Form 8879-EO	IRS e-file Signature Authorization for an Exempt Organization		OMB No. 1545-0047
	For calendar year 2020, or fiscal year beginning, 2020, and ending,	20	0000
Department of the Treasury	Do not send to the IRS. Keep for your records.		2020
Internal Revenue Service	Go to www.irs.gov/Form8879EO for the latest information.		
Name of exempt organization	or person subject to tax	Taxpayer	identification number
	TNO	 .	**1280
LAND IS LIFE,		<u> </u>	^^1280
Name and title of officer or pe ANA JEROLAMON	ISON Subject to tax		
INTERIM CO-DI	RECTOR		
Part I Type of I	Return and Return Information (Whole Dollars Only)		
check the box on line 1a , 2 blank, then leave line 1b , 2 return, then enter -0- on the	rn for which you are using this Form 8879-EO and enter the applicable amount, if any, from 2a , 3a , 4a , 5a , 6a , or 7a below, and the amount on that line for the return being filed with 2b , 3b , 4b , 5b , 6b , or 7b , whichever is applicable, blank (do not enter -0-). But, if you enter e applicable line below. Do not complete more than one line in Part I.	this form ed -0- on t	was he
1a Form 990 check here 2a Form 990-EZ check h			
3a Form 1120-POL check			
4a Form 990-PF check h			
5a Form 8868 check here			
6a Form 990-T check he			
7a Form 4720 check here		7b	
	ion and Signature Authorization of Officer or Person Subject to Tax		
	I declare that X I am an officer of the above organization or I am a person subj		
	, (EIN), rn and accompanying schedules and statements, and, to the best of my knowledge and b		
software for payment of th a payment, I must contact (settlement) date. I also au confidential information ne	nic funds withdrawal (direct debit) entry to the financial institution account indicated in the e federal taxes owed on this return, and the financial institution to debit the entry to this a the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to thorize the financial institutions involved in the processing of the electronic payment of tax cessary to answer inquiries and resolve issues related to the payment. I have selected a a smy signature for the electronic return and, if applicable, the consent to electronic fund	ccount. T o the payı xes to rec personal	o revoke nent eive
X I authorize YO	UNT, HYDE & BARBOUR, P.C.	to enter m	IV PIN 22310
	ERO firm name		Enter five numbers, but
a state agency(ie PIN on the return As an officer or p electronically file	on the tax year 2020 electronically filed return. If I have indicated within this return that a des) regulating charities as part of the IRS Fed/State program, I also authorize the aforemern's disclosure consent screen. Deerson subject to tax with respect to the organization, I will enter my PIN as my signature ad return. If I have indicated within this return that a copy of the return is being filed with a ies as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure cor	ntioned EF on the tax state age	RO to enter my x year 2020 ncy(ies)
Signature of officer or person subject	st to tay	Da	te 🕨
Part III Certifica	tion and Authentication		
-	your six-digit electronic filing identification your five-digit self-selected PIN. Do not enter all zeros		
-	neric entry is my PIN, which is my signature on the 2020 electronically filed return indicate eturn in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Informa siness Returns.		
ERO's signature 🕨	Date ► 11/	11/21	
	ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do S	So	
LHA For Paperwork Rec	luction Act Notice, see instructions.		Form 8879-EO (2020)
023051 11-03-20			

13281112 781823 70037270.N

2020.05000 LAND IS LIFE, INC.

70037271

(Rev. January 2020)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

File a separate application for e	ach return.
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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.

Туре о	Name of exempt organization or other filer, see instruct	ctions.		Taxpayer	identificati	on number (TIN)
print	LAND IS LIFE, INC. **-***1					*1280
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, se	e instruct	ions.			
instruction		reign addı	ress, see instructions.			
Enter th	e Return Code for the return that this application is for (file	a separat	e application for each return)			
Applica	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	90 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99	90-BL	02	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720 (other than individual)			09
Form 99	90-PF	04	Form 5227			10
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	90-T (trust other than above)	06	Form 8870			12
 If the If this box 1 the the	observed (646) 389-5548 e organization does not have an office or place of business s is for a Group Return, enter the organization's four digit (. If it is for part of the group, check this box ▶ request an automatic 6-month extension of time until . e organization named above. The extension is for the organization ramed above. The extension is for the organization named above. The extension is for the organization ramed above.	Aroup Exe and atta NOVEN Inization's , an	mption Number (GEN) I ch a list with the names and TINs of IBER 15, 2021 , to file return for:	f this is fo all membe	r the whole ers the extension or ganization pt or ganization 	
	this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less		•	0.
	ny nonrefundable credits. See instructions.	ontor or:	rofundable gradite and	<u>3a</u>	\$	0.
	this application is for Forms 990-PF, 990-T, 4720, or 6069,			Зb	\$	0.
	stimated tax payments made. Include any prior year overpa alance due. Subtract line 3b from line 3a. Include your pa			30	æ	0.
	sing EFTPS (Electronic Federal Tax Payment System). See	•		3c	\$	0.
	: If you are going to make an electronic funds withdrawal	(direct det	bit) with this Form 8868, see Form 84		d Form 887	

13281112 781823 70037270.N

Form	g	g	N
FOUL	J	J	U

Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2021 Return of Organization Exempt From Income Tax

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

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

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



B Charles CName of organization D Employer identification number	AF	or the	2020 calendar year, or tax year beginning and	ending		
LAND 15 LIFE, INC. Dring business as Interpret Intere <	B C a	heck if	C Name of organization		D Employer identific	cation number
Doing Dusiness as Doing Dusiness as Doing Dusiness as Predering Trend Dusiness as there (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 228 PARK AVE S , PMB 45112 City or town, state or province, country, and ZIP or foreign postal code G coase receipts 4 , 744, 090. Appender Pregretar F Hame and address of principal officer: ANA JEROLAMON H(a) Is this a group return for subordinates includer? Yes No I Taxexempt status: IS 10(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527 H'No,' attach a fills: See instructions H(c) Group exemption number Yes No J Website: WWW J. LANDI SLIFE. ORG L Year of formation: 1989 M State of legal domicie: NY Part I Summary 1 Briefly describe the organization's mission or most significant activities: DIRECTLY SUPPORTING GRASSROOTS INDIGENOUS COMMUNITIES, ORGANIZATIONS, AND LEADERS GLOBALLY. 2 Check this box P- it the organization discontinue di to operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 5 7 4 Total number of number of the governing body (Part VI, line 2a) 5 7.7 0 0 <th></th> <td>change</td> <td>LAND IS LIFE, INC.</td> <td></td> <td></td>		change	LAND IS LIFE, INC.			
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State City or town, state or province, country, and ZIP or foreign postal code G. Gross receipts 5 4,744,090. Memory NEW YORK, NY 10003 H(a) is this a group return for subordinate? Yes XIN Penders SAME AS C ABOVE Yes XIN H(b) Are all subordinate? Yes XIN 1 Tax-exempt status: X 01(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 H* No.* attach a list. See instructions H(c) Areal subordinates? Yes XIN No J Wobsite: WWW.LANDISLIFE.ORG H(b) Are all subordinates? Yes No I Briefly describe the organization's mission or most significant activities: DIRECTLY SUPPORTING GRASSROOTS IDIGENOUS COMMUNITIES, ORGANIZATIONS, AND LEADERS GLOBALLY. 2 Check this box if the organization discontinue d its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 7 4 Number of individuals employed in calendar year 2020 (Part V, line 2a) 5 7 5 Total number of undures revenue (setimate if necessary) 6 5 7 a Total number of undures revenue (revenue (revenue (revenue revenue (revenue revenue (revenue revenue revenue (revenue revenue revenue (revenue revenue (revenue revenue revenue revenue revenue		Final	228 PARK AVE S, PMB 45112		(646) 389	9-5548
MEW YORK, NY 10003 H(a) Is this a group return Image: pending NEW YORK, NY 10003 H(a) Is this a group return Transmitter F Name and address of principal officier. ANA JEROLAMON Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Yes X No I arcexempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 J Website: WWN.LANDISLIFE.ORG H(c) Group exemption number. K K Form of organization: X Corporation Trust Association Other L Year of tormation: 1989 M State of legal domicile: NY Part I Summary 1 Briefly describe the organization's mission or most significant activities: DIRECTLY SUPPORTING GRASSROOTS INDIGENOUS COMMUNITIES, ORGANIZATIONS, AND LEADERS GLOBALLY. 2 Check this box imprint the granization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voling members of the governing body (Part V, line 1a) 3 7 4 Number of independent voting members of the governing body (Part V, line 2a) 7 6 7 6 Total number of volunters (estimate if necessary) 7 6 7 0 0 0		termin- ated			G Gross receipts \$	4,744,090.
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b Net unrelated business taxable income from Form 990-T, Part I, line 11 Tb U. 8 Contributions and grants (Part VIII, line 1h) Prior Year Current Year 9 Program service revenue (Part VIII, line 2g) 0. 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 25,000. 0. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,829,946. 4,744,090. 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 1,051,996. 1,814,487. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5:10) 329,078. 421,700. 16a Professional fundraising fees (Part IX, column (D), line 25) 170,369. 153,119. 206,052. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,534,193. 2,442,239. 19 Revenue less expenses. Subtract line 18 fr	vitie	6	Total number of volunteers (estimate if necessary)	6		
b Net unrelated business taxable income from Form 990-T, Part I, line 11 Tb U. 8 Contributions and grants (Part VIII, line 1h) Prior Year Current Year 9 Program service revenue (Part VIII, line 2g) 0. 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. 0. 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 25,000. 0. 0. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,829,946. 4,744,090. 0.	vct iv	7 a `	Total unrelated business revenue from Part VIII, column (C), line 12		7a	
8 Contributions and grants (Part VIII, line 1h) 1,804,946. 4,744,090. 9 Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 25,000. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,829,946. 4,744,090. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,051,996. 1,814,487. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) 329,078. 421,700. 16a Professional fundraising fees (Part IX, column (D), line 25) 170,369. 153,119. 206,052. 17 Other expenses (Part IX, column (A), line 11a-11d, 11f-24e) 1,534,193. 2,442,239. 19 Revenue less expenses. Subtract line 18 from line 12 295,753. 2,301,851. 18 Beginning of Current Year End of Year	-	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
9 Program service revenue (Part VIII, line 2g) 0. 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 25,000. 0. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) 1,829,946. 4,744,090. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,051,996. 1,814,487. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 329,078. 421,700. 16a Professional fundraising fees (Part IX, column (A), line 25) 170,369. 153,119. 206,052. 17 Other expenses (Part IX, column (A), line 25) 1,534,193. 2,442,239. 1,534,193. 2,442,239. 19 Revenue less expenses. Subtract line 18 from line 12 295,753. 2,301,851. 153 Beginning of Current Year End of Year						
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 23,000. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,829,946. 4,744,090. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,051,996. 1,814,487. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) 329,078. 421,700. 16a Professional fundraising fees (Part IX, column (D), line 25) 170,369. 0. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,534,193. 2,442,239. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,534,193. 2,301,851. 19 Revenue less expenses. Subtract line 18 from line 12 295,753. 2,301,851.	Ð	8	Contributions and grants (Part VIII, line 1h)		1,804,946.	4,744,090.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 23,000. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,829,946. 4,744,090. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,051,996. 1,814,487. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) 329,078. 421,700. 16a Professional fundraising fees (Part IX, column (D), line 25) 170,369. 0. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,534,193. 2,442,239. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,534,193. 2,301,851. 19 Revenue less expenses. Subtract line 18 from line 12 295,753. 2,301,851.	nué	9	Program service revenue (Part VIII, line 2g)		-	-
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 23,000. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,829,946. 4,744,090. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,051,996. 1,814,487. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) 329,078. 421,700. 16a Professional fundraising fees (Part IX, column (D), line 25) 170,369. 0. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,534,193. 2,442,239. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,534,193. 2,301,851. 19 Revenue less expenses. Subtract line 18 from line 12 295,753. 2,301,851.	eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,051,996. 1,814,487. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 329,078. 421,700. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 170,369. 153,119. 206,052. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,534,193. 2,442,239. 19 Revenue less expenses. Subtract line 18 from line 12 295,753. 2,301,851.	œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
14 Benefits paid to or for members (Part IX, column (A), line 4) 0.00. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 329,078.421,700. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0.00. 16a Professional fundraising expenses (Part IX, column (D), line 25) 170,369. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 153,119.206,052. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,534,193.2,442,239. 19 Revenue less expenses. Subtract line 18 from line 12 295,753.2,301,851. 153 Beginning of Current Year End of Year		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 329,078.421,700. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0.0.0. b Total fundraising expenses (Part IX, column (D), line 25) 170,369. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 153,119.206,052. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,534,193.2,442,239. 19 Revenue less expenses. Subtract line 18 from line 12 295,753.2,301,851. b Beginning of Current Year End of Year		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			1,814,487.
⁸ / ₂ ⁸ / ₂ ⁸ / ₂ ^{16a} Professional fundraising fees (Part IX, column (A), line 11e) ⁰ / ₂		14	Benefits paid to or for members (Part IX, column (A), line 4)			<u> </u>
17 Other expenses (Part IX, Column (A), lines France, Column (A), lines France, Column (A), lines France, Column (A), lines 25 1353, 1133 2000, 0524 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1, 534, 193. 2, 442, 239. 19 Revenue less expenses. Subtract line 18 from line 12 295, 753. 2, 301, 851. 54 Beginning of Current Year End of Year	S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
17 Other expenses (Part IX, Column (A), lines France, Column (A), lines France, Column (A), lines France, Column (A), lines 25 1353, 1133 2000, 0524 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1, 534, 193. 2, 442, 239. 19 Revenue less expenses. Subtract line 18 from line 12 295, 753. 2, 301, 851. 54 Beginning of Current Year End of Year	nse	16a			0.	0.
17 Other expenses (Part IX, Column (A), lines France, Column (A), lines France, Column (A), lines France, Column (A), lines 25 1353, 1133 2000, 0524 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1, 534, 193. 2, 442, 239. 19 Revenue less expenses. Subtract line 18 from line 12 295, 753. 2, 301, 851. 54 Beginning of Current Year End of Year	xpe	b	Total fundraising expenses (Part IX, column (D), line 25) 170, 30	69.		
19 Revenue less expenses. Subtract line 18 from line 12 295,753. 2,301,851. 5% Beginning of Current Year End of Year	Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			
िञ्च Beginning of Current Year End of Year		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,534,193.	
Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 1,071,211. 3,238,264. 21 Total liabilities (Part X, line 26) 151,425. 16,627. 22 Net assets or fund balances. Subtract line 21 from line 20 919,786. 3,221,637.			Revenue less expenses. Subtract line 18 from line 12		295,753.	2,301,851.
20 Total assets (Part X, line 16) 1,071,211. 3,238,264. 21 Total liabilities (Part X, line 26) 151,425. 16,627. 22 Net assets or fund balances. Subtract line 21 from line 20 919,786. 3,221,637.	s or			Be		
¥ ☐ 21 Total liabilities (Part X, line 26) 151,425 16,627 . 21 Total liabilities (Part X, line 26) 131,425 . 16,627 . . 3,221,637 . .	sets	20	Total assets (Part X, line 16)			<u> </u>
<u>혼肖 22</u> Net assets or fund balances. Subtract line 21 from line 20 919, 786. 3, 221, 637.	t As	21				
Dart II Signature Block	Euch	22			919,786.	3,221,637.

Part II Signature block
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date					
Here		CO-DIRECTOR						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date Check PTIN					
Paid	JENNIFER R. FILES, CPA	JENNIFER R. FILES,	C 11/11/21 self-employed P01275752					
Preparer	Firm's name 🕨 YOUNT, HYDE & BA	RBOUR, P.C.	Firm's EIN ▶ **-**9263					
Use Only	Firm's address P.O. BOX 2560							
	WINCHESTER, VA 22604-1760 Phone no.540-662-							
May the I	May the IRS discuss this return with the preparer shown above? See instructions							
032001 12-2	032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)							

Form	990 (2020) LAND IS LIFE, INC. **-**1280 Pa	
Par		
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	WE LIVE FOR THE DAY WHEN INDIGENOUS PEOPLES AROUND THE WORLD ARE ABLE	
	TO PRACTICE SELF-DETERMINATION, WHEN THEIR HUMAN, ECONOMIC, SOCIAL,	
	CULTURAL, POLITICAL AND TERRITORIAL RIGHTS ARE RECOGNIZED AND	
	RESPECTED; WHEN THEY ARE FREE TO SPEAK THEIR LANGUAGES, MAINTAIN THEIR	
2	Did the organization undertake any significant program services during the year which were not listed on the	-
	prior Form 990 or 990-EZ? Yes X	No
	If "Yes," describe these new services on Schedule O.	-
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a).)
	SINCE OUR FOUNDING IN 1992, WE HAVE BUILT A BROAD, TRUSTED NETWORK OF	
	INDIGENOUS LEADERS, COMMUNITIES, AND ORGANIZATIONS DEFINED BY	
	SOLIDARITY, TRANSPARENCY, AND A SHARED VISION OF THE FUTURE. WE ARE	
	COMMITTED TO EQUIPPING OUR GRASSROOTS INDIGENOUS PARTNERS WITH THE	
	SKILLS, STRATEGIES, AND RESOURCES NEEDED TO CAMPAIGN SUCCESSFULLY FOR	
	THEIR RIGHT TO SELF-DETERMINATION.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 2,065,642.	
	Form 990 (2020)
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 Form 990 (2020)
 LAND IS LIFE, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		<u> </u>
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		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
~	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
~	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
10	If "Yes," complete Schedule D, Part IV	9		<u></u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		х
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u></u>
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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a		х
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	110		
5	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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	
12a	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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	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		X
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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
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		<u> </u>
	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?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		37	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	(a.a · ·
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4 2020.05000 LAND IS LIFE, INC.

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 Form 990 (2020)
 LAND IS LIFE, INC.

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		v	
~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		х
24a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	25		
	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 to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
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	27		х
28	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	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		Х
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		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			37
~-	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	330		
30	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	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 1a 9	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77	
	(gambling) winnings to prize winners?	1c	X 990	
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Form	990 (2020) LAND IS LIFE, INC. **-**1 t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	280	P	age 5		
			Yes	No		
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		162	NO		
Za	filed for the calendar year ending with or within the year covered by this return 2a 7					
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х			
D	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e_{-file} (see instructions)	2.5				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x		
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O	3b				
	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 account)?	4a		x		
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 Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit					
	any contributions that were not tax deductible as charitable contributions?	6a		x		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
	to file Form 8282?	7c		Х		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d					
е						
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?					
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
	sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12 10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders 11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans 13b					
С	Enter the amount of reserves on hand 13c					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		X		
b	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O					
15	15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or					
	excess parachute payment(s) during the year?	15		X		
	If "Yes," see instructions and file Form 4720, Schedule N.			37		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X		
	If "Yes," complete Form 4720, Schedule O.		000	(0000)		

Form **990** (2020)

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Form 990	(2020)
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LAND IS LIFE, INC.

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	7		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b		5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint 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, 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	Х	
	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 the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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 in 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	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in 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		X
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright NY , MA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)))s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other <i>(explain on Schedule O)</i>			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finano	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - (646) 389-5548			
	228 PARK AVE S, PMB 45112, NEW YORK, NY 10003			_

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Form **990** (2020)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	. ugo
Employees, and Independent Contractors	
Check if Schedule O contains a response or note to any line in this Part VII	
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the or	ganization's tax year.

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

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

LAND IS LIFE, INC.

• 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 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

Form 990 (2020)

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(10	Position		Reportable	Reportable	Estimated			
	hours per	box	(do not check more than one box, unless person is both an		compensation	compensation	amount of			
	week		cer ar I	ndad I	irecto	or/trus T	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	96			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		96	bens		(W-2/1099-MISC)		organization and related
	organizations below	ual tr	tional		vold	t con				organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CASEY BOX	40.00	_			Ť	1 0	ш			
EXECUTIVE DIRECTOR		х		x				82,167.	0.	0.
(2) BRIAN J. KEANE	1.00									
BOARD CHAIR		х		x				15,000.	0.	0.
(3) MARCOS TERENA	1.00									
TRUSTEE		х						0.	0.	0.
(4) FABIAN LLIGUIN	1.00									
TRUSTEE		х						0.	0.	0.
(5) KARA DE LOS REYES	1.00									
TRUSTEE		х						0.	0.	0.
(6) MARIAM WALLET MOHAMED ABOUBAKRIN	1.00									
TRUSTEE		х						0.	0.	0.
(7) GLEB RAYGORODETSKY	1.00									
TRUSTEE		х						0.	0.	0.
		1								
		1								
		1								
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Page 7

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c Total from continuation sheets to Part VII, Section A ▶ 0. 0. 0 d Total (add lines 1b and 1c) ▶ 97,167. 0. 0 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 ▶ Yes No 3 Did the organization list any former officer, director, 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 4 X		990 (2020) LAND IS	LIFE, IN	IC.							**_**	*12	280	P	age 8
Name and title Average hours per weak (list any nours for related organizations below ine) Period and device weat area of the area of detectivities and detectivities area of detect	Pa														
Ib Subtotal 97,167.0.0.0 Ib Subtotal 10.0000 of reportable Ib Subtotal 10.00000 of reportable Ib Subtotal 10.000000 of reportable <			Average hours per week	box offi	not c , unle:	Pos heck i ss per	ition more rson i	than c s both	an	Reportable compensation from	Reportable compensation from related		an	stimate nount other	of
c Total from continuation sheets to Part VII, Section A ▶ 0. 0. 0 0 d Total (add lines 1b and 1c) ▶ 97,167. 0. 0 0 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 ✓ Yes No 3 Did the organization list any former officer, director, 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 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)			related organizations below	Individual trustee or dire	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	, in the second se	(W-2/1099-MIS	C)	org and	anizat d relat	ion ed
c Total from continuation sheets to Part VII, Section A ▶ 0. 0. 0 0 d Total (add lines 1b and 1c) ▶ 97,167. 0. 0 0 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 ✓ Yes No 3 Did the organization list any former officer, director, 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 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)				-											
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compensation from the organization Yes No 3 Did the organization list any former officer, director, 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 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)	c d	Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A				·····			0. 97,167.		0.			0.
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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 6 6 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 5 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)	_	line 1a? If "Yes," complete Schedule J for s	such individual									[3		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)		and related organizations greater than \$15	0,000? If "Yes,	" со	mple	ete S	Sche	edule	J f	or such individual	-		4		X
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)	Sec		mplete Schedule	e J fe	or sı	ich r	oers	on .	<u></u>			<u> </u>	5		X
	1	1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from													
			s address	NC	ONE	2			_		ervices	Co			n
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0 Form 990 (2020	2		•	ot lin	niteo	d to t			ted	above) who received mo	ore than		Form	990 (2020)

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function revenue business revenue from tax u	Form	990	0 (2	2020) LAND IS LIFE	, INC.			**-***1	280 Page 9
Image: State of the state	Par	rt V	/111	Statement of Revenue					
Total revenue Petated or exempt function revenue Unrelated business revenue Petated or sectors 51 1 a b b c c c c d d d lated c c c d d d lated c c d d d d d d d d d d d d d d d d d				Check if Schedule O contains a response	e or note to any	line in this Part VIII	. <u>.</u>		
By Bernbership dues the C							Related or exempt	Unrelated	Revenue excluded
Boy Membership dues tb c Fundrating events d Related organizations d Related organizations f All other contributions in thickled above and similar anounts not included above and similar anounts and store similar anounts) g 2 a	ស ស	1	а	Federated campaigns 1a					
99 2 a b b b c c c c d c c c f All other program service revenue c c g Total. Add lines 2a-2f c c d c c c g Total. Add lines 2a-2f c c income from investment of tax-exempt bond proceeds c c f Income from investment of tax-exempt bond proceeds c f Registria c c g Gross rents Ga c b Less: rental expenses Gb c g Gross rents Ga c g Gross amount from stased transition and stased transition and stase transition and stase stases other than inventory Ta d Less: cost or other basis and stales expenses To g Gross income from fundratising events (not including \$\$	ran								
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2 a	aŭ		h	Total. Add lines 1a-1f		▶ 4,744,090.			
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g Total. Add lines 2a 2f >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	ø	2	а						
g Total. Add lines 2a 2f	εŻ		b						
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g Total. Add lines 2a 2f >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	am		d						
g Total. Add lines 2a 2f >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	- Ba		е						
g Total. Add lines 2a 2f ▶ ▶ ▶ ▶ ▶ ><	Ą		f	All other program service revenue					
3 Investment income (including dividends, interest, and other similar amounts)									
other similar amounts) 4 income from investment of fax-exempt bond proceeds 5 Royatties 6 a Gross rents 6a b Less: rental expenses 6b c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7b c Gain or (loss) c Gain or (loss) b Less: cost or other basis and sales expenses 7b c Gain or (loss) 8 a Gross income from fundraising events (not including \$\$ of contributions reported on line 1c). See Part IV, line 18 b Less: cost or other marks and allowances c Rows income or (loss) from gaming activities 9 a Gross income from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold total b Less: cost of goods sold total b Less: cost of goods sold total		3							
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c Rental income or (loss) 6c			b						
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image: sign of a state st	Jeo Ue	11					1	1	
d All other revenue	ilar ven						1	1	
	Be								
C Total Add lines 11a 11d	ž								
e Total. Add lines 11a-11d ▶ 12 Total revenue. See instructions ▶ 4,744,090. 0. 0.							0	0	0.
	02000								Form 990 (2020)

LAND IS LIFE, INC.

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

0000	on 501(c)(3) and 501(c)(4) organizations must compl				
Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) (A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	25,920.	25,920.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	40,222.	40,222.		
3	Grants and other assistance to foreign	- /			
•	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	1,748,345.	1,748,345.		
	Benefits paid to or for members	1,110,515.	1,710,515.		
4					
5	Compensation of current officers, directors,	82,167.	73,951.	4,108.	4,108.
-	trustees, and key employees	02,107.	75,951.	4,100.	4,100.
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)	005 450	11 - 100	FO 01.4	
7	Other salaries and wages	287,453.	117,400.	72,014.	98,039.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	28,677.	8,611.	17,129.	2,937.
10	Payroll taxes	23,403.		23,403.	
11	Fees for services (nonemployees):				
а					
b					
	Accounting	28,791.	8,409.	17,579.	2,803.
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
f					
g	Other. (If line 11g amount exceeds 10% of line 25,	118,785.	25,979.	51,458.	41,348.
	column (A) amount, list line 11g expenses on Sch 0.)	110,703.	<u> </u>	51,450.	41,540.
12	Advertising and promotion	20 506	11 440	4 255	4 700
13	Office expenses	20,586.	11,449.	4,355.	4,782.
14	Information technology	2,548.	386.	335.	1,827.
15	Royalties	10.056			
16	Occupancy	12,356.	4,104.	6,234.	2,018.
17	Travel	13,592.	371.	3,152.	10,069.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,987.		1,975.	12.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
-	MEMBERSHIPS AND DUES	3,582.		2,411.	1,171.
d L	EQUIPMENT FOR COMMUNITI	1,851.	438.	242.	1,171.
a	UNEMPLOYMENT INSURANCE	914.	<u> </u>	914.	0.
с		780.	0.	780.	0.
d	PROFESSIONAL DEVELOPMEN		E 7		
	All other expenses	280.	57.	139.	84.
25	Total functional expenses. Add lines 1 through 24e	2,442,239.	2,065,642.	206,228.	170,369.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Figure if following SOP 98-2 (ASC 958-720)				
03201	0 12-23-20				Form 990 (2020)
		11			

2020.05000 LAND IS LIFE, INC.

11

	2	Savings and temporary cash investments		134,981.	2	9,132.
	3	Pledges and grants receivable, net		83,275.	3	125,000.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or fe				
		trustee, key employee, creator or founder, substa	ntial contributor, or 35%			
		controlled entity or family member of any of these	persons		5	
	6	Loans and other receivables from other disqualifie	ed persons (as defined			
		under section 4958(f)(1)), and persons described i	n section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
¥	9			1,100.	9	0.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11	l		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal		1,071,211.	16	3,238,264.
	17	Accounts payable and accrued expenses		16,444.	17	7,495.
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Pa			21	
es	22	Loans and other payables to any current or forme				
iliti		trustee, key employee, creator or founder, substan				
Liabilities		controlled entity or family member of any of these	E CONTRACTOR OF CO		22	
-	23	Secured mortgages and notes payable to unrelate			23	
	24	Unsecured notes and loans payable to unrelated t			24	
	25	Other liabilities (including federal income tax, paya				
		parties, and other liabilities not included on lines 1		13/ 091	05	0 1 2 2
	00	of Schedule D		<u>134,981.</u> 151,425.	25 26	<u>9,132.</u> 16,627.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check	k hara 🕨 🗴	131,423.	20	10,027.
ş		and complete lines 27, 28, 32, and 33.				
alances	27	Net assets without donor restrictions		443,342.	27	949,342.
sala	28	Net assets with donor restrictions		476,444.	28	2,272,295.
Fund B	20	Organizations that do not follow FASB ASC 958	1,0,111	20		
Fur		and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29		
ets	30	Paid-in or capital surplus, or land, building, or equ		30		
Ass	31	Retained earnings, endowment, accumulated inco			31	
Net Assets or	32			919,786.	32	3,221,637.
2	33			1,071,211.	33	3,238,264.
			I	• •		Form 990 (2020)

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

Cash - non-interest-bearing

(B) End of year

3,104,132.

(A) Beginning of year

851,855. 1

Form 990 (2020)

1

Part X Balance Sheet

Form	1990 (2020) LAND IS LIFE, INC.	**_***	1280	Pad	_{ge} 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		4,744		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,442	2,2	39.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,301	L,8	51.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	919	9,7	86.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3,222	L,6	<u>37.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
				aan .	(2020)

Form **990** (2020)

SCHEDULE A	١
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(Form	990	or	990-EZ)
	550		550 LZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047
2020
Open to Public

	Particulation of the reason									
Nan	ne of	the organizatio							Employer	identification number
		-	LAND	IS LIFE,	INC.				*	*-***1280
Pa	rt I	Reason fo			(All organizations must o	omplete th	nis part.) S	ee instructior	IS.	
The	organ				For lines 1 through 12, c					
1	Ŭ	A church, con	vention of ch	urches, or associatio	on of churches described	l in sectio	on 170(b)(1	1)(A)(i).		
2					Attach Schedule E (Forn					
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	\square	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
		city, and state:								
5		An organizatio	n operated fo	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state	e, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organizatio	n that norma	Ily receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from t	ne general j	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)		-			-	
8		A community t	rust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural	research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
		or university o	r a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
		university:	-				-		-	
10		An organizatio	n that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	nip fees, and	d gross receipts from
		activities relate	ed to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
		income and ur	nrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	ganization a	after June 30, 1975.
		See section 5	09(a)(2). (Cor	mplete Part III.)						
11		An organizatio	n organized a	and operated exclusi	ively to test for public sa	fety. See	section 50	09(a)(4).		
12		An organizatio	n organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly	supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box in
		lines 12a throu	ugh 12d that o	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.	
а		Type I. A su	pporting orga	anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), t	ypically by	giving
		the supporte	ed organizatio	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting
		organization	. You must c	complete Part IV, Se	ections A and B.					
b		Type II. A su	upporting org	anization supervised	or controlled in connect	tion with it	s supporte	ed organizatio	n(s), by hav	ving
		control or m	anagement o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
		organization	(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III fund	ctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functiona	lly integrate	ed with,
		its supported	d organizatio	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III non	-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organiz	zation(s)
		that is not fu	inctionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	/eness
		requirement	(see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this b	ox if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally	integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.			
f	Ente	er the number o	f supported c	organizations						
g				about the supporte		(iv) is the ora:	anization listed	(.) (· · · · · · · · · · · · · · · · · · ·	
	((i) Name of support organization 	nted	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ing document?	(v) Amount o support (see i	-	(vi) Amount of other support (see instructions)
		organization			above (see instructions))	Yes	No		istructions)	
								L		

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 14

Schedule A (Form 990 or 990-EZ) 2020 LAND IS LIFE, INC.

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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.)

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not							
	include any "unusual grants.")	989,328.	852,266.	1282211.	1804946.	4744090.	9672841.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge	000 000		1000011	1004046	4744000	0.000.41	
4	Total. Add lines 1 through 3	989,328.	852,266.	1282211.	1804946.	4744090.	9672841.	
5	•							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,						2010101	
	column (f)						<u>3717101.</u> 5955740.	
<u>6</u>	Public support. Subtract line 5 from line 4. ction B. Total Support						5955740.	
		(-) 0010	(1-) 0017	(-) 0010	(1) 0010	(-) 0000	(f) T = t = t	
	ndar year (or fiscal year beginning in)	(a) 2016 989,328.	(b) 2017 852,266.	(c) 2018 1282211.	(d) 2019 1804946.	(e) 2020 4744090.	(f) Total 9672841.	
	Amounts from line 4	909,520.	052,200.	1202211.	1004940.	4/44090.	9072041.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties, and income from similar sources							
٥	Net income from unrelated business							
9	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
10	or loss from the sale of capital							
	assets (Explain in Part VI.)	3,790.	1,925.	5,542.	25,000.		36,257.	
11	Total support. Add lines 7 through 10		_,,,				9709098.	
	Gross receipts from related activities,	etc. (see instructio	ons)			12		
	First 5 years. If the Form 990 is for the					01(c)(3)		
	organization, check this box and stop							
See	ction C. Computation of Publi							
14	Public support percentage for 2020 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	61.34 %	
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	<u>56.28 %</u>	
16a	33 1/3% support test - 2020. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo>	and	
	stop here. The organization qualifies as a publicly supported organization							
b	b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and stop here. The organization qual	lifies as a publicly s	supported organization	ation				
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,	
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation	
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization			
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is ⁻	10% or	
	more, and if the organization meets the	ne facts-and-circum	nstances test, cheo	ck this box and st	t op here. Explain i	n Part VI how the		
	organization meets the facts-and-circl		-				▶∐	
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b				
					Sche	edule A (Form 990	or 990-EZ) 2020	

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Schedule A (Form 990 or 990-EZ) 2020 LAND IS LIFE, INC.	•

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

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

U C	cuon A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
4	ization's benefit and either paid to or expended on its behalf						
F	• • • • • • • • • • • • • • • • • • • •						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support					_	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	• Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organ	ization,
	check this box and stop here						
Se	ction C. Computation of Publi	ic Support Per	centage				
15	Public support percentage for 2020 (I	line 8, column (f), d	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2019	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	020 (line 10c, colur	mn (f), divided by li	ine 13, column (f))		17	%
18	Investment income percentage from	2019 Schedule A,	Part III, line 17			18	%
19a	a 33 1/3% support tests - 2020. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and li	ne 17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	ifies as a publicly s	supported organiza	ation	
k	33 1/3% support tests - 2019. If the	organization did n	ot check a box or	n line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3	3%, and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	anization qualifies	as a publicly suppo	orted organizat	tion ►
20	Private foundation. If the organization	on did not check a	<u>box on line 14, 19</u>	a, or 19b, check tl	his box and see ins	structions	
0320	23 01-25-21				Sch	edule A (Forn	n 990 or 990-EZ) 2020
			16				

2020.05000 LAND IS LIFE, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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 in 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 in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2020

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			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 in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		, 	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, or trustees were allocated among the</i>			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion 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		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
4	Did the exercise provide to each of its supported exercise by the last day of the fifth month of the			

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	d that the organization used to sati	fy the Integral Part Test durin	ig the year (see instructions).
---	----------------------------------	--------------------------------------	---------------------------------	---------------------------------

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

С		The organization supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instructions).
---	--	---	-------------------------	-----------------	---------------------	---------------------

18

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in 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.*

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Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

2020.05000 LAND IS LIFE, INC.

Yes No

Schedule A (Form 990 or 990 EZ) 2020 LAND IS LIFE, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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.

Sect	ion 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		
Sect	ion 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		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	Ilv integrate	d Type III supporting orga	nization (see

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 or 990-EZ) 2020

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	-
Secti	on D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3 3	
4	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval required - pro	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	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2020 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
C	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
е	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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	Section D, lines 5, 6, and 8; and Part V, Sec (See instructions.)	, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Se t IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1 ction E, lines 2, 5, and 6. Also complete this part for any additional information.	. 1
32028 01-25-2	1	Schedule A (Form 990 or 21	990-EZ) 202
31112 '	781823 70037270.N	2020.05000 LAND IS LIFE, INC.	7003

Schedule A

023171 04-01-20

Identification of Excess Contributions Included on Part II, Line 5

-*1280

2020

	** Do Not File **	
***	Not Open to Public Inspection	***

Contributor's Name	Total Contributions	Excess Contributions
KELLAR FAMILY FOUNDATION	570,000.	375,818.
CHRISTENSEN FUND	298,000.	103,818.
LATIN AMERICAN SOLIDARITY FUND	316,000.	121,818.
ANNENBERG FOUNDATION	740,000.	545,818.
SALL FAMILY FOUNDATION	545,000.	350,818.
PAYNE FOUNDATION	630,000.	435,818.
NOVO FOUNDATION	755,633.	561,451.
WALLACE GLOBAL FUND	250,000.	55,818.
DAVID AND LUCILE PACKARD FOUNDATION	287,973.	93,791.
PETERFFY FOUNDATION	233,861.	39,679.
SCHWAB CHARITABLE TRUST	215,000.	20,818.
MYCORRHIZAL FUND	1,200,000.	1,005,818.
SCHWAB PERSONAL TRUST SERVICES	200,000.	5,818.
Total Excess Contributions to Schedule A, Part II, Line 5		3,717,101.

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

LAND IS LIFE,

Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

-*1280

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

INC.

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

X 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 or 990-EZ), 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 \dots \blacktriangleright \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

LAND IS LIFE, INC.

Employer identification number

-1280

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 ANNENBERG FOUNDATION X Person Payroll 2000 AVENUE OF THE STARS, SUITE 1000 400,000. Noncash (Complete Part II for LOS ANGELES, CA 90067 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 KELLAR FAMILY FOUNDATION X Person Payroll P.O. BOX 3547 130,000. Noncash \$ (Complete Part II for MANASSAS, VA 20108 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 NOVO FOUNDATION X Person Payroll 401 STATE ST. 225,000. Noncash \$ (Complete Part II for BROOKLYN, NY 11217 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 4 X RSF SOCIAL FINANCE Person Payroll Noncash 1002 O'REILLY AVENUE #A \$ 555,000. (Complete Part II for SAN FRANCISCO, CA 94129 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 SALL FAMILY FOUNDATION X Person Payroll P.O. BOX 610 170,000. Noncash \$ (Complete Part II for CARY, NC 27512 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution GLOBAL WILDLIFE CONSERVATION 6 X Person Payroll 300,000. PO BOX 129 Noncash \$ (Complete Part II for TX 78767 AUSTIN, noncash contributions.) 023452 11-25-20 Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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24 2020.05000 LAND IS LIFE, INC.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

LAND IS LIFE, INC.

Employer identification number

-1280

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 PETERFFY FOUNDATION X Person Payroll 777 S FLAGLER DRIVE SUITE 1001 188,361. Noncash (Complete Part II for WEST PALM BEACH, FL 33401 noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 8 SCHWAB CHARITABLE X Person Payroll PO BOX 628298 115,000. Noncash (Complete Part II for ORLANDO, FL 32862 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 9 SCHWAB PERSONAL TRUST SERVICES X Person Payroll 2360 CORPORATE CIRCLE, SUITE 400 200,000. Noncash \$ (Complete Part II for HENDERSON, NV 89074 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 10 THE CHRISTENSEN FUND X Person Payroll 660 4TH ST., #235 135,000. Noncash \$ (Complete Part II for SAN FRANCISCO, CA 94107 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 MYCORRHIZAL FUND X Person Payroll 3698 CLARK VALLEY ROAD 1,200,000. Noncash (Complete Part II for LOS OSOS, CA 93402-4620 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 12 PAYNE FOUNDATION X Person Payroll 250,000. 135 S LA SALLE ST Noncash \$ (Complete Part II for IL 60603 CHICAGO, noncash contributions.) 023452 11-25-20 Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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25 2020.05000 LAND IS LIFE, INC. Name of organization

Employer identification number

-*1280

LAND IS LIFE, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Description of noncash property given	FMV (or estimate)	1 .
	(See instructions.)	Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	(b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given	(b) FMV (or estimate) (See instructions.)

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13281112 781823 70037270.N

20 2020.05000 LAND IS LIFE, INC.

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Page 4

Name of o	organization			Employer identification number
LAND	IS LIFE, INC.			**-***1280
Part III	Exclusively religious, charitable, etc., contrib	(a) through (e) and the following s, charitable, etc., contributions of \$1,0	ine entry. For ora	(c)(7), (8), or (10) that total more than \$1,000 for the yea
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer	of gift	
	Transferee's name, address,	and ZIP + 4	Rel	ationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Part I				
		e) Transfer	of gift	
	Transferee's name, address,	and ZIP + 4	Rel	ationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer	of gift	
	Transferee's name, address,	and ZIP + 4	Rel	ationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer	of gift	
	Transferee's name, address,			ationship of transferor to transferee
23454 11-28	5-20	27		Schedule B (Form 990, 990-EZ, or 990-PF) (202

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2020.05000 LAND IS LIFE, INC. 70037271

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SCI	SCHEDULE D Supplemental Financial Statements					OMB No. 1	545-0047
(Forn	(Form 990) ► 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.			h		20	20
	nent of the Treasury		Attach to Form 990.			Open to Inspect	o Public
	Revenue Service		90 for instructions and the latest inform	ation.	Employ	ver identificatio	
Nam	LAND IS LIFE, INC.						280
Par	t I Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Funds	or Acc	counts.	Complete if t	he
	organizatio	n answered "Yes" on Form 990, Part IV, lin					
			(a) Donor advised funds	(b) Funds	and other accou	unts
1		nd of year					
2 3		f contributions to (during year) f grants from (during year)					
4		t end of year					
5		on inform all donors and donor advisors in v		ed funds	6		
	-	on's property, subject to the organization's	-			🗌 Yes	No No
6	Did the organizatio	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	used on	ly		
		oses and not for the benefit of the donor o	r donor advisor, or for any other purpose o	conferrin	g		
Par	impermissible priv					Yes	No
		ation Easements. Complete if the org		Part IV, li	ine 7.		
1		servation easements held by the organization of land for public use (for example, recrea	· · · · · · · · · · · · · · · · · · ·	a histor	ically imr	ortant land are	9
		f natural habitat	Preservation of				a
		n of open space					
2	Complete lines 2a	through 2d if the organization held a qualif	ied conservation contribution in the form o	of a cons	servation	easement on t	he last
	day of the tax year	r.			He	ld at the End of t	he Tax Year
а	Total number of co	onservation easements			2a		
b	÷				2b		
c		vation easements on a certified historic stru			2c		
d		vation easements included in (c) acquired a			04		
3		nal Register vation easements modified, transferred, rel			2d ation dur	ing the tax	
•	year ►			or guine			
4		where property subject to conservation eas	sement is located				
5	Does the organiza	tion have a written policy regarding the per	iodic monitoring, inspection, handling of				
	,	orcement of the conservation easements it					No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation	easeme	nts during the y	ear
7			ling of violations, and enforcing concernat	ion ooo	manta d	uning the year	
7	Amount of expens	es incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservat	ion ease	ements a	uring the year	
8		vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h	ר)(4)(B)(i)			
•	and section 170(h)					Yes	No
9		be how the organization reports conservation					
	balance sheet, and	d include, if applicable, the text of the footn	ote to the organization's financial stateme	ents that	describe	es the	
Dev	organization's acc	ounting for conservation easements.		0:.			
Par		ations Maintaining Collections of		ner Sir	milar A	SSETS.	
		f the organization answered "Yes" on Form					
1a	•	elected, as permitted under FASB ASC 95 easures, or other similar assets held for pub	•				
		Part XIII the text of the footnote to its finar			e or pub		
b	· •	elected, as permitted under FASB ASC 95			sheet wo	rks of	
	-	sures, or other similar assets held for public					
	provide the followi	ing amounts relating to these items:					
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1			▶ \$_		
	.,				▶ \$_		
2	•	received or held works of art, historical trea		gain, pr	ovide		
-	-	unts required to be reported under FASB A	-		•		
		on Form 990, Part VIII, line 1 Form 990, Part X			► \$_ ► \$		
		eduction Act Notice, see the Instructions				hedule D (Form	n 990) 2020
	12-01-20						,
			28				

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2020.05000	LAND	IS	LIFE,	INC.	70037271

Sche		LIFE, INC.						**_**			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, His	torical Tre	easures, o	r Othe	r Simila	r Assets	contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, chec	k any of the	following tha	t make si	gnificant ı	use of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	change progra	am					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	During the year, did the organization solicit o								-		-
Der	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No art IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or										
Par			ete if th	e organizatio	on answered	"Yes" on	Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Par										
па	Is the organization an agent, trustee, custodi										.
L	on Form 990, Part X?							L	Yes		No
D	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing	table:					Amount		
~	Paginning balance						10		Amount		
	Beginning balance										
	Additions during the year										
	Ending balance										
	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.							······	_]
Par											
	·	(a) Current year		Prior year	(c) Two yea		(d) Three y	/ears back	(e) Four	vears	back
1a	Beginning of year balance									<u> </u>	
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	tion th	at are held a	nd administe	red for th	e organiza	ation	r		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza								3b		
	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment	funds.							
Fai							Vac. 10				
	Complete if the organization answered							.	() > >		
	Description of property	(a) Cost or o		• •	t or other (other)		ccumulate	ed	(d) Bool	< valu	е
	Land	basis (investn	nenty	Dasis	(other)	ue	preciation				
	Land										
	Buildings										
	Leasehold improvements										
	Equipment			+							
	Other	· · · · · · · · · · · · · · · · · · ·	V coli	mn (P) line 1		1					0.
Total		<u>quai ruini 990, Pan .</u>	<u>, coiu</u>	<u>IIII (D), IIII e I</u>	UC.J			Schedule	D (Form	990	
									- (_0_0

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (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 valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X. col. (B) line 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
(a) Deservition of liability	(h) Deels velve

1. (a) Description of liability	(b) BOOK Value
(1) Federal income taxes	
(2) FISCAL SPONSORSHIPS	9,132.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)▶	9,132.

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

Schedule D (Form 990) 2020

Sche	edule D (Form 990) 2020 LAND IS LIFE, INC.		**_**	*1280 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ments With Reven	ue per Return.	<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements			4,744,090.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d				
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			4,744,090.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			4,744,090.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With Exper	nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total expenses and losses per audited financial statements		1	2,442,239.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			2,442,239.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.,			2,442,239.
Pa	rt XIII Supplemental Information.			

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

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM INCOME TAX UNDER IRC SECTION 501(C)(3),
THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE,
UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE UNITED STATES TAX CODE.
THE ORGANIZATION HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE
MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED
INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR
WHICH IT HAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE
CONSIDERED TAX POSITIONS. THE ORGANIZATION HAS DETERMINED THERE ARE NO
MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN
THE FINANCIAL STATEMENTS.

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Continued	
	Schedule D (Form 990) 2020

Internal Revenue Service	🗩 Go to v	www.irs.gov/Fo	rm990 for instructions and the latest	information.	Inspe	ection
Name of the organization					Employer identif	ication number
LAND IS LIFE, II	NC.				**-***128	0
Part I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered "Y	es" on
Form 990, Part IV			Compi			
· · · · · ·	,	n maintain record	ds to substantiate the amount of its gra	nts and other a	assistance.	
-	•		he selection criteria used to award the		·	Yes X No
-	ribe in Part V the	organization's p	procedures for monitoring the use of its	s grants and ot	her assistance outs	de the
United States.	a fallowing Dort	L line 2 table of	n ha dunlicated if additional analas is n	and ad)		
3 Activities per Region. (Th (a) Region	(b) Number of		n be duplicated if additional space is n (d) Activities conducted in the region		vity listed in (d)	(f) Total
	offices in the region	employees,	(by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	gram service, e specific type (s) in the region	expenditures for and investments in the region
				PROVIDING D	IRECT SUPPORT	
				TO GRASSROC	TS INDIGENOUS	
EAST ASIA AND THE				COMMUNITIES	,	
PACIFIC	0	2	PROGRAM SERVICES	ORGANIZATIC	NS, & LEADERS	61,677.
				PROVIDING D	IRECT SUPPORT	
				TO GRASSROO	TS INDIGENOUS	
				COMMUNITIES	,	
SOUTH ASIA	0	1	PROGRAM SERVICES	ORGANIZATIC	NS, & LEADERS	20,100.
				PROVIDING D	IRECT SUPPORT	
					TS INDIGENOUS	
				COMMUNITIES		
SOUTH AMERICA	0	6	PROGRAM SERVICES		NS, & LEADERS	910,677.
					IRECT SUPPORT	
					TS INDIGENOUS	
SUB-SAHARAN AFRICA	0	3	PROGRAM SERVICES	COMMUNITIES	, NS, & LEADERS	127,658.
SOB-SANAKAN AFRICA	0	5	FROGRAM SERVICES	ORGANIZATIO	NS, & LEADERS	127,038.
						1 100 115
3 a Subtotal	0	12				1,120,112.
b Total from continuation	0	0				
sheets to Part I	0	0				0.
c Totals (add lines 3a		1				1

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

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032071 12-03-20

and 3b)

SCHEDULE F (Form 990)

Department of the Treasury

1,120,112.

Schedule F (Form 990) 2020

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

OMB No. 1545-0047 **Open to Public**

Schedule F (Form 990) 2020

LAND IS LIFE, INC.

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 recipient who received more than \$5,000. Part II can be duplicated if additional 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)
			DETECT PRESENCE OF					
			TRANSGENIC IN CORN OF		ELECTRONIC			
			VARIOUS COMMUNITIES		FUND OR WIRE			
		SOUTH AMERICA	IN ECUADOR AND MINING	10,000.	TRANSFER	٥.		
			INDIENOUS LED GRANT:					
			RAISING COVID		ELECTRONIC			
			AWARENESS, PROVIDING		FUND OR WIRE			
		SOUTH ASIA	MEDICAL AND FOOD	6,000.	TRANSFER	٥.		
			OPERATIONAL SUPPORT					
			AND PROGRAM OF		ELECTRONIC			
			PEOPLES LIVING IN		FUND OR WIRE			
		SOUTH AMERICA	VOLUNTARY ISOLATION	15,300.	TRANSFER	0.		
					ELECTRONIC			
					FUND OR WIRE			
		SOUTH AMERICA	OPERATIONAL SUPPORT	22,722.	TRANSFER	0.		
			HUMANITARIAN AND					
			ESPIRITUAL SUPPORT		ELECTRONIC			
			FOR COMMUNITIES IN		FUND OR WIRE			
		SOUTH AMERICA	THE REGUARDO INDIGENA	6,757.	TRANSFER	0.		
			SUPPORT FOR THE					
			KUIKURO DO ALTO XINGU		ELECTRONIC			
			INDIGENOUS		FUND OR WIRE			
		SOUTH AMERICA	COMMUNITIES	12,000.	TRANSFER	0.		
			SUPPORT FOR					
			INDIGENOUS GUARD WITH		ELECTRONIC			
			COVID-19 PREVENTION		FUND OR WIRE			
		SOUTH AMERICA	MATERIALS	5,000.	TRANSFER	0.		
			OPERATIONAL SUPPORT					
			AND PROGRAM OF		ELECTRONIC			
			PEOPLES LIVING IN		FUND OR WIRE			
		SOUTH AMERICA	VOLUNTARY ISOLATION	52,500.	TRANSFER	0.		

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 .

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Schedule F (Form 990) 2020

Schedule F (Form 990)

LAND IS LIFE, INC.

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Soncaulo	F (Form 990)		IS DIFE, INC	•			1200		Page 2
Part II	Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	1)	
1 (a) Nam	ne 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
				SUPPORT PROJECT		ELECTRONIC			
				SEMILLAS DE		FUND OR WIRE			
			SOUTH AMERICA	ABUNDANCIA	22,000.	TRANSFER	٥.		
				OPERATIONAL SUPPORT					
				AND PROGRAM OF		ELECTRONIC			
				PEOPLES LIVING IN		FUND OR WIRE			
			SOUTH AMERICA	VOLUNTARY ISOLATION	20,000.	TRANSFER	٥.		
				ACTIVITIES TO					
				STRENGTHEN		ELECTRONIC			
				TERRITORIAL		FUND OR WIRE			
			SOUTH AMERICA	MONITORING	9,000.	TRANSFER	٥.		
				SUPPORT TO CONAIE'S		ELECTRONIC			
				PROGRAMMATIC		FUND OR WIRE			
			SOUTH AMERICA	ACTIVITIES IN ECUADOR	52,500.	TRANSFER	٥.		
				SUPPORT TO DEVELOP		ELECTRONIC			
				METHODOLOGY FOR FPIC		FUND OR WIRE			
			SOUTH AMERICA	IN ECUADOR	12,800.	TRANSFER	٥.		
						ELECTRONIC			
				SUPPORT DOCUMENTARY		FUND OR WIRE			
			SOUTH AMERICA	OF EL PARAMO	5,000.	TRANSFER	٥.		
						ELECTRONIC			
						FUND OR WIRE			
			SOUTH EAST ASIA	OPERATIONAL SUPPORT	31,451.	TRANSFER	٥.		
				OPERATIONAL SUPPORT		ELECTRONIC			
			SUB-SAHARAN	AND VALUE CHAIN		FUND OR WIRE			
			AFRICA	PROGRAM PILOT	76,140.	TRANSFER	٥.		
					, -				
						ELECTRONIC			
				SUPPORT FAMILIES OF		FUND OR WIRE			
			SOUTH AMERICA	VICTIMS OF PARO 2019	5,560.	TRANSFER	0.		

LAND IS LIFE, INC.

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Schedule F (Form 990)												
Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	1				
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV,				
				3		assistance	assistance	appraisal, other)				
			SUPPORT SCHOLARSHIP		ELECTRONIC							
		SUB-SAHARAN	PROGRAM FOR FAMILIES		FUND OR WIRE							
		AFRICA	AFFECTED BY COVID-19	14,443.	TRANSFER	0.						
			OPERATIONAL SUPPORT									
			AND PROGRAM OF		ELECTRONIC							
			PEOPLES LIVING IN		FUND OR WIRE							
		SOUTH AMERICA	VOLUNTARY ISOLATION	31,300.	TRANSFER	٥.						
			INDIGENOUS LED GRANT:									
			SUPPORT AN EXPANSION		ELECTRONIC							
			OF THE ORGANIZATION'S		FUND OR WIRE							
		CANADA	NETWORK AND DEVELOP	5,000.	TRANSFER	٥.						
			PROMOTION OF		ELECTRONIC							
			INDIGENOUS WOMEN		FUND OR WIRE							
		SOUTH AMERICA	PARTICIPATION	10,000.	TRANSFER	٥.						
			STRENGTHENING OF FOOD									
			SYSTEMS AND		ELECTRONIC							
			HEALTHCARE OF		FUND OR WIRE							
		SOUTH AMERICA	COMMUNITIES, PEOPLES,	25,000.	TRANSFER	٥.						
			INDIGENOUS LED GRANT:									
			DOCUMENTATION OF		ELECTRONIC							
			MARINE GREENLANDIC		FUND OR WIRE							
		GREENLAND	PRACTICES AND	5,000.	TRANSFER	٥.						
			OPERATIONAL SUPPORT									
			AND PROGRAM OF		ELECTRONIC							
			PEOPLES LIVING IN		FUND OR WIRE							
		SOUTH AMERICA	VOLUNTARY ISOLATION	72,500.	TRANSFER	٥.						
			SUPPORT AUDIOVISUAL		ELECTRONIC							
			TRAININGS FOR		FUND OR WIRE							
		SOUTH AMERICA	DEFENDERS	5,250.	TRANSFER	٥.						
					ELECTRONIC							
					FUND OR WIRE							
		SOUTH AMERICA	OPERATIONAL SUPPORT	12,044.	TRANSFER	٥.						
			•		•	·						

LAND IS LIFE, INC.

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Part II Co		f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	
1 (a) Name of c	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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
						ELECTRONIC			
						FUND OR WIRE			
			SOUTH AMERICA	OPERATIONAL SUPPORT	5,000.	TRANSFER	0.		
				SUPPORT PROJECT OF					
				SELF-DETERMINATION		ELECTRONIC			
				AND COLLECTIVE RIGHTS		FUND OR WIRE			
			SOUTH AMERICA	IN TUNGURAHUA	5,775.	TRANSFER	٥.		
				SUPPORT ACTIVITIES					
				FOR TERRITORIAL		ELECTRONIC			
				DEFENSE AND		FUND OR WIRE			
			SOUTH AMERICA	SELF-GOVERNMENT	5,000.	TRANSFER	٥.		
						ELECTRONIC			
			SUB-SAHARAN		4.5.500	FUND OR WIRE			
			AFRICA	OPERATIONAL SUPPORT	15,589.	TRANSFER	0.		
						ELECTRONIC			
						FUND OR WIRE			
			SOUTH AMERICA	OPERATIONAL SUPPORT	36 299	TRANSFER	ο.		
				OPERATIONAL SUPPORT			· · ·		
				AND PROGRAM OF		ELECTRONIC			
				PEOPLES LIVING IN		FUND OR WIRE			
			COUMH AMEDICA		24 000		0		
			SOUTH AMERICA	VOLUNTARY ISOLATION	24,000.	TRANSFER	0.		
				INDIGENOUS LED GRANT: CREATE A FOREST		ELECTRONIC			
				MANAGEMENT PLAN THAT	F 000	FUND OR WIRE			
			FINLAND	ADDRESSES THE	5,000.	TRANSFER	0.		
				OPERATIONAL SUPPORT		ELECTRONIC			
				AND DEVELOPMENT OF		FUND OR WIRE			
			SOUTH AMERICA	FPIC PROTOCOLS	55,315.	TRANSFER	ο.		
					, -				
						ELECTRONIC			
						FUND OR WIRE			
			FINLAND	OPERATIONAL SUPPORT	34,750.	TRANSFER	٥.		

LAND IS LIFE, INC.

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Part III Continuation of Crants and Other Assistance to Organizations or Entities Outside the United States. Schedule IF Form 2001, Part III, Inn 1 Image: Continuation of Crants and Other Assistance to Organizations or Entities Outside the United States. Schedule IF Form 2001, Part III, Inn 1 (a) Name of organization (b) His tode section as EIII (rigpleable) (c) Region (c) Propose of gamma (c) Name of organization (d) Manner of organization (d) Amoner of organization <t< th=""><th>Schedule F (r</th><th>r 0m (330)</th><th>ШЦВ</th><th>TO DILLO, INC</th><th>•</th><th colspan="7">1200</th></t<>	Schedule F (r	r 0m (330)	ШЦВ	TO DILLO, INC	•	1200						
(a) Name of organization and EIN (if applicable) (b) Region and EIN (if applicable) (c) Region (c) Region (c) Amount of an grant (c) Amount of cash grant (c) Mannero cash disbursement (c) Mannero assistance (c) Amount assistance (Part II (Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)			
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AND PROGRAM OF FOOLLES LUTUNG IN SOUTH AMERICA ND PROGRAM OF FOOLLES LUTUNG IN FUND OR WIRE TAHLTAN COMMUNITY BASED MONITORING CANADA PROGRAM CANADA PROGRAM PROGR			, ,		_	Ŭ		assistance	assistance			
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AND PROGRAM OF ELECTRONIC FUND OR WIRE 0.				SOUTH AMERICA	WILDFIRES	7,000.	TRANSFER	٥.				
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OPERATIONAL SUPPORT AND SUPPORT OF ELECTRONIC FUND OR WIRE					PEOPLES LIVING IN		FUND OR WIRE					
AND SUPPORT OF FUND OR WIRE				SOUTH AMERICA	VOLUNTARY ISOLATION	46,500.	TRANSFER	٥.				
AND SUPPORT OF FUND OR WIRE												
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SOUTH EAST ASIA ADVOCACY EFFORTS 43,083. FRANSFER 0. Image: Constraint of the second sec					AND SUPPORT OF		FUND OR WIRE					
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Schedule F (Form 990) 2020 LAND IS LIFE, INC.

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(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)
						appraisal, ouiler)

Schedule F (Form 990) 2020

Page 3

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? <i>If</i> "Yes," <i>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)</i>	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? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

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. PART I, LINE 2: LAND IS LIFE IS ACTIVELY INVOLVED IN MONITORING THE USE OF FUNDS THROUGH DISCUSSION WITH RECIPIENT ORGANIZATIONS AND SUBSTANTIATION PROVIDED BY RECIPIENT ORGANIZATIONS. PART I, LINE 3: EXPENSES ARE MEASURED ON THE ACCRUAL BASIS. EXPENSES REPORTED ON THIS	age 5
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. PART I, LINE 2: LAND IS LIFE IS ACTIVELY INVOLVED IN MONITORING THE USE OF FUNDS THROUGH DISCUSSION WITH RECIPIENT ORGANIZATIONS AND SUBSTANTIATION PROVIDED BY RECIPIENT ORGANIZATIONS. PART I, LINE 3:	
(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. PART I, LINE 2: LAND IS LIFE IS ACTIVELY INVOLVED IN MONITORING THE USE OF FUNDS THROUGH DISCUSSION WITH RECIPIENT ORGANIZATIONS AND SUBSTANTIATION PROVIDED BY RECIPIENT ORGANIZATIONS. PART I, LINE 3:	
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LAND IS LIFE IS ACTIVELY INVOLVED IN MONITORING THE USE OF FUNDS THROUGH DISCUSSION WITH RECIPIENT ORGANIZATIONS AND SUBSTANTIATION PROVIDED BY RECIPIENT ORGANIZATIONS.	
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RECIPIENT ORGANIZATIONS.	
PART I, LINE 3:	
EXPENSES ARE MEASURED ON THE ACCRUAL BASIS. EXPENSES REPORTED ON THIS	
SCHEDULE ARE PART OF THE PROGRAM SERVICE EXPENSE REPORTED ON THE	
STATEMENT OF FUNCTIONAL EXPENSES.	
PART II, COLUMN (D):	
REGION: SOUTH AMERICA	
(D) PURPOSE OF GRANT: DETECT PRESENCE OF TRANSGENIC IN CORN OF VARIOUS	
COMMUNITIES IN ECUADOR AND MINING ADVOCACY IN ECUADOR	

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: INDIENOUS LED GRANT: RAISING COVID AWARENESS,

PROVIDING MEDICAL AND FOOD SUPPLIES TO COMMUNITY MEMBERS

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: OPERATIONAL SUPPORT AND PROGRAM OF PEOPLES LIVING

IN VOLUNTARY ISOLATION AND RECENT CONTACT

REGION: SOUTH AMERICA

13281112 781823 70037270.N

(D) PURPOSE OF GRANT: HUMANITARIAN AND ESPIRITUAL SUPPORT FOR

COMMUNITIES IN THE REGUARDO INDIGENA BAJO AGUAS NEGRAS CAQUETA

032075 12-03-20

Schedule F (Form 990) 2020

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.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: OPERATIONAL SUPPORT AND PROGRAM OF PEOPLES LIVING

IN VOLUNTARY ISOLATION AND RECENT CONTACT

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: OPERATIONAL SUPPORT AND PROGRAM OF PEOPLES LIVING

IN VOLUNTARY ISOLATION AND RECENT CONTACT

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: OPERATIONAL SUPPORT AND PROGRAM OF PEOPLES LIVING

IN VOLUNTARY ISOLATION AND RECENT CONTACT

REGION: CANADA

(D) PURPOSE OF GRANT: INDIGENOUS LED GRANT: SUPPORT AN EXPANSION OF THE

ORGANIZATION'S NETWORK AND DEVELOP THEIR KNOWLEDGE OF TELECOMMUNICATION

MODELS OF CARE

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: STRENGTHENING OF FOOD SYSTEMS AND HEALTHCARE OF

COMMUNITIES, PEOPLES, AND NATIONALITIES OF SOUTH OF ECUADOR

REGION: GREENLAND

(D) PURPOSE OF GRANT: INDIGENOUS LED GRANT: DOCUMENTATION OF MARINE

GREENLANDIC PRACTICES AND KNOWLEDGE

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: OPERATIONAL SUPPORT AND PROGRAM OF PEOPLES LIVING 032075 12-03-20 Schedule F (Form 990) 2020 42

LAND IS LIFE, INC. Schedule F (Form 990) 2020

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.

IN VOLUNTARY ISOLATION AND RECENT CONTACT

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: OPERATIONAL SUPPORT AND PROGRAM OF PEOPLES LIVING

IN VOLUNTARY ISOLATION AND RECENT CONTACT

REGION: FINLAND

(D) PURPOSE OF GRANT: INDIGENOUS LED GRANT: CREATE A FOREST MANAGEMENT

PLAN THAT ADDRESSES THE CUMULATIVE FORESTRY IMPACTS FOR THE QUALITY OF

WINTER PASTURES

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: OPERATIONAL SUPPORT AND PROGRAM OF PEOPLES LIVING

IN VOLUNTARY ISOLATION AND RECENT CONTACT

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: OPERATIONAL SUPPORT AND PROGRAM OF PEOPLES LIVING

IN VOLUNTARY ISOLATION AND RECENT CONTACT

032075 12-03-20

SCHEDULE I (Form 990)	Go	Grants and Oth vernments, ar lete if the organizatio	nd Individual	ls in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		► Go to www.ii	Attach to For rs.gov/Form990 for		nation.		Open to Public Inspection
Name of the organization	IFE, INC.						Employer identification number **-***1280
Part I General Information on Grants a							
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pro- 	stance?						
Part II Grants and Other Assistance to	•			0	anization answered "Y	es" on Form 990, Parl	IV, line 21, for any
recipient that received more than 1 (a) Name and address of organization or government	\$5,000. Part II can (b) EIN	be duplicated if additi (c) IRC section (if applicable)	ional space is need (d) Amount of cash grant	ed. (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
GWICH'IN STEERING COMMITTEE 201 1ST AVE. SUITE 124 FAIRBANKS, AK 99701	••*:***_*	\$ \$160 8(3)	25,920.	0.			INSTITUTIONAL AND OPERATIONAL SUPPORT
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 	is listed in the line [.]	1 table					

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

Page 2

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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 noncash assistance
UPPORT INDIGENOUS LEADER ON HIS WEST PAPUA					
ESEARCH	1	40,222.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

DONATIONS ARE ACCOMPANIED BY A GRANT LETTER THAT STIPULATES A REPORTING

SCHEDULE. IN ADDITION, AS PART OF OUR SUPPORT, LAND IS LIFE PERIODICALLY

MEETS WITH GRANTEES TO MONITOR THE ONGOING PROGRESS OF ACTIVITIES.

SCHEDULE L		Tra	Insactior	ıs V	Vith	Interested	P	ersons			0	MB No.	1545-00	47
(Form 990 or 990-EZ) Department of the Treasury			28b, or 28c, o ► Atta	or For Ich to	m 990 Form	" on Form 990, Par -EZ, Part V, line 38a 990 or Form 990-Ea	a or Z.	40b.	6, 27,	28a,		pen T		-
Internal Revenue Service		io to v	www.irs.gov/Fo	orm99	0 for ii	nstructions and the	late	est information.	_			spect		
Name of the organization		ст.	IFE, INC	_							rident *12		on nu	mber
Part I Excess B					8), sect	ion 501(c)(4), and se	ctior	n 501(c)(29) orga				00		
Complete if	the organizatior	n ansv	vered "Yes" on F	Form 9	990, Pa	art IV, line 25a or 25b	o, or	Form 990-EZ, Pa	art V, I	ine 40	b.			
1 (a) Name of disqualif	ied person	(b) F	Relationship bety person and or			ified (c) D	escription of tran	sactio	n				cted?
				garnza								<u> </u>	es	No
												-		
2 Enter the amount of	tax incurred by	the o	rganization man	agers	or disc	ualified persons dur	ing t	the year under				Ì		
3 Enter the amount of	tax, if any, on li	ne 2, a	above, reimburs	ed by	the ore	ganization				▶ \$				
Part II Loans to	and/or Fron	n Inte	erested Pers	sons.										
Complete if	the organizatior	n ansv	vered "Yes" on F	Form 9	990-EZ	, Part V, line 38a or F	Form	n 990, Part IV, line	e 26; o	or if th	e orga	nizatio	n	
			, Part X, line 5, 6		2. Dan to or						(h) Ap	proved	(1) 14	/
(a) Name of interested person	(b) Relatio with organi		(c) Purpose of loan	fror	m the ization?	(e) Original principal amount	(1	i) Balance due) In ault?	by bo	by board or committee? (i) Written		
	_				From				Yes	No	Yes		Yes	No
														<u> </u>
														<u> </u>
														<u> </u>
														<u> </u>
Total						> \$								
			efiting Inter											
(a) Name of interes			vered "Yes" on F			(c) Amount of		(d) Type	of		(0) Purp	059.0	
	lied person		(b) Relationship interested pers the organiza	son an		assistance		assistan			•	assist		
		_												
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				Hama 4			_	0-1-				· · · · · ·	<u>о г</u>	0000

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

Schedule L (Form 990 or 990-EZ) 2020

032131 12-09-20

Schedule L	. (Form 990 or 990-EZ) 2020	LAND	IS	LIFE,	INC.

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

	(a) Name of interested person		(b) Relationship between interested person and the organization			(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's jues?	
									Yes	No
THE	KELLAR	FAMILY	FOUNDATI	MUTUAL	BOARD	MEMBER	130,000.	GRANTS AND		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: THE KELLAR FAMILY FOUNDATION

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

MUTUAL BOARD MEMBERS

(D) DESCRIPTION OF TRANSACTION: GRANTS AND CONTRIBUTIONS

FORM 990, SCHEDULE L, PART IV

THE ORGANIZATION RECEIVED A GRANT OF \$125,000 AND CONTRIBUTIONS OF

\$5,000 FROM A RELATED PARTY ORGANIZATION, (THE KELLAR FAMILY

FOUNDATION,) IN WHICH THE ORGANIZATION'S EXECUTIVE DIRECTOR AND FAMILY

MEMBERS SERVE ON THE BOARD OF DIRECTORS.

Schedule L (Form 990 or 990-EZ) 2020

032132 12-09-20

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.

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

LAND IS LIFE, INC.

Employer identification number **-**1280

OMB No. 1545-0047

Open to Public

Inspection

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SACRED TRADITIONS, AND CONTINUE THE WORK OF CARING FOR THEIR ANCESTRAL

HOMELANDS.

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

THE BOARD OF DIRECTORS IS PROVIDED WITH A COPY OF THE FORM 990 FOR REVIEW

PRIOR TO FILING.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION'S FORM 990 IS AVAILABLE BY REQUEST AND AT GUIDESTAR.ORG.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

FINANCIAL RECORDS MAY BE OBTAINED FROM THE ORGANIZATION BY REQUESTING

ACCESS EITHER VERBALLY OR IN WRITING.

FORM 990, PART XII, LINE 2C

THE BOARD OF DIRECTORS SELECTS THE INDEPENDENT ACCOUNTANT.

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.03221111-20-20

Schedule O (Form 990 or 990-EZ) 2020

2020.05000 LAND IS LIFE, INC.

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