THE LAND INSTITUTE FORM 990 TAX YEAR 2022 PUBLIC DISCLOSURE Form 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No 1545-0047

For calendar year 2022, or fiscal year beginning 07/01/2022 and ending 06/30/2023

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Department of the Treasury Internal Revenue Service Name of filer

THE

48-0842156

EIN or SSN

LAND INSTITUTE Name and title of officer or person subject to tax RACHEL STROER, PRESIDENT

Part I Type of Return and Return Information

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

1a	Form 990 check here	X	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	9,723,224.
2a	Form 990-EZ check here		b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here		b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here		Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a	Form 8868 check here		Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here		Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here		Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here		FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here		Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here		Amount of credit payment requested (Form 8038CP, Part III, line 22) .	10b	
Part	II Declaration and Signa	ture A	uthorization of Officer or Person Subject to Tax		
Under	penalties of perjury, I declare that	X	am an officer of the above entity or I am a person subject to tax with	h resp	ect to (name
of enti	y)		, (EIN) and that I have examined	d a co	py of the
0000	1				

2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

X I auth	orize	FORVIS,	LLP			to	enter my PIN	8 7 2 7 8 as my signature
		EF	RO firm name					Enter five numbers, but
								do not enter all zeros
on the	a tay year 201	22 electronica	lly filed return	If I have indicated	within this	roturn	that a same	of the return is being filed with a sta

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

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. 8 1 NO

For Privacy Act and Paperwork Reduction Act Notice, see back of form. JSA 2X3008 2.000

Form 8879-TE (2022)

3

Form 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning 07/01/2022 and ending 06/30/2023

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G	U		

Internal Revenue Service Name of filer

THE LAND INSTITUTE

Name and title of officer or person subject to tax

Department of the Treasury

48-0842156

EIN or SSN

RACHEL STROER, PRESIDENT

Partl Type of Return and Return Information

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

1a	Form 990 check here		b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b	
2a	Form 990-EZ check here		b Total revenue, if any (Form 990-EZ, line 9)	
3a	Form 1120-POL check here		b Total tax (Form 1120-POL, line 22)	
4a	Form 990-PF check here		b Tax based on investment income (Form 990-PF, Part V, line 5) 4b	
5a	Form 8868 check here		b Balance due (Form 8868, line 3c)	
6a	Form 990-T check here	X	b Total tax (Form 990-T, Part III, line 4)	NONE
7a	Form 4720 check here		b Total tax (Form 4720, Part III, line 1)	
8a	Form 5227 check here		b FMV of assets at end of tax year (Form 5227, Item D) 8b	
9a	Form 5330 check here		b Tax due (Form 5330, Part II, line 19)	*************
	Form 8038-CP check here		b Amount of credit payment requested (Form 8038CP, Part III, line 22) .10b	
Part	I Declaration and Signate	ure	Authorization of Officer or Person Subject to Tax	n can an a
			I am an officer of the above entity or I am a person subject to tax with respect to (name	
of enti			, (EIN) and that I have examined a copy of the	
2022 e	electronic return and accompanying	sche	dules and statements, and, to the best of my knowledge and belief, they are true, correct, and	
comple	ete. I further declare that the amount	t in P	art I above is the amount shown on the copy of the electronic return. I consent to allow my	
interm	ediate service provider, transmitter, o	or ele	ectronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an	
acknow	vledgement of receipt or reason for r	reject	ion of the transmission, (b) the reason for any delay in processing the return or refund, and (c)	
the da	te of any refund. If applicable, I auth	orize	the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal	
(direct	debit) entry to the financial institution	on ac	count indicated in the tax preparation software for payment of the federal taxes owed on this	
return,	and the financial institution to debit	the e	entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at	
1-888-	353-4537 no later than 2 business of	lays	prior to the payment (settlement) date. I also authorize the financial institutions involved in the	
proces	sing of the electronic payment of tax	ces to	receive confidential information necessary to answer inquiries and resolve issues related to	
the pay	ment. I have selected a personal ide	entifi	cation number (PIN) as my signature for the electronic return and, if applicable, the consent to	
electro	nic funds withdrawal.			

PIN: check one box only

The one of one box only	
X lauthorize FORVIS, LLP	to enter my PIN 8 7 2 7 8 as my signature
ERO firm name	Enter five numbers, but do not enter all zeros
on the tax year 2022 electronically filed return. If I have indicated within this agency(ies) regulating charities as part of the IRS Fed/State program, I also a return's disclosure consent screen.	return that a copy of the return is being filed with a state
As an officer or person subject to tax with respect to the entity, I will enter m filed return. If I have indicated within this return that a copy of the return is bei of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent	ing filed with a state agency(ies) regulating charities as part
Signature of officer or person subject to tax PAShoen	Date 2 28 707 4
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN.	2244016
Do n	ot enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2022 am submitting this return in accordance with the requirements of Pub. 4163 , Mod Providers for Business Returns.	electronically filed return indicated above. I confirm that I dernized e-File (MeF) Information for Authorized IRS e-file
ERO's signature	
ERO Must Retain This Form - See Do Not Submit This Form to the IRS Unless	Instructions Requested To Do So
For Privacy Act and Paperwork Reduction Act Notice, see back of form.	Form 8879-TE (2022)
JSA 2X3008 2.000	

4

Form	990
Departn	nent of the Treasury

Return of Organization Exempt From Income Tax

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

ent of the Trea Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public

OMB No. 1545-0047

AF	or th	e 2022 calendar year, or tax year begin	nning 07/01/202	22	and endin	g		06	/30/2023			
_		C Name of organization	, , , , ,			-	Employer ide					
B Check if applie Address		THE LAND INSTITUTE										
	Addr	Doing Business As					48-	-08	42156			
		Number and street (or P.O. box if mail is	not delivered to street address	3)	Room/suite	E	E Telephone number					
	Initia	return 2440 E WATER WELL ROA	AD				(785)823-5376					
	-	inated City or town, state or province, country, a					(/				
	Amer						Gross receip	ts \$	11,167,875.			
	Appli pend	cation F Name and address of principal officer:	RACHEL STROEF	2		н	H(a) Is this a group return for Yes X I					
	_ pend	2440 E WATER WELL ROA				F	subordinates? H(b) Are all subordinates included? Yes					
I	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.)	4947(a)(1)	or 527	7	If "No," attac	h a lis	ncluded? Yes No t. (see instructions)			
J	Webs	ite: • WWW.LANDINSTITUTE.ORG	, , , , ,		-		I(c) Group exem	otion n	umber			
		of organization: X Corporation Trust	Association Other		L Year of				of legal domicile: KS			
	art I	Summary					2010		1.0			
	1	Briefly describe the organization's mission o	r most significant activities	: DEVEI	OP A GRA	AIN AG	GRICULTU	RE	SYSTEM WITH			
ø	-	THE ECOLOGICAL STABILITY (-									
anc		COMPARABLE TO THAT FROM AN										
Activities & Governance	2		liscontinued its operations	s or dispose	ed of more that	n 25% o	f its net assets	 5.				
200	3	Number of voting members of the governing						3	15			
~	4	Number of independent voting members of t						4	14			
ties	5	Total number of individuals employed in cale						5	91			
ť	6	Total number of volunteers (estimate if neces						6	NONE			
Ac	-	Total unrelated business revenue from Part V						7a				
		Net unrelated business taxable income from						7b	NONE			
							Prior Year		Current Year			
•	8	Contributions and grants (Part VIII, line 1h)					8,445,04	18.	9,132,509.			
Revenue	9		copy FOR					58.	172,278.			
eve	10	Investment income (Part VIII, column (A), line		PUBLIC IN	ISPECTION		10,91		353,616.			
ĸ	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					19.	64,821.			
	12	Total revenue - add lines 8 through 11 (must					8,636,97		9,723,224.			
	13	Grants and similar amounts paid (Part IX, colu	umn (A), lines 1-3)				301,12		605,622.			
	14	Benefits paid to or for members (Part IX, colu						ONE	NONE			
ç	15	Salaries, other compensation, employee ben					4,270,15	55.	5,539,580.			
Expenses	16a	Professional fundraising fees (Part IX, column					N	ONE	NONE			
xpe	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,0	08,605.								
ш		Other expenses (Part IX, column (A), lines 11					2,391,44	1.	3,494,652.			
	18	Total expenses. Add lines 13-17 (must equal					6,962,71	.7.	9,639,854.			
	19	Revenue less expenses. Subtract line 18 from					1,674,26	50.	83,370.			
Net Assets or Fund Balances						Beginni	ng of Current Y	'ear	End of Year			
sets alan	20	Total assets (Part X, line 16)				2	24,562,97	8.	24,114,632.			
As	21	Total liabilities (Part X, line 26)					1,827,09	8.	1,295,382.			
Pune	22	Net assets or fund balances. Subtract line 21				2	2,735,88	30.	22,819,250.			
Pa	ırt II	Signature Block										
		nalties of perjury, I declare that I have examined th						my l	knowledge and belief, it is			
liue	e, cone	ect, and complete. Declaration of preparer (other than	Tomcer) is based on all inform	nation of whi	ch preparer na:	s any kno	wieuge.					
<u>.</u> .		│ ▶					05/2	15/2	2024			
Sig		Signature of officer					Date					
He	re	RACHEL STROER		PRESID	ENT							
		Type or print name and title										
D !		Print/Type preparer's name	Preparer's signature		Date		Check	if ^F	PTIN			
Paic		MICHAEL J ENGLE	MICHAEL J ENGLE	C	05/15	/2024	self-employ	ed	P00482834			
Pre	parer	Firm's name ► FORVIS, LLP				F	Firm's EIN 🕨	4	4-0160260			

For Paperwork Reduction Act Notice, see the separate instructions.

Firm's address 🕨

Use Only

May the IRS discuss this return with the preparer shown above? (see instructions)

1201 WALNUT, SUITE 1700 KANSAS CITY, MO 64106-2246

Form 990 (2022)

No

816-221-6300

X Yes

Phone no.

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

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

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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

Type or	Name of exempt organization or other filer, see in	Taxpayer identification number (TIN)						
print								
File by the	THE LAND INSTITUTE 48-08421 Number, street, and room or suite no. If a P.O. box, see instructions. 48-08421							
due date for								
filing your return. See	2440 E WATER WELL ROAD City, town or post office, state, and ZIP code. For a foreign address, see instructions.							
instructions.								
	SALINA, KS 67401						01	
Enter the Re	eturn Code for the return that this application	is for (file	a separate application for	each return)	• •			
Application		Return	Application				Return	
Is For		Code	Is For				Code	
Form 990 o	r Form 990-EZ	01	Form 1041-A			08		
Form 4720	(individual)	03	Form 4720 (other than	individual)			09	
Form 990-Pl	=	04	Form 5227				10	
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069				11	
Form 990-T	(trust other than above)	06	Form 8870				12	
Form 990-T	(corporation)	07						
 If the org. If this is for the whole a list with the 1 I request for the back of the x 2 If the t 	e No. ► 785 823-5376 anization does not have an office or place of or a Group Return, enter the organization's fo e group, check this box ►	ur digit Gro f it is for pa ion is for. ntil for the org 01_, 2022	oup Exemption Number (Gart of the group, check thi 05/15_, 2024 ganization's return for:	SEN) is box	org	If th and att ganizati	his is tach	
	hange in accounting period							
	application is for Forms 990-PF, 990-T, undable credits. See instructions.	4720, or	6069, enter the tenta	ative tax, less any	3a	¢	NONE	
	application is for Forms 990-PF, 990-T,	4720 or	6069 enter any refur	dable credits and	Ja	φ	NONE	
	ted tax payments made. Include any prior yea		· · · ·		3b	\$	NONE	
c Balanc	e due. Subtract line 3b from line 3a. In	clude you	r payment with this for	rm, if required, by				
using E	EFTPS (Electronic Federal Tax Payment Syster	n). See ins	tructions.		3c	\$	NONE	
Caution: If yo instructions.	u are going to make an electronic funds withdraw	al (direct de	bit) with this Form 8868, se	ee Form 8453-TE and Fo	rm 8	3879-TE	for payment	
For Privacy A	Act and Paperwork Reduction Act Notice, see inst	ructions.			Forn	n 8868	(Rev. 1-2022)	

JSA 2F8054 2.000

	THE LAN	D INSTITUTE		48-0842156
	n 990 (2022)			Page
Pa	Art III Statement of Program Service A Check if Schedule O contains a r		Port III	v
1	Briefly describe the organization's mission: SEE SCHEDULE O			<u>x</u>
2	Did the organization undertake any signifi prior Form 990 or 990-EZ?			
3	If "Yes," describe these new services on Sc Did the organization cease conducting,	hedule O.		
•	services? If "Yes," describe these changes on Schedu			
4	Describe the organization's program servex expenses. Section $501(c)(3)$ and $501(c)(4)$ the total expenses, and revenue, if any, for	4) organizations are required to		
4a		a9,720. including grants of \$		172,278.)
	THE LAND INSTITUTE IS DEVELO SYSTEMS AGRICULTURE (NSA), I			
	GRAIN CROPS AND DIVERSE CROP			
	FERTILITY, WEED CONTROL AND			
	YEAR-ROUND. NSA RESPONDS TO	THE URGENT NEED TO STO	P SOIL EROSION	
	AND MITIGATE AND ADAPT TO CL	IMATE CHANGE WORLDWIDE	•	
4b	· · · · · · · · · · · · · · · · · · ·	B0,677. including grants of \$		NONE)
	EDUCATION AND PUBLIC POLICY			
	OTHERS TO BECOME MORE ACTIVE			
	AGRICULTURE. INCLUDES PUBLIC			
	PRESENTATION OF THE PRAIRIE ALSO INCLUDES THE ECOSPHERE			
	EDUCATION, PUBLIC POLICY AND			
	JUST SOCIETY THAT THRIVES WI			
4.0	(Code:) (Expenses \$	including grants of ⁽¹⁾		
40	(Code) (Expenses \$) (Revenue \$)
4d	Other program services (Describe on Sche			
	(Expenses \$ including gra	nts of \$) (Rev	venue \$)	
4e	Total program service expenses	7,570,397.		
	020 1.000 5604RV K922 02/28/2024 12:	56:55 V22-7.11 120680	3	Form 990 (202) 6

THE LAND INSTITUTE

Form 990 (2022)

Page 3

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
-	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
·	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			Δ
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		v
0				Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			37
•	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1 c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		27
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
~ '	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
JSA			^ 990	(2022)

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Form **990** (2022) **7**

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
Ū	to defease any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.70		<u> </u>
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	254		
D D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I.	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		37
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	20		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	07		37
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			ĺ
	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			ĺ
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	L
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
JSA	reportable gaming (gambling) winnings to prize winners?	1c	X	<u> </u>
2E1030	2.000	Form	990	(2022)

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Form 990 (2022)

THE LAND INSTITUTE

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a 91 3b Bit at least one is reported on line 2a, (dit the organization file all required fedral employment tax returns? 3a Xa 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b Xa 3b If Yes?, this titled a Form 990-T for this year? 1m is ab, provide an explanation on Schedule 0 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAP). 5a X 5b Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5b X 5b Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization neary receive deductible as charitable contributions of gifts were not tax deductible? 5c 5c 5c Or organization solicit any contributions that were y solicitation an express statement that such contributions or gifts were not tax deductible? 7d 7d x 6b If Yes, 'idd the organization neary argument exess of \$75 made party as contributions and partly for goods and services provided? 7d 7d x 7d If Yes, 'indicate the number of Forms 2a22 filed during the year 7d 7d	Form	990 (2022)		F	Page 5
Statements, filed or the calendar year ending with or within the year covered by this return. [2a] 2 3a Dd the organization have unrelated business gross income of \$1,000 or more during the year?	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
b if at least one is reported on line 2a, did the organization file all required federal employment tax returne? 2b. 3a Did the organization have unrelated business gards income of \$1,000 or more during the year?. 3a X 3b If "Yes," has if filed a Form 980-71 for this year? If "No" to line 3b, provide an explanation or Schedule 0 3b X 4a At any time during the calendar year, did the organization have an interest in, or a signature or other a tubinty over, a financial account if. 3b X 4a Yes, "enter the name of the foreign courty (such as a bark account, securities account, or other standard account) if. 5a X 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a X 5a Does the organization include with every tosicitation an express statement that such contributions or gints were not tax deductible? 5b X 5b If "Yes," did the organization neity the donor of the value of the goods or services provided? 7a X 7 Organization receive a payment in excess of 375 mode parthy as a contribution and partly for goods and services provided to the payor? 7a X 7 Urganization section neity the donor of the value of the goods or services provided? 7a X 7 Urganization section selity end ta contreceive a payment in the sc	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
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3a Did the organization have unrelated business gross income of \$1,000 or more during the year?. 3a X 3b If 'vas,' has it lide a Form 90-17 or this year? 3b X 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as bank account, securities account, or other financial account)? 4a X b If 'vas,' enter the name of the foreign country Secienstructions for financial account if the foreign country 5a X b Ud any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X c If 'vas' to line 5a or 5b, dit the organization file Form 8866.7? 5b X 5a X b D dany taxable party notify the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5a X b If 'vas,' did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? 7a X b If 'vas,' did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided for the payor? 7b 7c X f If 'vas, ' indicate the number of Forms 8282 filed during the year 7d 7c X f If 'vas, ' indicate the number	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
b If "Yes," has it field a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the called ary ser, did the organization have an interest in, or a signature or other authority over, a financial account; 4a b If "Yes," enter the name of the foreign country See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Account; 5a 5a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?. 5b X. 5a Dot sen to cognization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5b X. 7 Organization solicit any contributions that were not tax deductible as charitable contributions or gifts were not tax deductible? 7a X 7 Organization receive a payment in excess of \$75 made party as a contribution and party for groos and services provided? 7a X 7a If Yes," did the organization netwer be donor of the value of the goods or services provided? 7a X 7b If Yes, did the organization during the year, yoo indirectly, to pay premiums, directly or indirectly, on a personal benefit contract? 7a X 7c Did the organization receive any thing the service? 7d 7d 7d 7d 7d X			3a		Х
4a At any time during the calendar year, did the organization have an interest in, or a signature or other submitty over, a financial account i, a foreign country (such as a bank account, securities account, or other financial account)? 4a x b If 'Yes,' enter the name of the foreign country 5a x b Sa Was the organization approximation that it was or is a party to a prohibited tax sheler transaction at any time during the tax year? 5a x b Did any taxable party notify the organization that it was or is a party to a prohibited tax sheler transaction? 5c 5a c If 'Yes' (in line 5a or 5b, dit he organization file Form 8868-17) . 6a x c Organization shat may receive deductible contributions and express statement that such contributions or gifts were not tax deductible as charitable contributions and partly for goods and services provided to the payor? 7a x 7 Organizations shat may receive deductible contributions and partly for goods and services provided to the payor? 7b 7a x 7 U'Yes,' did the organization notify the donor of the value of the goods or services provided to the payor? 7a x 7 If 'Yes,' did the organization and partly set part has a contribution and partly for which it was required to life Form 8282? 7d			3b		
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5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	b	If "Yes," enter the name of the foreign country			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X c If "Yes" to line 5a or 5b, did the organization file Form 8886-77 5c 5c 6 Does the organization solit any contributions that were not tax deductible as charitable contributions? 6a x b If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6a x 7 Organizations that may receive deductible contributions under section 170(c). 7d 7a x a Did the organization neceive a payment in excess of 375 made party as a contribution and partly for goods and services provided to the payor? 7d 7c x b If Yes," did the organization notify the donor of the value of the goods or services provided? 7d 7c x d If Yes," indicate the number of Forms 8282 filed during the year. 7d 7d 7d 7d g If the organization receive a contribution of qualified intellectual property, did the organization free/ew apyremiums, directly or indirectly, on payremal benefit contract? 7f x g If the organization neceive a contribution of qualified intellectual property, did the organization flag exert. 7g 7d 7d f Did the sponsoring organization make and fastributions to door, donor advisor, or related person? <th></th> <th>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</th> <th></th> <th></th> <th></th>		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Dees the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible a charitable contributions or gifts were not tax deductible? 6a x 7 Organizations that may receive deductible contributions under section 170(c). a bit "Yes," did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a x b If "Yes," did the organization notify the donor of the value of the goods or services provided to the payor? 7a x c Did the organization selie, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282? 7c x d If "Yes," indicate the number of Forms 8282 filed during the year. 7d 7e x f Did the organization receive any fund, directly, or indirectly, to na personal benefit contract? 7f x f If the organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9a 9b 9 Sonsoring organization maintaining donor advised funds. 10b 10b 10b 10b 10b <th>5a</th> <th>Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</th> <th>5a</th> <th></th> <th>Х</th>	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
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organization solicit any contributions that were not tax deductible as charitable contributions? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or glits were not tax deductible? 6b 6b 7 Organizations that may receive adductible contributions under section 170(c). a bit the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided? 7a X b If "Yes," did the organization on thify the donor of the value of the goods or services provided? 7b 7c X c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X d If "Yes," did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d 7d X g If the organization receive a contribution of qualified intellectual property. did the organization files Berom 1098-C?. 7a X 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a 9a 10 b the sponsoring organization make a distribution to a donor, donor advised funds. 10a 11a 11a 11 b Gross income from members or shareholders. 10b 10b 10b 10b 12	С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		excess parachute payment(s) during the year?	15		X
		If "Yes," see the instructions and file Form 4720, Schedule N.			
If "Yes," complete Form 4720, Schedule O.	16		16		X
		If "Yes," complete Form 4720, Schedule O.			
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	17				
that would result in the imposition of an excise tax under section 4951, 4952, or 4953?			17		

Form 9	90 (2022) THE LAND INSTITUTE 48-084.	2156	F	Page 6
Part	VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below	, and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			tions.
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	on 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 15			
ia	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar			
h	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
2	any other officer, director, trustee, or key employee have a family relationship of a busiless relationship with	2		Х
2	Did the organization delegate control over management duties customarily performed by or under the direct	_		
3		3		Х
	supervision of officers, directors, trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?	0		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	70		v
	one or more members of the governing body?	7a		_X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76		37
	stockholders, 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 by the following:	•		
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
0	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9	,	X
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Coae	.) Yes	No
			res	-
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	Х	
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 conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe 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 by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	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.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	Г (sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(- (-)
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	of inter	est r	olicv
-	and financial statements available to the public during the tax year.		٣	, ,
20	State the name, address, and telephone number of the person who possesses the organization's books and record	ls		
	TRACIE THOMAS 2440 E WATER WELL ROAD SALINA, KS 67401	-		
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Page **7**

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A) Name and title	(B) Average	`		Pos neck		e than c		(D) Reportable	(E) Reportable	(F) Estimated amount of other				
	hours per week			nless person is both an and a director/trustee)				compensation from the	compensation from related	compensation				
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	1099-MISC/ 1099-MISC/		1099-MISC/ 1099-MISC/		1099-MISC/ 1099-MISC/	
(1) RACHEL STROER	40.00													
PRESIDENT	NONE	x		Х				147,172.	NONE	33,256.				
(2) AMY COLE	40.00													
CHIEF IMPACT OFFICER	NONE					x		108,009.	NONE	29,282.				
(3) LEE DEHAAN	40.00													
LEAD SCIENTIST, KERNZA	NONE					x		107,147.	NONE	28,464.				
(4) DAVID VAN TASSEL	40.00													
LEAD SCIENTIST, OILSEEDS	NONE					x		109,390.	NONE	25,919.				
(5) WES JACKSON	40.00													
PRESIDENT EMERITUS	NONE						х	99,861.	NONE	17,669.				
(6) TRACIE THOMAS	40.00													
C00	NONE			Х				114,172.	NONE	1,750.				
(7) THOMAS S COX	40.00													
SENIOR RESEARCHER-ECOSPHERE	NONE					X		101,072.	NONE	12,507.				
(8) BRIAN DONAHUE	1.00													
DIRECTOR/SECRETARY	NONE	Х		Х				NONE	NONE	NONE				
(9) RUTH ANNE FRENCH-HODSON	1.00													
DIRECTOR/TREASURER	NONE	Х		Х				NONE	NONE	NONE				
(10) JULIA OLMSTEAD	1.00													
DIRECTOR/VICE CHAIR	NONE	Х		Х				NONE	NONE	NONE				
(11) FUNLOLA OTUKOYA	1.00													
DIRECTOR	NONE	Х						NONE	NONE	NONE				
(12) KEN LEVY-CHURCH	1.00													
DIRECTOR/CHAIR	NONE	Х		Х				NONE	NONE	NONE				
(13) TIFFANY DURR	1.00													
DIRECTOR	NONE	Х						NONE	NONE	NONE				
(14) SAM EVANS	1.00													
DIRECTOR	NONE	Х						NONE	NONE	NONE				

orm	990	(2022)	

1.100 X NONE <	(A)	(B)			(0	C)			(D)	(E)			(F)	
Image: Section of the stability of the	Name and title	hours per week (list any	box,	unles	heck ss pe	more erson	is both	an	compensation from	compensatio related	on from	amount of other		f
NONE		organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization			fro orga and	om the anizatio d related	on d
DIRECTOR NONE X NONE NONE NONE NONE NONE NONE (7) DEBORAH NEHER 1.00 NONE X NONE NONE NONE (8) LENNART OLSSON 1.00 NONE X NONE NONE (9) RICARDO J. SALVADOR 1.00 NONE X NONE NONE (9) RICARDO J. SALVADOR 1.00 NONE NONE NONE NONE (10) COREY SAMUELS 1.00 NONE NONE NONE NONE (11) CRECTOR NONE X NONE NONE NONE (12) WANG SHUWEN 40.00 NONE X NONE NONE (2) WANG SHUWEN NONE X NONE <		-+	x						NONE		NONE			NON
NONE NONE X NONE NONE <t< td=""><td>16) JILL ISENBARGER DIRECTOR</td><td>-+</td><td>X</td><td></td><td></td><td></td><td></td><td></td><td>NONE</td><td></td><td>NONE</td><td></td><td></td><td>NON</td></t<>	16) JILL ISENBARGER DIRECTOR	-+	X						NONE		NONE			NON
NONE X NONE NONE <t< td=""><td></td><td>-+</td><td>X</td><td></td><td></td><td></td><td></td><td></td><td>NONE</td><td></td><td>NONE</td><td></td><td></td><td>NON</td></t<>		-+	X						NONE		NONE			NON
DIRECTOR NONE NO 21) MAIG SHUWEN 40.00 0 2 NANG SHUWEN 40.00 2 NONE NONE NO NO <t< td=""><td>18)_LENNART_OLSSON DIRECTOR</td><td>-+</td><td>X</td><td></td><td></td><td></td><td></td><td></td><td>NONE</td><td></td><td>NONE</td><td></td><td></td><td>NOI</td></t<>	18)_LENNART_OLSSON DIRECTOR	-+	X						NONE		NONE			NOI
DIRECTOR NONE X NONE NO	DIRECTOR	-+	X						NONE		NONE			NOI
DIFECTOR NONE		-+	x						NONE		NONE			NOI
LEAD SCIENTIST, WHEAT NONE NONE NONE NONE NONE NO Ib Sub-total		-+	x						NONE		NONE			NOI
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		-+					X		NONE		NONE			NOI
c Total from continuation sheets to Part VII, Section A NONE NONE NONE NONE NO d Total (add lines 1b and 1c) 786,823 NONE 148,84 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 6 Yes N 2 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 5 Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)			-											
c Total from continuation sheets to Part VII, Section A NONE NONE NONE NONE NO d Total (add lines 1b and 1c) 0 786,823 NONE 148,84 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual Yes N 3 Did the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a receive or accrue compensation from any unrelated organization or individual for such individual. 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 5 5 Did any person listed on the organization? If "Yes," complete Schedule J for such person 5 5 5 6 5 5 5 5 5 5 5 6 5 5 5 5 5 5 5 5 6 10 10 100,000 of compensation from the organization. Report compensation for the									706 000					
d Total (add lines 1b and 1c) 786,823. NONE 148,84 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 6 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 I 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 I 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 I 5 Did any person listed on line 1a receive or accrue compensation from the organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 I 5 Complete this table for your five highest compensated independent contractors that received							• • •					<u> </u>		
 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 6 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		-												
 B) Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	2 Total number of individuals (including but not	limited to t	hose	liste	d al	bove	e) who	o re	ceived more than	\$100,000 o	f			
employee on line 1a? If "Yes," complete Schedule J for such individual	B Did the organization list any former offi	cer directo	or or	tri	iste	<u>م</u>		mn	lovee or highest	t compensa	ated		Yes	No
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	employee on line 1a? If "Yes," complete Schee	dule J for su	ch ina	lividu	ual						••	3	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	organization and related organizations g	reater than	\$15	50,0	00?	lf	"Yes	s," (complete Schedu	le J for s	uch	4	x	
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	5 Did any person listed on line 1a receive or	accrue co	mpen	sati	on f	from	n any	un	related organization	on or individ	dual	_		2
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)		es, comple		leuu	iie J	101	Such	per	30//	<u></u>		<u> </u>		
	Complete this table for your five highest cor compensation from the organization. Report													
Image: Constraint of the second se		dress								rvices	Co			-

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Form	990	(2022)
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Part VIII	Statement of Revenue
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Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ς, Ω	1a	Federated campaigns 1a					
ant	b	Membership dues					
ΰĒ							
Å,S,	C .	Fundraising events 1c					
Contributions, Gifts, Grants, and Other Similar Amounts	d	Related organizations 1d					
, Si	е	Government grants (contributions) 1e					
ŝ	f	All other contributions, gifts, grants,					
i Ei		and similar amounts not included above . 1f	9,132,509.				
ΞĒ	g	Noncash contributions included in					
đđ		lines 1a-1f	225,000.				
ວ ເ	h	Total. Add lines 1a-1f		9,132,509.			
			Business Code				
ë	2	REIMBURSEMENT JOINT PROJECT EXPENSES	900099	172,278.	172,278.		
Ξ,	2a		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1/2/2/01	1,1,1,1,0,		
Ser	b						
Program Service Revenue	С						
e a	d						
õ	е						
Ē	f	All other program service revenue					
	g	Total. Add lines 2a-2f		172,278.			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)		247,055.			247,055.
	4	Income from investment of tax-exempt bond		NONE			
	5	Royalties		NONE			
		(i) Real	(ii) Personal				
	0.		()				
	6a						
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c 12,481.	NONE				
	d	Net rental income or (loss)		12,481.			12,481.
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 1,530,665.					
ē	b	Less: cost or other basis					
jn c		and sales expenses 7b 1,424,104.					
Revenue	c	Gain or (loss) 7c 106,561.					
Ř	d	Net gain or (loss)		106,561.			106,561.
her	_						
đ	8a	Gross income from fundraising					
		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18	NONE				
	b	Less: direct expenses 8b	NONE				
	С	Net income or (loss) from fundraising events		NONE			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses	NONE				
	c	Net income or (loss) from gaming activities	<u></u>	NONE			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	47,174.				
	L .		20,547.				
	b c	Less: cost of goods sold		26,627.			26,627.
	Ť		Business Code	20,027.			20,027.
sno		OTHER INCOME		05 515			05 515
Jec	11a	OTHER INCOME	900099	25,713.			25,713.
llar 'en	b						
ev el	c						
Miscellaneous Revenue	d	All other revenue					
2	е	Total. Add lines 11a-11d		25,713.			
	12	Total revenue. See instructions		9,723,224.	172,278.		418,437.
JSA							Form 000 (2022)

	Check if Schedule O contains a respo			<u></u>	<u></u>
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	558,122.	558,122.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and	47 500	47 500		
	foreign individuals. See Part IV, lines 15 and 16	<u>47,500.</u>	47,500.		
	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,	294,184.	147,092.	73,546.	73,546
~	trustees, and key employees	294,104.	147,092.	75,540.	/3,540
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	4,284,094.	3,441,421.	321,962.	520,711
	Pension plan accruals and contributions (include	138,888.	115,780.	NONE	23,108
0	section 401(k) and 403(b) employer contributions	190,000.	113,700.	NONE	25,100
9	Other employee benefits	497,597.	426,676.	2,315.	68,606
9 10	Payroll taxes	324,817.	250,349.	34,368.	40,100
11	Fees for services (nonemployees):	021/02/1	20070127	01/0001	
	Management	NONE			
) Legal	105,190.		105,190.	
	Accounting	151,618.		151,618.	
	l Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17	NONE			
	F Investment management fees	NONE			
	Other. (If line 11g amount exceeds 10% of line 25, column				
-	(A), amount, list line 11g expenses on Schedule O.)	711,156.	559,604.	124,559.	26,993
12	Advertising and promotion	167,697.	152,928.	50.	14,719
13	Office expenses	432,344.	420,541.	4,588.	7,215
14	Information technology	345,425.	218,890.	28,964.	97,571
15	Royalties	NONE			
16	Occupancy	194,929.	154,087.	18,764.	22,078
17		236,657.	178,219.	17,821.	40,617
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	166,681.	134,753.	22,001.	9,927
20	Interest	NONE			
21	Payments to affiliates	NONE			
22	Depreciation, depletion, and amortization	360,170.	284,066.	76,104.	
23		191,831.	148,070.	18,495.	25,266
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	MAINTENANCE & REPAIRS	262,385.	250,643.	5,206.	6,536
b		139,603.	61,517.	49,538.	28,548
	BOOKS, SUBSCRIPTIONS, & DUES	23,808.	19,869.	875.	3,064
	MISCELLANEOUS EXPENSES	5,158.	270.	4,888.	
	All other expenses			1.000.000	1 000 1
	Total functional expenses. Add lines 1 through 24eJoint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	9,639,854.	7,570,397.	1,060,852.	1,008,605
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

following SOP 98-2 (ASC 958-720)

THE LAND INSTITUTE

Form 990 (2022)

Part X	Check if Schedule O contains a response or note to any line in this P	art X	<u></u>	<u></u>
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	70,835.	1	182,291
2	Savings and temporary cash investments	13,186,081.	2	12,988,230
3	Pledges and grants receivable, net	1,258,858.	3	904,893
4	Accounts receivable, net	5,182.	4	NOI
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	NONE	5	NO
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).	NONE	6	NO
2 7	Notes and loans receivable, net	NONE	7	NO
	Inventories for sale or use	12,831.	8	22,49
۶	Prepaid expenses and deferred charges	117,210.	9	28,53
10 a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 14,185,904.			
b	Less: accumulated depreciation	9,882,765.	10c	9,866,501
11	Investments - publicly traded securities	NONE	11	NO
12	Investments - other securities. See Part IV, line 11	NONE	12	NO
13	Investments - program-related. See Part IV, line 11	NONE	13	NO
14	Intangible assets	NONE	14	NO
15	Other assets. See Part IV, line 11	29,216.	15	121,69
16	Total assets. Add lines 1 through 15 (must equal line 33)	24,562,978.		24,114,63
17	Accounts payable and accrued expenses	779,681.	17	754,66
18	Grants payable	NONE		NO
19	Deferred revenue	1,047,417.		540,72
20	Tax-exempt bond liabilities	NONE		NO
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NO
g 22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE		NO
23	Secured mortgages and notes payable to unrelated third parties	NONE		NO
24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NO
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	NONE		NO
26	Total liabilities. Add lines 17 through 25	1,827,098.	26	1,295,38
	Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	20,321,061.	27	21,224,25
28	Net assets with donor restrictions.	2,414,819.	28	1,594,99
27 28 29 30 31 32	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	22,735,880.	32	22,819,25
33	Total liabilities and net assets/fund balances	24,562,978.		24,114,63
				Form 990 (202

	THE LAND INSTITUTE	48-084	42156	5		
Form 99	90 (2022)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)		1	9,7	23,	<u>224</u> .
2	Total expenses (must equal Part IX, column (A), line 25)		2			<u>854</u> .
3	Revenue less expenses. Subtract line 2 from line 1		3			<u>370</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .		4	22,7	35,	880
5	Net unrealized gains (losses) on investments		5			
6	Donated services and use of facilities		6			
7	Investment expenses		7			
8	Prior period adjustments		8			
9	Other changes in net assets or fund balances (explain on Schedule O)		9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part					
	32, column (B))		10	22,8	19,	<u>250</u>
Part						
	Check if Schedule O contains a response or note to any line in this Part XII.					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Othe	-		_		
	If the organization changed its method of accounting from a prior year or checked "	Other," ex	plain o	n		
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent account					X
	If "Yes," check a box below to indicate whether the financial statements for the year	were com	npiled o	r		
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate l	basis				
b	Were the organization's financial statements audited by an independent accountant?			. 2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year v	vere audit	ted on	a		
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate I	basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibil	ity for ove	ersight o			
	the audit, review, or compilation of its financial statements and selection of an independent	accounta	nt?	. 2c	X	
	If the organization changed either its oversight process or selection process during the ta	ix year, ex	plain o	n		
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits	as set for	th in th	e		
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?				X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization di		•			
	required audit or audits, explain why on Schedule O and describe any steps taken to underg	lo such au	udits		X	
				Form	990	(2022)

SCHE	DULE	F
(Form	990)	

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public

Inspection

ame of the	organization	
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Name	e of the organization					Employer identifi	cation number
THE	E LAND INSTITUTE					48-0	842156
Pa	rt Reason for Pub	olic Charity Status. (Al	I organizations mus	t comple	ete this p	oart.) See instructior	ns.
The	organization is not a priva	ate foundation because i	it is: (For lines 1 throu	gh 12, ch	eck only	one box.)	
1	A church, conventior	n of churches, or associa	ation of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2	A school described i	in section 170(b)(1)(A)(ii). (Attach Schedule E	(Form 99	90).)		
3		erative hospital service of		-		(1)(A)(iii).	
4		organization operated in	•		. ,		(iii). Enter the
	hospital's name, city			•			
5		erated for the benefit of	a college or universi	ty owned	d or ope	rated by a governme	ental unit described in
	• ·	(iv). (Complete Part II.)		.,			
6		ocal government or gove	ernmental unit describe	ed in sect	ion 170(b)(1)(A)(v)	
7		t normally receives a su			-		om the general public
•		170(b)(1)(A)(vi). (Comp	-		om a go		sin the general public
8		escribed in section 170(- Part Ⅱ)			
9		arch organization describ		-		in conjunction with a	land-grant college
9	•	n-land-grant college of a			•		
	university:	in and grant college of a	gliculture (see instruc	10115). L		ante, city, and state o	r the college of
10		normally receives (1) m	are then 224/29/ of its	oupport	from	tributiona mombarab	in face, and grace
10	receipts from activiti support from gross i acquired by the orga	ies related to its exempt investment income and u anization after June 30, 1	functions, subject to c inrelated business tax 1975. See section 509	certain ex able inco (a)(2). (0	ceptions ome (less Complete	s; and (2) no more than s section 511 tax) from Part III.)	n 331/3 % of its
11		anized and operated excl	•	-			
12		anized and operated exclu	•				
		supported organizations					
	the box on lines 12a	through 12d that describ	bes the type of suppo	rting orga	anization	and complete lines 1	2e, 12f, and 12g.
а	Type I. A supporti	ng organization operated	d, supervised, or conti	olled by	its supp	orted organization(s),	typically by giving
	the supported orga	anization(s) the power to	regularly appoint or e	elect a m	ajority of	the directors or truste	es of the
	supporting organiz	zation. You must comple	ete Part IV, Sections A	and B.			
b	Type II. A support	ing organization supervis	sed or controlled in co	nnectior	n with its	supported organizati	on(s), by having
	control or manage	ement of the supporting of	organization vested in	the sam	e person	is that control or man	age the supported
	organization(s). Yo	ou must complete Part IV	/, Sections A and C.				
С	Type III functional	Ily integrated. A support	ing organization operation	ated in c	onnectio	n with, and functional	lly integrated with,
	its supported organ	nization(s) (see instruction	ns). You must comple	ete Part I	V, Sectio	ons A, D, and E.	
d		ionally integrated. A sup					ted organization(s)
		ally integrated. The orga		•			• • • • •
		instructions). You must c	• •			•	
е		he organization received	•				I. Type III
•		ated, or Type III non-func					., . , p =
f	Enter the number of sup				ngamzai	юп.	
g	Provide the following inf						
	(i) Name of supported organizat		(iii) Type of organization	(iv) is the	organization	(v) Amount of monetary	(vi) Amount of
	() Hame of capponed eigenizat	(,	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
			above (see instructions))		ment?	instructions)	instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Tota	al						

Schedule A (Form 990) 2022

Page **2**

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

Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,663,735.	5,908,121.	9,914,070.	8,445,048.	9,132,509.	38,063,483.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	4,663,735.	5,908,121.	9,914,070.	8,445,048.	9,132,509.	38,063,483.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
c	shown on line 11, column (f)						8,757,950.
$\frac{6}{800}$	Public support. Subtract line 5 from line 4 tion B. Total Support						29,305,533.
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
		4,663,735.	5,908,121.	9,914,070.	8,445,048.	9,132,509.	38,063,483.
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	98,301.	81,602.	63,152.	40,337.	259,536.	542,928.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE SUPP PAGE	2,252.	2,174.	15,006.	15,329.	25,713.	60,474.
11	Total support. Add lines 7 through 10						38,666,885.
12	Gross receipts from related activities, etc. (se	ee instructions) .				12	939,423.
13	First 5 years. If the Form 990 is for organization, check this box and stop here						
Sec	tion C. Computation of Public Supp	port Percenta	ge				
14	Public support percentage for 2022 (lin					14	75.79 %
15	Public support percentage from 2021 S						74.88 %
16a	331/3% support test - 2022. If the org	anization did n	ot check the bo	x on line 13, an	d line 14 is 33	1/3 % or more, cl	
	box and stop here. The organization qu	•		•			
b	331/3% support test - 2021. If the org						
	this box and stop here. The organization	-		-			
17a	10%-facts-and-circumstances test - 2	-					
	10% or more, and if the organization						
	Part VI how the organization meets t			-	-		
_	organization						
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the organiz					-	-
	in Part VI how the organization meets			-	-		
4.6	organization						
18	Private foundation. If the organization						
	instructions						<u> </u>

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

<u>Sec</u>	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(u) 2021	(e) 2022	
9 10 a	Amounts from line 6 Gross income from interest, dividends,						
ieu	payments received on securities loans,						
	rents, royalties, and income from similar						
ь.	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
11 11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
10	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first, secor	d third fourth.	or fifth tax ve	ar as a sectio	n 501(c)(3)
	organization, check this box and stop here.	Ũ					
Sec	tion C. Computation of Public Supr						
15	Public support percentage for 2022 (line 8,		-	ımn (f))		15	%
16	Public support percentage from 2021 Sche	dule A, Part III, lir	ne 15			16	%
Sec	tion D. Computation of Investment						
17	Investment income percentage for 2022 (lir	ne 10c, column ((f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2021					18	%
19 a	331/3% support tests - 2022. If the or					ore than 331/3	%, and line
	17 is not more than 331/3%, check this	box and stop	here. The orga	nization qualifies	as a publicly su	upported organiz	zation
b	331/3% support tests - 2021. If the orga	anization did not	t check a box or	line 14 or line	19a, and line 16	is more than 33	31/3 %, and
	line 18 is not more than 331/3%, check	this box and st	t op here. The o	ganization qualifi	es as a publicly	supported organ	nization
20	Private foundation. If the organization of	did not check a	a box on line	14, 19a, or 19b	, check this bo	x and see inst	ructions
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(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? 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 filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10 a** 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.)

10b | Schedule A (Form 990) 2022

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

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Schedule A (Form 990) 2022

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		1
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No

1 Did the governing body, members of the governing body, officers acting in their official capacity, or member more supported organizations have the power to regularly appoint or elect at least a majority of the organization directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization effectively operated, supervised, or controlled the organization's activities. If the organization had more than or organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocate supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	ation's officers, ion(s) one supported d among the	
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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.

Section C. Type II Supporting Organizations

 Yes
 No

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

Section D. All Type III Supporting Organizations

			Yes	No	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously				
	provided?				
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? <i>If "No," explain in Part VI how</i>				
	the organization maintained a close and continuous working relationship with the supported organization(s).				
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? <i>If "Yes," describe in Part VI the role the organization's</i>				
	supported organizations played in this regard.	3			

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).					
а		The organization satisfied the Activities Test. Complete line 2 below.				
b The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>						
С	c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions					
•	A . (*	West Test Assessment Press On and Ob I show	Y	′es	N	
2	ACTIN	vities Test. Answer lines 2a and 2b below.				
-		autostantially all of the expensionly estimities during the tay year directly further the exempt purpose of				

а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify
	those supported organizations and explain how these activities directly furthered their exempt purposes,
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

1

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2b

3a

3b

Page 6

Schedule A	(Form	990	2022
Ochiculuic A		550	2022

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection			
of gross income or for management, conservation, or maintenance of			
property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Charly have if the summer types is the summination is first as a new functional		te d Truce III er menetie	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

Schedu	le A (Form 990) 2022				Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)		
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	s	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - <i>explain in Part VI).</i> See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
	Applied to underdistributohs of prior years				
b	Applied to 2022 distributable amount				
 5	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
U	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
'	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
C	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

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

SCHEDULE A, PART II - OTHER INCOME

Schedule A (Form 990 or 990-EZ) 2022

DESCRIPTION	2018	2019	2020	2021	2022	TOTAL
OTHER INCOME	2,252.	2,174.	15,006.	15,329.	25,713.	60,474.
TOTALS	2,252.	2,174.	15,006.	15,329.	25,713.	60,474.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

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

Employer identification number

THE LAND INSTITUTE		48-0842156
Organization type (check one):		
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 fou	ndation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundat	ion

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

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

501(c)(3) taxable private foundation

General Rule

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

Special Rules

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

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

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

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

Schedule B (Form 990) (2022)

Name of organization

Page 2 Employer identification number 48-0842156

Part I	Contributors (see instructions). Use duplicate cop	pies of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>N/A</u>	\$298,000.	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	<u>N/A</u>	\$496,000.	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	<u>N/A</u>	\$604,050.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	<u>N/A</u>	\$1,500,000.	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
5	<u>N/A</u>	\$250,000.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	<u>N/A</u>	\$2,025,000.	PersonXPayrollXNoncashX(Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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Schedule B (Form 990) (2022)

THE LAND INSTITUTE

Name of organization

Page **2** Employer identification number 48-0842156

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		
7	<u>N/A</u>	\$558,809.	Person X Payroll Image: 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.)		
(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) (2022)

JSA 2E1253 1.000

ame or or	ganization THE LAND INSTITUTE		0842156
Part II	Noncash Property (see instructions). Use duplicate copies		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	LAND		
		\$225,000.	03/29/2023
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2022)

JSA 2E1254 1.000

Schedule B (Form 990) (2022)

Page 3

	(Form 990) (2022)			Page 4
Name of or	-			Employer identification number
Deut III	THE LAND INSTITUTE	tall the - tall-		48-0842156
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if additi	the year from any ions completing Par e year. (Enter this ir	one contributor. One contributor. One contributor. One contributor of the total of total of the total of t	Complete columns (a) through (e) and of exclusively religious, charitable, etc.,
(a) No. from	(b) Purpose of gift	(c) Use	of aift	(d) Description of how gift is held
Part I	(b) Fulpose of gift			
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	hip of transferor to transferee
(a) No.				
`fŕom Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	hip of transferor to transferee
JSA				Schedule B (Form 990) (2022)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Internal Revenue Service If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

Section 527 organizations: Complete Part I-A only.

SCHEDULE C

Department of the Treasury

(Form 990)

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name	e of organization Em	ployer identification number
THE	LAND INSTITUTE	48-0842156
Par	t I-A Complete if the organization is exempt under section 501(c) or is a section 5	27 organization.
1	Provide a description of the organization's direct and indirect political campaign activities	in Part IV. See instructions for
	definition of "political campaign activities."	
2	Political campaign activity expenditures. See instructions	\$
	Volunteer hours for political campaign activities. See instructions	
	t I-B Complete if the organization is exempt under section 501(c)(3).	
1	Enter the amount of any excise tax incurred by the organization under section 4955	\$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	Yes No
4a	Was a correction made?	Yes No
	If "Yes," describe in Part IV.	
Par	t I-C Complete if the organization is exempt under section 501(c), except section	501(c)(3).
1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b	
4	Did the filing organization file Form 1120-POL for this year?	Yes No

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing 5 organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
For Paperwork Reduction Act Notice	e, see the Instructions for Form 990 or	990-EZ.		Schedule C (Form 990) 2022

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

OMB No. 1545-0047 Open to Public Inspection

Sch	nedule C (Form 990) 2022 THE LA	ND INSTITUTE	48-	-0842156	Page 2
Pa	art II-A Complete if the organization section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under	
Α		ongs to an affiliated group (and list in Part IV e of excess lobbying expenditures).	ach affiliated group meml	per's name, a	ddress,
В	Check if the filing organization ch	ecked box A and "limited control" provisions app	oly.		
		ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliat group tota	
t c c	 b Total lobbying expenditures to influence c Total lobbying expenditures (add lines 1 d Other exempt purpose expenditures e Total exempt purpose expenditures (add 	public opinion (grassroots lobbying) a legislative body (direct lobbying) a and 1b) I lines 1c and 1d) e amount from the following table in both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
	Not over \$500,000	20% of the amount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.			
	Over \$17,000,000	\$1,000,000.			
ç	g Grassroots nontaxable amount (enter 25	i% of line 1f)			
ł	h Subtract line 1g from line 1a. If zero or le	ess, enter -0-			
i		ss, enter -0			
j	If there is an amount other than zero	on either line 1h or line 1i, did the organiza	tion file Form 4720		
	reporting section 4911 tax for this year?			Yes	No
	4	-Year Averaging Period Under Section 501(h)			

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total	
2a Lobbying nontaxable amount						
b Lobbying ceiling amount (150% of line 2a, column (e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots lobbying expenditur	es					

Schedule C (Form 990) 2022

JSA

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed				(b)
	cription of the lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local			
	legislation, including any attempt to influence public opinion on a legislative matter or			
	referendum, through the use of:			
а	Volunteers?		X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.	X		
С	Media advertisements?		Х	
d	Mailings to members, legislators, or the public?		Х	
е	Publications, or published or broadcast statements?		Х	
f	Grants to other organizations for lobbying purposes?		Х	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Х	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х	
i	Other activities?			235.
j	Total. Add lines 1c through 1i			235.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b	If "Yes," enter the amount of any tax incurred under section 4912			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Pa	t III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	, or s	ection

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

 Part III-B
 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

 1
 Dues accessments and similar exempts

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		
	political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
	Carryover from last year.		
	Total	-	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
		4	
	and political expenditures next year?	-	
5	Taxable amount of lobbying and political expenditures. See instructions.	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE C, PART II-B, LINE 1I

THIS AMOUNT REPRESENTS TIME PAID STAFF SPENT WRITING TO AND DISCUSSING WITH THE FARMERS AND RANCHERS COMMUNITY ABOUT VARIOUS LEGISLATIONS THAT IMPACT FARMING.

SCHEE	DULE	D
(Form	990)	

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.

2 Open to Public

OMB No. 1545-0047

Depa	rtment of the Treasury		Attach to Form 990				Open to Public
	nal Revenue Service	Go to www.irs.gov/l	Form990 for instructions	and the late	est informati		Inspection
	e of the organization						fication number
1	LAND INSTITU			<u></u>		48-084	12156
Pa		tions Maintaining Donor Adv				ccounts.	
	Complete	e if the organization answered			ne 6.		
			(a) Donor advis	ed funds		(b) Funds	and other accounts
1	Total number at e	nd of year					
2		of contributions to (during year) .					
3		of grants from (during year)					
4		at end of year					
5	•	ion inform all donors and donor	•				
	•	inization's property, subject to the	•	•			
6		on inform all grantees, donors, a					
		e purposes and not for the bene					
	conferring imperm	issible private benefit?					. 🦲 Yes 🔄 No
Pa		tion Easements.			_		
		e if the organization answered					
1		servation easements held by the	2 (
		n of land for public use (for example	e, recreation or education)				important land area
		of natural habitat		Pres	ervation of	a certified hi	storic structure
		n of open space					
2	-	through 2d if the organization h	eld a qualified conserva	ition contri	ibution in th		
		last day of the tax year.					the End of the Tax Year
а		onservation easements				2a	
b	-	tricted by conservation easements			•••• ⊢	2b	
С		vation easements on a certified		. ,	· · · · ⊢	20	
d		vation easements included in (c)					
_		e listed in the National Register				2d	
3		rvation easements modified, tra	nsterred, released, exti	nguished,	or termina	ated by the c	organization during the
	tax year						
4		where property subject to conse					. 1
5		ation have a written policy reg					
~		orcement of the conservation ea					
6	Staff and volunteer	hours devoted to monitoring, insp	ecting, handling of violat	ions, and e	entorcing co	inservation eas	sements during the year
7	Amount of overone	es incurred in monitoring, inspec	ting handling of violatio	na and an	foreing con	oon action ooo	amonto during the year
'	Amount of expens	ses incurred in monitoring, inspec	ling, nanuling of violatio	ns, and en		servationeas	ements during the year
8	Does each conser	vation easement reported on line	2(d) above satisfy the re	quirement	e of section	170(b)(4)(B)	(i)
5)(4)(B)(ii)?		-			
9		cribe how the organization re					
°		include, if applicable, the tex	•				•
		ounting for conservation easeme		<u>-</u>			
Ра		tions Maintaining Collections		easures,	or Other S	Similar Asse	ets.
		e if the organization answered					
1a	If the organization	elected, as permitted under FA	ASB ASC 958, not to r	eport in its	s revenue	statement an	d balance sheet works
	of art, historical	treasures, or other similar asse	ts held for public exh	ibition, ed	lucation, oi	research in	furtherance of public
	•	Part XIII the text of the footnote					alanaa ahaat waal
b		n elected, as permitted under F. sures, or other similar assets he					
		ing amounts relating to these iter		Suucatio	n, or resea		ance of public service,
		ded on Form 990, Part VIII, line 1					\$
		ed in Form 990, Part X					
2	• •	n received or held works of a					
_	•	s required to be reported under F					gan, pronee the
а							\$
b	Assets included in	on Form 990, Part VIII, line 1 Form 990, Part X					\$

Schedule D (Form 990) 2022

		LAND INSTITUT			<u> </u>	48-084215		
	rt III Organizations Maintaini			-			,	
3	collection items (check all that apply):							
a	Public exhibition			-	program			
b								
c	Preservation for future gene		and and a harm	4 b a f t b a	4		aa in Dant	
4	Provide a description of the organ XIII.	nization's collections	and explain now	they further	the organization	s exempt purpo	se in Part	
5	During the year, did the organization	on solicit or receive c	Ionations of art, hist	orical treasu	res, or other simil	ar		
	assets to be sold to raise funds rath						No	
Ра	rt IV Escrow and Custodial A	rrangements.						
	Complete if the organiza 990, Part X, line 21.				-			
1a	Is the organization an agent, trus						—	
b	included on Form 990, Part X? If "Yes," explain the arrangement in				•••••	Yes	No	
			J			Amount		
С	Beginning balance							
d	Additions during the year			1d				
е	Distributions during the year							
f	Ending balance							
	Did the organization include an am							
	If "Yes," explain the arrangement in	n Part XIII. Check he	ere if the explanation	has been pr	ovided on Part XII	<u> </u>		
Ра	rt V Endowment Funds. Complete if the organiza	ation answered "Ye	es" on Form 990, I	Part IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two years		ears back (e) Fou	r years back	
1a	Beginning of year balance	434,024.	434,024.	910,0	00. 91	L0,000.	909,000.	
b	Contributions						1,000.	
	Net investment earnings, gains,							
Ū	and losses	12,554.	3,986.	7,2	94.	13,855.	14,246.	
d	Grants or scholarships							
	Other expenditures for facilities							
	and programs	12,554.	3,986.	483,2	70. 1	13,855.	14,246.	
f	Administrative expenses							
g	End of year balance	434,024.	434,024.	434,0	24. 91	10,000.	910,000.	
2	Provide the estimated percentage		end balance (line 1g	, column (a))	held as:			
а	Board designated or quasi-endown	nent 90.7800 9	%					
b	Permanent endowment 9.22	<u>00</u> %						
С	Term endowment%							
	The percentages on lines 2a, 2b, a							
3a	Are there endowment funds not in	the possession of the	ne organization that	are held and	administered for	the		
	organization by:						Yes No	
	(i) Unrelated organizations					3a(i)	X	
	(ii) Related organizations						X	
	If "Yes" on line 3a(ii), are the relate	0	•			3b		
4	Describe in Part XIII the intended unter the intended unter the Land, Buildings, and Equ		tion's endowment tu	nas.				
Pa	rt VI Land, Buildings, and Equ Complete if the organization	ation answered "Ye	es" on Form 990,	Part IV, line	11a. See Form	990, Part X, lir	ne 10.	
	Description of property	(a) Cost or (invest		or other basis other)	(c) Accumulated depreciation	(d) Book va	alue	
1a	Land		, , , , , , , , , , , , , , , , , , , ,	535,224.	·	3,63	35,224.	
b	Buildings			397,343.	2,059,094.		38,249.	
с	Leasehold improvements			145,549.	65,178.		30,371.	
d	Equipment			390,542.	2,103,850.		36,692.	
е	Other			117,246.	91,281.		25,965.	
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Form	n 990, Part X, colum	n (B), line 10	c.)		56,501.	

Schedule D (Form 990) 2022

Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990). Part IV. line 11b. See Form 990	Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion:
(1) Financia	al derivatives			
	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)		-		
(H)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered	"Yes" on Form 990), Part IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered), Part IV, line 11d. See Form 990	
	(a) De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	umn (b) must equal Form 990, Part X, col. (B) I	ino 15)		
	Other Liabilities.	ine 10.)	<u></u>	
Part X	Complete if the organization answered line 25.	l "Yes" on Form 990), Part IV, line 11e or 11f. See For	m 990, Part X,
1.		tion of liability		(b) Book value
	ral income taxes			US BOOK Value
(1) 1 cdc1				
(3)				
(4)				
(5)				
(6)				
(7)				
(7) (8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			
	pr uncertain tax positions. In Part XIII. provide the			pat reports the

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

Schedu	le D (Form 990) 2022 THE LAND INSTITUTE	48-	0842156 Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	9,723,224.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C			
d		2e	
e	Add lines 2a through 2d		0 702 004
3	Subtract line 2e from line 1	3	9,723,224.
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.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	9,723,224.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	9,639,854.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments 2b		
С	Other losses	1	
d	Other (Describe in Part XIII.) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	9,639,854.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
a b	Other (Describe in Part XIII.)		
		4c	
с 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>).		9,639,854.
	XIII Supplemental Information.		2,032,034.

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

SEE SUPPLEMENTAL PAGE

SCHEDULE D, PART V, LINE 4

THE ORGANIZATION INTENDS TO USE ITS ENDOWMENT FUNDS TO GENERATE AN ANNUAL INCOME FOR USE IN OPERATIONS. THE TERM ENDOWMENT CAN BE USED FOR SPECIAL NEEDS.

SCHEDULE D, PART X, LINE 2

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

SCHEDULE F (Form 990)		Statement of Activities Outside the United St	ates	OMB No. 1545-0047
		Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15	, or 16.	2022
		Attach to Form 990. Go to <i>www.irs.gov/Form990</i> for instructions and the latest information.		
Name of the organization			Employer iden	tification number
THI	E LAND INSTITU	TE	48-084	2156
		formation on Activities Outside the United States. Complete if the Part IV, line 14b.	organizatio	on answered "Yes" on
•		Does the organization maintain records to substantiate the amount of its the grantees' eligibility for the grants or assistance, and the selection crite or assistance?	ria used to	

- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) s	SOUTH AMERICA	NONE	NONE	GRANTMAKING		47,500.
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
<u>(11)</u>						
(12)						
(13)						
(14)						
(15)						
(16)						
<u>(17)</u>						
3a	Subtotal	NONE	NONE			47,500.
b	Total from continuation sheets to Part I					
c	Totals (add lines 3a and 3b)	NONE	NONE			47,500.
For Pa	perwork Reduction Act Notice, see	e the Instruction	s for Form 990.		Schedule	e F (Form 990) 2022

Schedule F (Form 990) 2022

THE LAND INSTITUTE

40

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,									
	Part IV, line 15, for any re	ecipient who recei	ved more than \$5,000. F	Part II can be	duplicated if addition	onal space is	needed.			
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities.....

NONE

Page 2

Part III

THE LAND INSTITUTE Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

48-0842156

Page 3

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) RESEARCH GRANTS	SOUTH AMERICA	1	47,500.	WIRE			
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
10)							
11)							
12)							
13)							
14)							
15)							
6)							
7)							
8)							

Schedule F (Form 990) 2022

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>	Yes	X	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X	No

Schedule F (Form 990) 2022

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART I, LINE 2

AN ACCOUNTING OF THE EXPENDITURE OF GRANT FUNDS AS WELL AS REPORTS OF

RESEARCH PROCEDURES AND RESULTS MUST BE SENT TO THE LAND INSTITUTE.

SCHEDULE F, PART I, LINE 3, COLUMN (F)

THE ORGANIZATION USES THE ACCRUAL METHOD OF ACCOUNTING.

SCHEDULE I (Form 990)		OMB No. 1545-0047								
Department of the Treasury Attach to Form 990. Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.										
Name of the organization		_				Employer identifica	tion number			
THE LAND INSTITUTE						48-0842156	5			
Part I General Information on Gran	ts and Assistance	e								
 Does the organization maintain record the selection criteria used to award the Describe in Part IV the organization's part IV 	e grants or assistanc procedures for mor	e? hitoring the use	of grant funds in the	e United States.			X Yes No			
Part II Grants and Other Assistance		-					Yes" on Form 990,			
Part IV, line 21, for any recip	ient that received	more than \$5	,000. Part II can b	be duplicated if a	additional space is I	needed.				
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
(1) UNIVERSITY OF MINNESOTA FOUNDATION										
200 OAK STREET SE SUITE 500	41-6007513	501(C)(3)	11,000.				RESEARCH			
(2) CLEMSON UNIVERSITY										
105 SIKES HALL CLEMSON, SC 29634	57-6000254	501(C)(3)	10,000.				RESEARCH			
(3) WSU FOUNDATION										
PO BOX 641925 PULLMAN, WA 99164	91-1075542	501(C)(3)	112,500.				RESEARCH			
(4) UNIVERSITY OF KANSAS										
1450 JAYHAWK BLVD LAWRENCE, KS 66045	48-0680117	GOVERNMENT	42,069.				RESEARCH			
(5) IOWA STATE UNIVERSITY										
515 MORRILL RD AMES, IA 50011	42-6004224	GOVERNMENT	16,000.				RESEARCH			
(6) COLORADO STATE UNIVERSITY										
300 UNIVERSITY SERVICES CENTER	84-6000545	GOVERNMENT	257,500.				RESEARCH			
(7) KANSAS STATE UNIVERSITY										
919 MID-CAMPUS DR. NORTH	48-0771751	GOVERNMENT	6,000.				RESEARCH			
(8) UNIVERSITY OF GEORGIA FOUNDATION										
1 PRESS PLACE STE 101 ATHENS, GA 30602	58-6033837	501(C)(3)	35,000.				RESEARCH			
(9) UNIVERSITY OF COLORADO FOUNDATION										
1800 GRANT STREET SUITE 725	84-6049811	501(C)(3)	8,750.				RESEARCH			
(10)										
(11)										
(12)										
2 Enter total number of section 501(c)(3) and government a	proanizations lis	ted in the line 1 tak			· · · · · · · · · · ·	9			
<u>3</u> Enter total number of other organization							NONE			

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

Schedule I (Form 990) 2022

THE LAND INSTITUTE

48-0842156

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provide the information.	information re	equired in Part I,	line 2, Part III, c	column (b); and any c	other additional

SCHEDULE I, PART I, LINE 2

AN ACCOUNTING OF THE EXPENDITURE OF GRANT FUNDS AS WELL AS A RESEARCH

ABSTRACT WRITTEN ABOUT THE RESEARCH SUPPORTED BY THE LAND INSTITUTE

MUST BE SUBMITTED TO THE LAND INSTITUTE.

SCHEDULE J Compensation Information					MB No.	1545-0	047
(Forn	n 990)		ctors, Trustees, Key Employees, and Highest npensated Employees		୬⋒	22)
	Complete if the organization answered "Yes" on Form 990, Part IV, line 23.					D Puk	
	Department of the Treasury Attach to Form 990. Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.						
	of the organization			Employer identificatio		ectio r	
THE	LAND INST	ITUTE		48-084215	6		
Part		ns Regarding Compensation					
						Yes	No
1a			ovided any of the following to or for a pers				
			provide any relevant information regarding				
		ss or charter travel	Housing allowance or residence for				
		or companions	Payments for business use of persor				
		emnification and gross-up payments	Health or social club dues or initiatio				
	Discretio	onary spending account	Personal services (such as maid, cha	auffeur, cher)			
b	or reimburse	ement or provision of all of the ex	e organization follow a written policy re penses described above? If "No," com	plete Part III to			
2	explain	anization require substantiation prior	to reimbursing or allowing expenses	incurred by all	1b		
2	•)/Executive Director, regarding the items				
					2		
3			on used to establish the compensation of t	he			
Ū			at apply. Do not check any boxes for metho				
	related organ	ization to establish compensation of the	e CEO/Executive Director, but explain in Pa	art III.			
	X Comper	nsation committee	Written employment contract				
		dent compensation consultant	X Compensation survey or study				
	Form 99	00 of other organizations	X Approval by the board or compensa	tion committee			
4			Part VII, Section A, line 1a, with respect to	o the filing			
		or a related organization:					
a k			ayment?		4a 4b	X	X
b	-		tal nonqualified retirement plan?		40 40		x
С	-		ovide the applicable amounts for each it		40		
	Only section	501(c)(3), 501(c)(4), and 501(c)(29) or	ganizations must complete lines 5-9.				
5	-		on A, line 1a, did the organization pa	y or accrue any			
	compensatior	n contingent on the revenues of:					
					5a		X
b					5b		X
		e 5a or 5b, describe in Part III.					
6			on A, line 1a, did the organization pa	y or accrue any			
-		n contingent on the net earnings of:			6-		37
a b					6a 6b		X X
b	•	e 6a or 6b, describe in Part III.			00		
7			n A, line 1a, did the organization prov	ide any nonfived			
'			escribe in Part III		7		х
8			paid or accrued pursuant to a contract that				
			Regulations section 53.4958-4(a)(3)? If				
					8		X
9			ow the rebuttable presumption proced				
			<u></u>		9		
For Pa	aperwork Reduc	ction Act Notice, see the Instructions for Fo	orm 990.	Sched	ule J (Fo	orm 990	0) 2022

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

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.

(A) Name and Title		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
RACHEL STROER	(i)	113,916.	NONE	33,256.	NONE	33,256.	180,428.	NONE	
1 PRESIDENT	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
WES JACKSON	(i)		NONE	NONE	NONE	17,669.	117,530.	NONE	
2 PRESIDENT EMERITUS	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)								
3	(ii)								
	(i)								
4	(ii)								
	(i)								
5	(ii)								
	(i)								
6	(ii)								
	(i)								
7	(ii)								
	(i)								
8	(ii)								
	(i)								
9	(ii)								
	(i)								
10	(ii)								
	(i)								
11	(ii)								
	(i)								
12	(ii)								
	(i)								
13	(ii)								
	(i)								
14	(ii)								
	(i)								
15	(ii)								
	(i)								
16	(ii)								

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 4B

WES JACKSON PARTICIPATED IN A NONQUALIFIED RETIREMENT PLAN.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. 2022 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification	number
48-0842156	

Dout	п т.	unaa af	Droport
THE	LAND	INSTI	TUTE

Par	t Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash conti	(d) deterr ibutior	nining n amou	unts
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
•	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other	Х	1	225,000.	FMV			
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
26	Other ►()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received							
	which the organization completed F	orm 8283,	Part V, Donee Acknowledge	ement	29			
					ſ		Yes	No
30a	During the year, did the organizat				- 1			
	28, that it must hold for at least the	-			-			
	to be used for exempt purposes for		olding period?			30a		X
	If "Yes," describe the arrangement i							
31	Does the organization have a	•		•				
	contributions?					31		X
32a	Does the organization hire or use		•					
_	contributions?					32a		X
	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in c	olumn (c) for a type of pro	perty for which column (a)) is checked,			
	describe in Part II.	mations for F	000		.			
ר זט ד	aperwork Reduction Act Notice, see the Inst	uctions for FO	111 330.		Schedule	WI (For	m 990)	1 2022

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN B

THE NUMBER IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTORS.

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service Name of the organization

THE LAND INSTITUTE

FORM 990, PART III, LINE 1

WHEN PEOPLE, LAND, AND COMMUNITY ARE AS ONE, ALL THREE MEMBERS PROSPER; WHEN THEY RELATE NOT AS MEMBERS BUT AS COMPETING INTERESTS, ALL THREE ARE EXPLOITED. BY CONSULTING NATURE AS THE SOURCE AND MEASURE OF THAT MEMBERSHIP, THE LAND INSTITUTE SEEKS TO DEVELOP AN AGRICULTURE THAT WILL SAVE SOIL FROM BEING LOST OR POISONED, WHILE PROMOTING A COMMUNITY LIFE AT ONCE PROSPEROUS AND ENDURING.

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

AN INDEPENDENT ACCOUNTING FIRM PREPARES AND REVIEWS THE 990. THE 990 IS THEN REVIEWED BY THE ORGANIZATION'S PRESIDENT, COO AND THE CHARITY CFO. ANY QUESTIONS AND CONCERNS THE ORGANIZATION'S PRESIDENT, COO AND THE CHARITY CFO HAVE ARE ADDRESSED AND ANY CORRECTIONS OR CLARIFICATIONS THAT NEED TO BE MADE ARE MADE. THE FINAL FORM 990 WITH ALL REQUIRED SCHEDULES IS THEN PROVIDED TO ALL VOTING MEMBERS OF THE BOARD PRIOR TO FILING THE 990.

FORM 990, PART VI, SECTION B, LINE 12C

ALL CONFLICT OF INTEREST FORMS ARE REVIEWED BY THE GOVERNANCE AND NOMINATING COMMITTEE OF THE BOARD. IF CONFLICTS ARISE IN BOARD MEETINGS THEY ARE ADDRESSED AT THAT TIME AND CONFLICTED PERSONS ARE ASKED TO RECUSE FROM DISCUSSION AND/OR VOTING.

FORM 990, PART VI, SECTION B, LINE 15A & 15B

COMPENSATION REVIEWS ARE PERFORMED ANNUALLY FOR THE PRESIDENT AND ALL OTHER OFFICERS. THE DIRECTOR OF HR REVIEWS THE ANNUAL UPDATES TO THE RESEARCH USDA CHART AND COMPARES TO WHAT IS BUDGETED. COMPENSATION BUDGETS ARE REVIEWED BY THE ABI COMMITTEE AND APPROVED BY THE FULL BOARD.

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ. OMB No. 1545-0047

 Department of the Treasury Internal Revenue Service
 Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

 Name of the organization
 Employer ide

THE LAND INSTITUTE

THE PRESIDENT'S COMPENSATION IS ALSO REVIEWED ANNUALLY BY THE GOVERNANCE

AND NOMINATION COMMITTEE OF THE BOARD, WHICH USES PAYSCALE, AS WELL AS

OTHER BENCHMARKING TOOLS AVAILABLE TO DETERMINE AND SET COMPENSATION FOR

THE PRESIDENT.

FORM 990, PART VI, SECTION C, LINE 19

AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON OUR WEBSITE

WWW.LANDINSTITUTE.ORG AND OTHER GOVERNING DOCUMENTS, INCLUDING CONFLICT

OF INTEREST POLICY, ARE AVAILABLE UPON REQUEST.

Form	990-T	Ex	empt Organization Business Income Tax Return (and proxy tax under section 6033(e))	n	OMB No. 1545-0047
		For caler	ndar year 2022 or other tax year beginning $_$ 07/01 $_{ m }$, 2022, and ending $_$ 06/30 $_{ m }$, 20	o <u>23</u>	20 22
Depar	tment of the Treasury		Go to www.irs.gov/Form990T for instructions and the latest information.		Open to Public Inspection
Intern	al Revenue Service	Do	not enter SSN numbers on this form as it may be made public if your organization is a 501(c)		for 501(c)(3) Organizations Only
A _	Check box if address changed.		Name of organization (Check box if name changed and see instructions.)	D Emplo	yer identification number
			THE LAND INSTITUTE		842156
	empt under section	Print or	Number, street, and room or suite no. If a P.O. box, see instructions.		exemption number structions)
X	501(C)(3)	Туре	2440 E WATER WELL ROAD		,
	408(e) 220(e)		City or town, state or province, country, and ZIP or foreign postal code		<u></u>
	408A 530(a)		SALINA, KS 07401	F	Check box if an amended return.
	529(a) 529A		x value of all assets at end of year		
	heck organization ty		X 501(c) corporation 501(c) trust 401(a) trust Other trust		tate college/university
	heck if filing only to		Claim credit from Form 8941 Claim a refund shown on Form :		
			tion filing a consolidated return with a 501(c)(2) titleholding corporation		
			Schedules A (Form 990-T)		
	•		corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	• • • •	Yes X No
		-	identifying number of the parent corporation		5286
LI	he books are in care		RACIE THOMAS Telephone number 785	-823-	5376
			440 E WATER WELL ROAD		
		5	ALINA, KS 67401		
Pa	t I Total Upro	lated P	usiness Taxable Income		
Pa 1			less taxable income computed from all unrelated trades or businesses (se		
•			less taxable income computed from an unrelated trades of businesses (se	. 1	
2	,			2	
3				3	
4			ee instructions for limitation rules)		
5		•	axable income before net operating losses. Subtract line 4 from line 3		
6			g loss. See instructions	6	
7		•	less taxable income before specific deduction and section 199A deduction	-	
•				. 7	
8			ally \$1,000, but see instructions for exceptions)	. 8	
9	•		iction. See instructions.	. 9	
10			s 8 and 9	10	
11	Unrelated busine	ess taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7		
				<i>,</i>	NONE
Pa	rt II Tax Comp				1101112
1			corporations. Multiply Part I, line 11 by 21% (0.21)	• 1	NONE
2	Trusts taxable	at trust	rates. See instructions for tax computation. Income tax on the amount of	n	
	Part I, line 11 from	Г	Tax rate schedule or Schedule D (Form 1041)		
3					
4			structions		
5	Alternative minim	um tax (t	rusts only)		
6	Tax on noncomp	liant facil	ity income. See instructions	. 6	
7	•		6 to line 1 or 2, whichever applies		NONE
For			lotice, see instructions.		Form 990-T (2022)

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

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

OMB No. 1545-0047

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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

Type or	Name of exempt organization or other filer, see instructions. Taxpayer identification			axpayer identification nu	on number (TIN)		
print				40 004015	-		
File by the	THE LAND INSTITUTE 48-0842156 Number, street, and room or suite no. If a P.O. box, see instructions. 48-0842156						
due date for	ue date for						
filing your return. See	City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.				
instructions. SALINA, KS 67401							
Enter the Re	eturn Code for the return that this application	is for (file	a separate application for e	each return)			07
Application		Return	Application				Return
Is For		Code	Is For				Code
	r Form 990-EZ	01	Form 1041-A				08
Form 4720		03	Form 4720 (other than i	ndividual)			09
Form 990-Pl		04	Form 5227	namadai)			10
	(sec. 401(a) or 408(a) trust)	05	Form 6069				11
	(trust other than above)	06	Form 8870				12
	(corporation)	07					
 If the orga If this is for the whole a list with the alist with the for the for the for the x 	e No. ► 785 823-5376 anization does not have an office or place of or a Group Return, enter the organization's fo e group, check this box ►	business ir ur digit Gro f it is for pa ion is for. ntil for the org 01_, 2022	oup Exemption Number (GB art of the group, check this 05/15_, 2024 ganization's return for: , and ending	EN), to file the exempt, to file the exempt, to file the exempt	: org	If th and att ganizat	nis is tach
	hange in accounting period						
	application is for Forms 990-PF, 990-T,	4720, or	6069, enter the tental	tive tax, less any			
	undable credits. See instructions.				3a	\$	NONE
	application is for Forms 990-PF, 990-T, ted tax payments made. Include any prior year		· · · · ·	dable credits and	3b	\$	NONE
	e due. Subtract line 3b from line 3a. In	•		m, if required, by			
using E	EFTPS (Electronic Federal Tax Payment Syster	n). See ins	ructions.		3c	\$	NONE
Caution: If yo instructions.	u are going to make an electronic funds withdraw	al (direct de	bit) with this Form 8868, see	e Form 8453-TE and Fo	orm 8	3879-TE	for payment
For Privacy A	Act and Paperwork Reduction Act Notice, see inst	ructions.			Form	n 8868	(Rev. 1-2022)

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Form	990-T (2022)			48-	0842156	<u>5</u> F	Page 2
Par	t III Tax and Payments						
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a					
b	Other credits (see instructions)	1b					
С	General business credit. Attach Form 3800 (see instructions)	1c					
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d					
е	Total credits. Add lines 1a through 1d			1e			
2	Subtract line 1e from Part II, line 7			2		N	ONE
3		Form 8					
	Other (attach statement)			3			
4	Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously of						
	section 1294. Enter tax amount here		-	4		N	ONE
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)			5			
6a	Payments: A 2021 overpayment credited to 2022	6a					
	2022 estimated tax payments. Check if section 643(g) election applies	6b					
	Tax deposited with Form 8868.	6c					
	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		-			
	Backup withholding (see instructions)	6e		-			
f	Credit for small employer health insurance premiums (attach Form 8941)	6f					
q	Other credits, adjustments, and payments: Form 2439						
3	Form 4136 Other Total	6g					
7	Total payments. Add lines 6a through 6g			7			
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached			8			
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed			9		N	ONE
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpa						<u></u>
11	Enter the amount of line 10 you want: Credited to 2023 estimated tax		Refunded	11			
	t IV Statements Regarding Certain Activities and Other Info	orma					
1	At any time during the 2022 calendar year, did the organization have an in		· · · · · · · · · · · · · · · · · · ·		authority	Yes	No
-	over a financial account (bank, securities, or other) in a foreign country? If		-				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes,		-	•			
	here	,		. e. e.g	, occurry		Х
2	During the tax year, did the organization receive a distribution from, or was it the	e arar	ntor of, or transferor to	b. a for	eian trust?		X
-	If "Yes," see instructions for other forms the organization may have to file.	5		,	J		
3	Enter the amount of tax-exempt interest received or accrued during the tax year		\$				
4	Enter available pre-2018 NOL carryovers here \$. Do not incl			over			
•	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover sh				orted on		
		own	here by any deduct				
5	Part I, line 6. Post-2017 NOL carryovers. Enter the Business Activity Code and available	nost	-2017 NOI carryover	s Don	't reduce		
Ŭ	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the			3. Don			
	Business Activity Code		Available post-2017	NOL car	rvover		
		\$	•		<u> </u>		
		- <u>`</u>					
		- <u>*</u>					
		-					
6a	Did the organization change its method of accounting? (see instructions)						Х
	If 6a is "Yes," has the organization described the change on Form 990,						
	explain in Part V.						
Par	V Supplemental Information						
	de the explanation required by Part IV, line 6b. Also, provide any other additional information	ation.	See instructions.				
	SUPPLEMENTAL INFORMATION ATTACHED						
	Under penalties of perjury, I declare that I have examined this return, including accompanyi	ing sch	nedules and statements, ar	d to the	best of my kn	owled	ge and
Sig	belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based or	n all inf		,	knowledge. IRS discuss	thie .	eture
			IV		0.00000		JUNI

Sign Here	RACHEL STROER		05/15/2024 Date	PRESIDE Title	ENT		discuss this return parer shown below ? X Yes No
Paid	Print/Type preparer's name		Preparer's signature		Date	Check if	PTIN
	MICHAEL J ENGLE				05/15/2024	self-employed	P00482834
Prepar Use Or		, LLP				Firm's EIN 44	4-0160260
056 01	Firm's address 1201 WA	Firm's address 1201 WALNUT, SUITE		E 1700, KANSAS CITY, MO 64106-224		4 Phone no. 816-221-6300	
JSA							Form 990-T (2022)

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form **990-1** (2022)

PART	NUMBER:	V
LINE	NUMBER:	N/A

EXPLANATION:

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN IRC §512(A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTES OF LIMITATION FOR REPORTING UNRELATED BUSINESS INCOME.