842 RAY LLC - 61-1756962					
2515 WABASH AVE, SUITE 150					SETHIO WINE AMER CHAIL
ST. PAUL, MN 55114	REAL ESTATE HOLDING COMPANY	MINNESOTA	3,976	145 122	ONLY THE CHIEF ON THE CHIEF OF
LB 240 PLATO LLC					
2515 WABASH AVE, SUITE 150					LAND BANK TWIN CITES
ST. PAUL, MN 55114	REAL ESTATE HOLDING COMPANY	MINNESOTA	0	0	INC.
LB LO CAL LLC - 61-1756962					
2515 WABASH AVE, SUITE 150					SETHIO NIWE SALES
ST. PAUL, MN 55114	REAL ESTATE HOLDING COMPANY	MINNESOTA	C	C	TAC
LB ELLIOT PARK LLC - 61-1756962			•		וויא ניי
2515 WABASH AVE, SUITE 150					LAND BANK TWIN CITTES
ST. PAUL, MN 55114	REAL ESTATE HOLDING COMPANY	MINNESOTA	0	103 585	
LB 2401 LLC					
2515 WABASH AVE, SUITE 150					SETHIO NIME ANES CINET
ST. PAUL, MN 55114	REAL ESTATE HOLDING COMPANY	MINNESOTA	C	c	UNIT THE CHAPT.
LB INDIGENOUS LLC - 61-1756962					•) 51
2515 WABASH AVE, SUITE 150					SHITT NIME HAY
ST. PAUL, MN 55114	REAL ESTATE HOLDING COMPANY	MINNESOTA	0	0	
LB 4100 WEST 76 LLC					
2515 WABASH AVE, SUITE 150					LAND BANK TWIN CITTES
ST. PAUL, MN 55114	REAL ESTATE HOLDING COMPANY	MINNESOTA	0	0	INC.
	The state of the s				

LAND BANK TWIN CITIES, INC.

Schedule R (Form 990)

Part I Continuation of Identification of Disregarded Entities

(a)	(q)	(2)	Ð	(e)	(f)
Name, address, and EIN of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
					n
LB NAV CEDAR LLC					
2515 WABASH AVE, SUITE 150					SATULO NIME MAS CINE.
ST. PAUL, MN 55114	REAL ESTATE BROKERAGE	MINNESOTA	0	d	LING
TWIN CITIES COMMUNITY LAND LLC BANK -					
27-0260037, 2515 WABASH AVE, SUITE 150, ST.					Satmin name mes
PAUL, MN 55114	REAL ESTATE HOLDING COMPANY	MINNESOTA	318 428	1 621 273 TNC	THE CHARGE THE CHARLES,
LB CORCORAN 5 LLC - 61-1756962				• 1 1 1 1 1 1 1	•) (44
2515 WABASH AVE, SUITE 150					SHIFT NIME SANG
ST. PAUL, MN 55114	REAL ESTATE HOLDING COMPANY	MINNESOTA	733,164.	7 345 363 INC	INC.
LB PLAYWRIGHTS 710 LLC - 61-1756962					
2515 WABASH AVE, SUITE 150	1	0.0			SHITT NIME MAN.
ST. PAUL, MN 55114	REAL ESTATE HOLDING COMPANY	MINNESOTA	151,762.	281 882	LINC.
LB 1351 ARCADE LLC - 61-1756962					
2515 WABASH AVE, SUITE 150					SHIPTO NIME MARK CHAP
ST. PAUL, MN 55114	REAL ESTATE HOLDING COMPANY	MINNESOTA	79,048	511 670 INC	
LB LAND TRUST NORTH 1 LLC - 61-1756962					
2515 WABASH AVE, SUITE 150					CAND BANK TWIN CITIES
ST. PAUL, MN 55114	REAL ESTATE HOLDING COMPANY	MINNESOTA	117,820	701 895	ONLY CHARLES ONLY
LB SMMF2 LLC - 61-1756962					•)
2515 WABASH AVE, SUITE 150					GAND BANK TWIN CITIES
ST. PAUL, MN 55114	REAL ESTATE HOLDING COMPANY	MINNESOTA	115,115.	1,161,264	
LB 1 TO 4 LLC - 93-4531824					
2515 WABASH AVE, SUITE 150					LAND BANK TWIN CITERS
ST. PAUL, MN 55114	REAL ESTATE HOLDING COMPANY	MINNESOTA	0	0	
LB 1041 SELBY LLC - 61-1756962					
2515 WABASH AVE, SUITE 150					GAND BANK TWIN CITTES
ST. PAUL, MN 55114	REAL ESTATE HOLDING COMPANY	MINNESOTA	122,062.	1,689,877	HNG.
LB 2015 GIRARD LLC - 61-1475696					
2515 WABASH AVE, SUITE 150					RATHIO NIME WAS CIVED
ST. PAUL, MN 55114	REAL ESTATE HOLDING COMPANY	MINNESOTA	43,142,	321 242 INC	'OH THE STATE OF T
				, , , , , , , , , , , , , , , , , , , ,	

LAND BANK TWIN CITIES, INC.

Schedule R (Form 990)

Part 1 Continuation of Identification of Disregarded Entities

raits Communation of Identification of Disregarded Entitles	inutes				
(a)	(q)	(5)	(b)	(e)	(4)
Name, address, and EIN	Primary activity	Legal domicile (state or	Total income	End-of-vear assets	Direct controlling
of disregarded entity		foreign country)			entity
LB 2515 WABASH LLC - 61-1756962					
2515 WABASH AVE, SUITE 150					LAND BANK TWIN CITIES
ST. PAUL, MN 55114	REAL ESTATE HOLDING COMPANY	MINNESOTA	273 885	3 299 047 TNC	
LB MPLS 143 LLC - 61-1756962					•)
2515 WABASH AVE, SUITE 150					SATURD NIME SALES
ST. PAUL, MN 55114	REAL ESTATE HOLDING COMPANY	MINNESOTA	0	O	
LB NEWTOWN LLC - 61-1756962					
2515 WABASH AVE, SUITE 150					SATETY NIME BANK TWAT
ST. PAUL, MN 55114	REAL ESTATE HOLDING COMPANY	MINNESOTA	299,879	2 604 511	TNC
LB SELBY COMMON LLC - 88-3995675					
2515 WABASH AVE, SUITE 150					LAND BANK TWIN CITERS
ST. PAUL, MN 55114	REAL ESTATE HOLDING COMPANY	MINNESOTA	72,850	13 139	CNU
LB 700 S 10 LLC - 93-4462554					•)
2515 WABASH AVE, SUITE 150					SHIHLD NIMH MARK CINET
ST. PAUL, MN 55114	REAL ESTATE HOLDING COMPANY	MINNESOTA	114,575.	2 508 137	CNL
LB EAST 7 ASSEMBLY LLC - 93-4920937					
2515 WABASH AVE, SULTE 150					SHITT NIME SANGE CINET
ST. PAUL, MN 55114	REAL ESTATE HOLDING COMPANY	MINNESOTA	52,431.	910,737,	
	I				

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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. LAND BANK TWIN CITIES, INC. Schedule R (Form 990) 2023 PartIII

Page 2

61-1756962

1 ~	ı	1	ſ	1 1
(i) (k) General or Percentage managing ownership				
(j) General or managing parther?	3			
Code V-UBI camount in box m amount in box m 20 of Schedule F.4.1 (Form 1065)				
(h) Disproportionate allocations?				
(g) Share of end-of-year assets				
(f) Share of total income				
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)				
(d) Direct controlling entity				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of related organization				

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. Part IV

entity Corp, Scorp, income end-of-year ow assets or trust) or trust)	(a)	(q)	(၁)	(p)	(e)	(£)	(a)	(4)	6
	Name, address, and EIN of related organization		Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)		Share of end-of-year assets	Percentage ownership	Section 512(b)(13) controlled entity?
									S I C
									1
						,,,,,			
					-11-00				

Schedule R (Form 990) 2023

Page 3

Schedule R (Form 990) 2023 LAND BANK TWIN CITIES, INC.

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

ឌ	;			Yes No
During the tax year, did the organization engage in any of the follow	s with one or more rel	ated organizations listed i	ı Parts II-IV?	
				1a X
b Gift, grant, or capital contribution to related organization(s)				1b 🗙
c Giff, grant, or capital contribution from related organization(s)				٦ <u>.</u>
d Loans or loan guarantees to or for related organization(s)				×
e Loans or loan guarantees by related organization(s)				╀
				20024 00004
T Dividends from related organization(s)				1 ×
g Sale of assets to related organization(s)				1g ⊠
h Purchase of assets from related organization(s)				
i Exchange of assets with related organization(s)				×
j Lease of facilities, equipment, or other assets to related organization(s)				
k Lease of facilities, equipment, or other assets from related organization(s)				
I Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			×
m Performance of services or membership or fundraising solicitations by related organization(s)	ization(s)			┝
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			×
o Sharing of paid employees with related organization(s)				├-
g Reimbursement baid by related organization(s) for expenses				1p ×
				₹ S
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	ho must complete th	is line, including covered r	elationships and transaction thresholds.	1
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	lved
(1) LB 2015 GIRARD LLC	D	322,705.	IC LOAN ADVANCES FROM LBTC) ၂
(2) LB SMMF 2 LLC	D	55,000.	5,000.IC LOAN ADVANCES FROM LBTC	ັ້ນ
(3) LB 1351 ARCADE LLC	D	150,000.IC	IC LOAN ADVANCES FROM LBTC	ີວິ
(4) LB PLAYWRIGHTS 710 LLC	D	195,674.	IC LOAN ADVANCES FROM LBTC	ີ່ດ
(5) LB LAND TRUST NORTH 1 LLC	D	226,967.	IC LOAN ADVANCES FROM LBTC	ຽ
(6) TWIN CITIES COMMUNITY LAND BANK LLC	Д	357,950.	IC LOAN ADVANCES FROM LBTC	ָרָרָ בַּירָ
332163 09-28-23				, r r.

Schedule R (Form 990) LAND BANK TWIN CITIES, INC.

61-1756962

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) LB CORCORAN 5 LLC	Q	530,000.	530,000.IC LOAN ADVANCES FROM LBTC
(8) LB 1 TO 4 LLC	D	918,430.	918,430. IC LOAN ADVANCES FROM LBTC
(9) LB 2515 WABASH LLC	Д	1,187,542.	187,542. IC LOAN ADVANCES FROM LBTC
(10) LB NEW TOWN LLC	Q	1,291,854.	1,291,854. IC LOAN ADVANCES FROM LBTC
(11) LB 1041 SELBY LLC	Д	1,643,246.	1,643,246. IC LOAN ADVANCES FROM LBTC
(12) LB 700 S 10 LLC	Д	2,100,000.	2,100,000. IC LOAN ADVANCES FROM LBTC
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Page 4

Schedule R (Form 990) 2023 LAND BANK TWIN CITIES, INC.

Part W 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)

Name, address, and EIN of entity	that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	(b) (c) (d) (e) (d)	of entity country) Primary activity Legal domicile (state or foreign country) Legal domicile (state or foreign country) Predominant income predominant income of entity Predominant income primers see. Share of bispropor (clatted, unrelated, 50/cle) Share of bispropor (clatted, unrelated, 50/cle) Foreign Share of bispropor (clatted, unrelated, 50/cle) Foreign Share of bispropor (clatted, unrelated) Foreign Share of bispropor (clatted, unrelated, 50/cle) Foreign Share of bispropor (clatted, unrelated) Foreign Share of bispropor (clatted, unrelated, 50/cle) Foreign Share of bispropor (clatted, unrelated, 50/cle) Foreign Share of bispropor (clatted, unrelated) Foreign Share of bispropor (clatted, unrelated, 50/cle) Foreign Share of bispropor (clatted, 50/cle) Foreign Share of bisprop																											
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Schedule R (Form 990) 2023

Schedule B (Form 990) 2023	LAND BANK T	WIN CITIES,	INC.	61-1756962 Page 5
Schedule R (Form 990) 2023 Part VII Supplemental Inform	mation			
Supplemental inform	ilation			
Provide additional informa	tion for responses to q	iestions on Schedule I	R. See instructions.	
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		www.		

TAX RETURN FILING INSTRUCTIONS

MINNESOTA ANNUAL REPORT

FOR THE YEAR ENDING

December 31, 2023

Prepared	For:

Mr. Tim Janka Land Bank Twin Cities, Inc. 2515 Wabash Ave 150 St. Paul, MN 55114

Prepared By:

CliftonLarsonAllen LLP 220 S 6th Street, Suite 300 Minneapolis, MN 55402

Amount of Tax:

Balance due of \$25

Make Check Payable To:

State of Minnesota

Mail Tax Return To:

Minnesota Attorney Generals Office Charities Division 445 Minnesota Street, Suite 1200 St. Paul, MN 55101-2130

Return must be mailed on or before:

November 15, 2024

Special Instructions: