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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047
2022
Open to Public
Inspection

<u>A</u>	For the	2022 calendar year, or tax year beginning and e	ending								
В	Check if applicable	C Name of organization		D Employer identific	cation number						
	Addres	LAND IS LIFE, INC.									
	Name change			22-31012	80						
	Initial return	,	Room/suite	E Telephone number							
	Final return/	228 PARK AVE S, PMB 45112		(646) 389	9-7056 4,562,472.						
	termin ated	City or town, state or province, country, and ZIP or foreign postal code									
	Ameno	NEW TORK, NT 10003		H(a) Is this a group re							
	Applic tion pendir			for subordinates	? Yes X No						
SAME AS C ABOVE H(b) Are all subordinates included? Yes											
<u>1</u>	Tax-exe	empt status: $\overline{\mathbf{X}}$ 501(c)(3) $\overline{}$ 501(c)() (insert no.) $\overline{}$ 4947(a)(1) o	ır 527	If "No," attach a	list. See instructions						
	Websit			H(c) Group exemption							
		organization: X Corporation Trust Association Other	L Year	of formation: 1989 N	1 State of legal domicile; NY						
P	art I	Summary									
Φ	1	Briefly describe the organization's mission or most significant activities: THE M	IISSIO	N OF LAND IS	S LIFE IS						
Governance		TO SUPPORT INDIGENOUS COMMUNITIES IN THEIR									
ř	2	Check this box if the organization discontinued its operations or dispose		than 25% of its net ass	ets.						
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)		3	7						
დ ფ	4	Number of independent voting members of the governing body (Part VI, line 1b)			5						
es	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	4						
Activities &	6	Total number of volunteers (estimate if necessary)		6	5						
Act	7 a			7a	0.						
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	7b	0.						
		* C3		Prior Year	Current Year						
Revenue	8	Contributions and grants (Part VIII, line 1h)		2,792,812.	4,429,738.						
	9	Program service revenue (Part VIII, line 2g)		0.	17.724						
3e	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		211.	17,734.						
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		61,117.	115,000.						
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,854,140.	4,562,472.						
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,867,858.	3,603,113.						
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.						
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		661,569.	225,130.						
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	···	0.	0.						
Ž X	- b	Total fundraising expenses (Part IX, column (D), line 25) 272,56		F.C.O. F.7.O.	410 102						
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		568,570. 3,097,997.	419,103.						
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			4,247,346.						
	19	Revenue less expenses. Subtract line 18 from line 12		-243,857.	315,126.						
Net Assets or	1	Tabel assets (Dad V. Pass 40)		ginning of Current Year 3,253,393.	End of Year 3,539,692.						
Ssel	20	Total assets (Part X, line 16)									
et A	21	Total liabilities (Part X, line 26)		275,613. 2,977,780.	182,932. 3,356,760.						
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		2,311,100.	3,330,700.						
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and etatome	ante and to the heet of my	knowledge and helief it is						
		t, and complete. Declaration of preparer (other than officer) is based on all information of whi			knowledge and belief, it is						
tiuc	, 601166	t, and complete. Declaration of preparer (other than officer) is based on an information of win	icii pi epai ei	lias any knowledge.							
Ci~	n	Signature of officer		I Date							
Sig Hei		BRIAN J. KEANE, EXECUTIVE DIRECTOR									
пе	е	Type or print name and title									
Print/Type preparer's name Preparer's signature Date Check PTIN											
Trinkrype preparer a name											
	parer	Firm's name YOUNT, HYDE & BARBOUR, P.C.		P01275752 4-1149263							
	Only	Firm's address P.O. BOX 2560		THIII S LIN S							
WINCHESTER, VA 22604-1760 Phone no. 540-662-3417											
Ma	v the IC	RS discuss this return with the preparer shown above? See instructions		I i ilolie ilo. J =	X Yes No						
ivia	y 1110 II	Lo disodes this return with the property shown above: Oce instructions			21 TesNO_						

Other program services (Describe on Schedule O.)

including grants of \$

3,764,947.

Form 990 (2022)

Total program service expenses

			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? See instructions	2	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			l
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			,,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	١		
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40.		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	v	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.41	х	
1 <i>E</i>	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	Λ	
15		4.5	Х	
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	-21	
16		46		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		12
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		x
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		_^
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		x
20-	complete Schedule G, Part III	202		X
20a b	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
۲۱	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	domoctio government on trait ix, column (-y, interm in yes, complete scriedule i, Parts I and II	41		

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Part IV | Checklist of Required Schedules (continued)

	Continued)		V	
00	Did the averagination was at asset to a fig. 000 of average as at least one of a second constant in dividuals as		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	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		<u> </u>
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			l
	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%			.
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
20	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		lacksquare
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	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		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		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		<u> </u>
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> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	25.		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		 **
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	"		
- -	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
232004	¥ 12-13-22	Form	990	(2022)

Form 990 (2022)

LAND IS LIFE, INC.

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

2a fet the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed of the calendary agar andings with or within the year accered by this return with the work of the organization file all required federal employment tax returns? b If Yes, * has it filed a Form 990 T for this year? * /* Yo, * to line 3b, provide an explanation on Schedule O 4a All any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial accountry school as being account, or other financial accountry? 4 If Yes, * extert the name of the foreign country 5 If Yes, * extert the name of the foreign country 6 If Yes, * extert the name of the foreign country 6 If Yes, * extert the name of the foreign country 6 If Yes, * extert the name of the foreign country 6 If Yes, * extert the name of the foreign country 7 If Yes, * extert the name of the foreign country 8 If Yes, * extert the name of the foreign country 9 If Yes, * extert the name of the name of the name of the name						Yes	No			
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 20	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
ab Did the organization have unrelated business gross income of \$1,000 or more during the year? b if "Yes," has it filled a Form 990-T for this year? if "No" to line 30, provide an explanation on Schedule O		filed for the calendar year ending with or within the year covered by this return	2a	4						
b If Yes, "last if fixed a Form 990-T for this year? If 'No' to Jine 36, provide an explanation on Schedule O 4a At any time during the catendar-year, did the organization has 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 himschild accounts? 5b If 'Yes," either the name of the foreign country (such as a bank account, securities account, or other himschild accounts? 5c In 'Yes," either the name of the foreign country 5c In 'Yes," either the name of the foreign country 5c In 'Yes," or other shade party notify the regnarization that It was or is a party to a prohibited tax shelter transaction? 5c In 'Yes, 'To lime 5a or 5b, did the organization file Form 886617 6c In 'Yes,' to lime 5a or 5b, did the organization file Form 886617 6d In 'Yes,' to lime 5a or 5b, did the organization file Form 886617 6d In 'Yes,' to lime 5a or 5b, did the organization file Form 886617 6d Does the organization and gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible? 6d Did the organization start were not tax deductible contributions under section 170(c). 8d Did the organization were a payment in accounts of \$75 made pathy as a contribution and partly for goods and service payment of the contributions and partly for your and service payment of the payor? 7d Organization start may receive deductible contributions under section 170(c). 8d If 'Yes,' and the organization sell, exchange, or otherwise dispose of tangible personal property for variety in white the organization sell, exchange, or otherwise dispose of tangible personal property for variety in white the organization organization was payment, and the value of the pools or services provided? 7d Did the organization organization was payment in the foreign of the payment of the	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร? ฺ		2b	Х				
4a A any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? b if "Yes," either 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? 5b Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of carbination contributions? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles contributions? 5c Were not tax deductibles? 7 Organizations than thany receive deductible contributions under section 170(c). a Did the organization state any receive deductible contributions under section 170(c). 5c Did the organization state any receive deductible contributions under section 170(c). 5c Did the organization sell, exchange, or otherwise dispose of tangible personal property for uniform it was required to the Form 8282? 7 Did the organization neceive a payment in excess of \$15 made party as a centribution and party for goods andegroenaptivided to the payor? 7 The section \$252? 7 The section \$252. 8 Sponsoring organization received a contribution of care, boats, simplanes, or dissertibles, did the organization file form \$252. 8 Sponsoring organization semination good organization file form \$252. 9 Section \$252. 9 Section \$252. 9 Section \$252.	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X			
triancial account in a foreign country (such as a bank account, securities account, or other financial account)? b if Yes, "active 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? b Did any textibe party neity the organization file Form 8888-77. 6b Z X b Did any textibe party neity the organization file Form 8888-77. 6c If Yes, "to line 5a or 56, did the organization file Form 8888-77. 6c If Yes, "to line 5a or 56, did the organization file Form 8888-77. 6c If Yes, "to line organization and include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organization stat may receive deductible contributions under section 170(c). 8d If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Did the organization receive a payment in excess of \$15 made party is as contribution and party for goods and environs provided to the payor? 7a If Yes, "did the organization notify the donor of the value of the goods or services provided? 7b If Yes, "did the organization notify the donor of the value of the goods or services provided? 7c If If Yes, "did the organization ordity the donor of the value of the goods or services provided? 7b If Yes, "did the organization ordity the donor of the value of the goods or services provided? 7c If If Yes, "did the organization ordity the year and ye	b									
b If "Yes," inclinate the number 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 parky to a prohibbed tax shelter transaction? 5b X 5c If "Yes" to line Sa or 50, did the organization in the firm 88867 is a parky to a prohibbed tax shelter transaction? 5c Describes the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles acharitable contributions? 5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles acharitable contributions and aparty for goods and expression and expressio	4a									
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization apply to a prohibited saw shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Z X 5c If "Ye's to line 5o or 5b, did the organization file Form 888981? 6a Does the organization bank and must gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c Did the organization sell, exchange, or otherwise dispose of tangble personal property for writhen these required to life Form 82822? 8d If "Yes," did the organization neceive any funds, directly or indirectly, to pay preniums 8d a Benorial benefit contract? 7c X 7d If "Yes," did the organization received any funds, directly or indirectly, to pay preniums 8d a Benorial benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, or aparty arb benefit contract? 7r X X 7r If the organization received an contribution of qualified intellectual property, of the proganization file Form 8898 as required? 7h If the organization received an contribution of qualified intellectual property, of the proganization benefit contract? 7r X X 7		financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	nt)?	4a		Х			
Sa X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 Did 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 eductibles? 5 Di I "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and envise equivalent to file Form 8882? 8 Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and envise equivalent to file Form 8882? 9 Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and envise equivalent to file Form 8882? 10 Did the organization receive a payment in excess of \$75 made party as a contribution of party for yellong the year of the goods or services provided? 10 Did the organization received a contribution of qualified intellectual property, did their general barriers and yellong and yellong for the granization received a contribution of qualified intellectual property, did their general barriers from 8899 as required? 10 Did the organization received a contribution of qualified intellectual property, did their general payments of the granization file a Form 1089-C? 11 Did the sponsoring organizations make any taxable distributions types section 4966? 12 Did the sponsoring organization make any taxable distributions types section 4966? 13 Section 501(c)(27) organizations. Enter: 14 Did the sponsoring organization make any taxable distributions types section 4966? 15 Section 4947(x)(1) non-exempt theretail	b	If "Yes," enter the name of the foreign country								
b Did any taxable party notify the organization that it was on is a party to a prohibited tax shelter transaction? 6		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccour	ts (FBAR).						
til "Yes" to line 5a or 5b, did the organization file Form 8886-17 6a 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 eductibles b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles 7 Organizations that may receive deductible contributions under section 170(c). a lid the organization service a payment in excess of \$75 made partly as a contribution of partly for goods anderinos provided to the payor? 7 b if "Yes," did the organization notify the donor of the value of the goods or services provided? 7 b if "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8828? d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 b if the organization received an contribution of custified intellectual property, of the pramisation file Form 8899 as required? 8 the the organization received an contribution of custified intellectual property, of the pramisation file Form 8899 as required? 9 h if the organization received an contribution of custified funds. Did adhors divised fund maintained by the sponsoring organization have excess business holdings at any timeluling the year? 8 Sponsoring organization make any taxable distributions buffer section 4966? 9 Did the sponsoring organization make a distribution suppler section 4966? 9 Did the sponsoring organization make a distribution suppler section 4966? 9 Did the sponsoring organization make a distribution of the properties of the form the sponsoring organization was a file of the form and the sponsoring organization was a file of the sponsoring organization was a file of the sponsoring organization was a specified to the sponsoring organization make a distribut	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a					
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		that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17					
		If "Yes," complete Form 6069.				000				

LAND IS LIFE, 22-3101280 Page 6 Form 990 (2022) 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 Section 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a Х **b** Each committee with authority to act on behalf of the governing body? 8b 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 0 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х on Schedule O how this was done 12c Х Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? Х 14 14 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? X The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed $\,$ NY , MA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website | X | Upon request Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records JULIE HOOKS - 413-262-5231

Form **990** (2022)

228 PARK AVE S, PMB 45112, NEW YORK

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

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

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

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

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	Jiga					Jack	(D)	(E)	(F)
(A) Name and title			(C) Position		Reportable		(F) Estimated			
ivame and title	Average hours per		(do not check more than one box, unless person is both an			than o		compensation	Reportable compensation	amount of
	week					s botr or/trus		from	from related	other
	(list any	tor						the	organizations	compensation
	hours for	ndividual trustee or director				_		organization	(W-2/1099-MISC/	from the
	related	e 0 r	stee			sate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ruste	Ę		yee	m per		1099-NEC)	10001120)	and related
	below	dualt	nstitutional trustee	_	oldm	st co	-			organizations
	line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former			J
(1) BRIAN J. KEANE	5.00									
FORMER CHAIR		Х		Х				68,667.	0.	1,548.
(2) ANA JEROLAMON	40.00						1			•
INTERIM EXECUTIVE DIRECTOR		Х		X				60,859.	0.	6,193.
(3) JOSE PROANO	40.00				V					_
INTERIM EXECUTIVE DIRECTOR		X		X	N.			0.	0.	0.
(4) MARCOS TERENA	1.00									
TRUSTEE		Х						0.	0.	0.
(5) KARA DE LOS REYES	1.00	4								
TRUSTEE		x						0.	0.	0.
(6) MARIAM WALLET MOHAMED ABOUBAKRIN	1.00									
CHAIR		Х		Х				0.	0.	0.
(7) GLEB RAYGORODETSKY	1.00									
TRUSTEE		Х						0.	0.	0.
					_					
		ł								
			\vdash	\vdash	_	\vdash				
	l				Į			I	l	

Form 990 (2022)

Form 990 (2022) LAND IS I	LIFE, IN	IC.						22-31	01280 Page 8	
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	offic pox,	not che unless er and	s perse		th an stee)	(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	Reportable compensation from related organizations (W-2/1099-MISC 1099-NEC)	other compensation	
							SUL			
1b Subtotal c Total from continuation sheets to Part VI d Total (add lines 1b and 1c) 2 Total number of individuals (including but n	I, Section A			abo	ove) w	 ho re	129,526. 0. 129,526. eceived more than \$100		7,741. 0. 0. 0. 7,741.	
compensation from the organization 3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the stand related organizations greater than \$150. 5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," compensation B. Independent Contractors	uch individual um of reportabl 0,000? If "Yes, accrue compen	e cor " <i>cor</i> satic	mper mplet on fro	nsations te Scom a	on an chedu ny un	d oth le J i	ner compensation from t for such individual ed organization or indivi	he organization	9 Yes No 3 X 4 X 5 X	
Complete this table for your five highest co the organization. Report compensation for	•	-						•	nsation from	
(A) Name and business	address	NC	NE				(B) Description of s	services	(C) Compensation	
Total number of independent contractors (in	•	ot lim	nited	to th	_	sted	above) who received m	ore than		
\$100,000 of compensation from the organization	zation				0				Form 990 (2022)	

232008 12-13-22

22-3101280

			Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
			encert il contocale e containe a response	or rioto to driy iii	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
S G	1	_	Federated campaigns 1a					
ant	•							
9			Fundraising events 1b 1c					
fts,								
يَ قَ			Related organizations 1d Government grants (contributions) 1e					
Contributions, Gifts, Grants and Other Similar Amounts			All other contributions, gifts, grants, and					
e ti		•		429,738.				
들		~		123,730.				
o d		g			4,429,738.			
O e		- 11	Total. Add lines 1a-1f	Business Code	<u> </u>			
_	^			Busiliess Code				
jce	2	a						
er,		b						
m S		C						
gra Re		d				.(()		
Program Service Revenue		e	All other pregram contine revenue			1		
_			All other program service revenue					
1	3		Total. Add lines 2a-2f					
	3	•	Investment income (including dividends, intere other similar amounts)		17,734			17,734.
	4		/		11,131			17,754.
	4 5		Income from investment of tax-exempt bond p		1			
	3	,	Royalties (i) Real	(ii) Personal				
	6			(ii) i craoriai				
	0	a	Gross rents 6a	*	5			
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
	7		Net rental income or (loss)	(ii) Other				
	′	а	and a sum of the sum o	(ii) Otriot				
		h	assets other than inventory Less: cost or other basis	()				
a		D	and sales expenses					
ğ		_	Gain or (loss) 7c					
eve			. ,	· ·				
her Revenue	٥		Net gain or (loss) Gross income from fundraising events (not					
Oth	0	а	including \$ of					
٦			contributions reported on line 1c). See					
			Part IV, line 18 8a					
		b	Less: direct expenses 8b					
			Net income or (loss) from fundraising events					
	9		Gross income from gaming activities. See					
	Ŭ	u	Part IV, line 19 9a					
		h	Less: direct expenses 9b					
			Net income or (loss) from gaming activities	l				
	10		Gross sales of inventory, less returns					
		_	and allowances 10a					
		b	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory					
			(200) Home Sales of My Shelly	Business Code				
snc	11	а	MISCELLANEOUS	900099	115,000.			115,000.
nec	•	b			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			.,
ella		c						
Miscellaneous Revenue			All other revenue					
Σ			Total. Add lines 11a-11d		115,000.			
	12		Total revenue. See instructions		4,562,472.	0.	0.	132,734.

Form 990 (2022) LAND IS LIFE, Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).											
Check if Schedule O contains a response or note to any line in this Part IX (A) (B) (C) (D)											
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses						
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21										
2	Grants and other assistance to domestic										
_	individuals. See Part IV, line 22										
3	Grants and other assistance to foreign										
Ū	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16	3,603,113.	3,603,113.								
4	Benefits paid to or for members	, ,	, , ,								
5	Compensation of current officers, directors,										
	trustees, and key employees	60,859.	54,773.	3,043.	3,043.						
6	Compensation not included above to disqualified		-		-						
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages	147,816.	90,632.	32,202.	24,982.						
8	Pension plan accruals and contributions (include			10							
	section 401(k) and 403(b) employer contributions)										
9	Other employee benefits	52.	11.	38.	3.						
10	Payroll taxes	16,403.		16,403.							
11	Fees for services (nonemployees):										
а	Management		1								
b	Legal										
С	Accounting	26,073.	6,798.	17,004.	2,271.						
d	, 0	· C									
е	Professional fundraising services. See Part IV, line 17										
f	Investment management fees		•								
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	262,429.	2,826.	88,032.	171,571.						
12	Advertising and promotion										
13	Office expenses	25,549.	6,134.	11,020.	8,395.						
14	Information technology	921.	39.	154.	728.						
15	Royalties										
16	Occupancy	7,332.		6,421.	911.						
17	Travel	68,661.		12,800.	55,861.						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	2,338.		2,311.	27.						
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization										
23	Insurance	15,616.		15,616.							
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.)	2 / 01	100	2 220	1 1 1 0						
a	MEMBERSHIPS AND DUES EQUIPMENT FOR COMMUNITI	3,481. 3,420.	102.	2,239.	1,140. 3,420.						
b	GENERAL EXPENSES	1,987.	519.	1,284.	184.						
C	PROFESSIONAL DEVELOPMEN	682.	319.	682.	104.						
d		614.		585.	29.						
	All other expenses Add lines 1 through 24e	4,247,346.	3,764,947.	209,834.	272,565.						
<u>25</u> 26	Total functional expenses. Add lines 1 through 24e	4,441,J40•	J, 104, 341.	207,034.	414,303.						
20	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here if following SOP 98-2 (ASC 958-720)										
	[] lollowing ool 35-2 (A50 350-120)				Form 990 (2022)						

Form **990** (2022)

Part		Balance Sneet				
		Check if Schedule O contains a response or n	ote to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1,753,149.	1	2,316,747
	2	Savings and temporary cash investments		1,447,744.	2	1,207,945
	3	Pledges and grants receivable, net		52,500.	3	0
	4	Accounts receivable, net	0.	4	15,000	
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, sub				
		controlled entity or family member of any of the		5		
	6	Loans and other receivables from other disqua				
		under section 4958(f)(1)), and persons describ	ed in section 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
₹	9	Prepaid expenses and deferred charges			9	
	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	e 11		12	
•	13	Investments - program-related. See Part IV, lin	e 11		13	
•	14	Intangible assets		14		
•	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must ed		3,253,393.	16	3,539,692
'	17	Accounts payable and accrued expenses		18,080.	17	13,19
'	18	Grants payable			18	
	19	Deferred revenue			19	
2	20	Tax-exempt bond liabilities			20	
2	21	Escrow or custodial account liability. Complet	e Part IV of Schedule D		21	
3 2	22	Loans and other payables to any current or fo				
		trustee, key employee, creator or founder, sub				
		controlled entity or family member of any of the			22	
' :	23	Secured mortgages and notes payable to unit			23	
2	24	Unsecured notes and loans payable to unrelate			24	
2	25	Other liabilities (including federal income tax,	•			
		parties, and other liabilities not included on lin		057 533		160 746
		of Schedule D		257,533.	25	169,742
- 12	26	Total liabilities. Add lines 17 through 25	77	275,613.	26	182,932
٨		Organizations that follow FASB ASC 958, c	heck here X			
<u> פֿ</u>		and complete lines 27, 28, 32, and 33.		622 456		1 204 071
	27			622,456.		1,304,873
5 2	28	Net assets with donor restrictions		2,355,324.	28	2,051,887
 		Organizations that do not follow FASB ASC	958, check here			
-	00	and complete lines 29 through 33.	1-			
3 2	29	Capital stock or trust principal, or current fund			29	
	30	Paid-in or capital surplus, or land, building, or			30	
-	31	Retained earnings, endowment, accumulated		2 077 700	31	2 256 760
	32	Total net assets or fund balances		2,977,780.	32	3,356,760
;	33	Total liabilities and net assets/fund balances		3,253,393.	33	3,539,692

LAND IS LIFE, INC.

Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI]
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,562	2,472	•
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,247		
3	Revenue less expenses. Subtract line 2 from line 1	3		,126	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,977	7,780	•
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities				_
7	Investment expenses	1 _ 1			
8	Prior period adjustments	8	63	3,854	•
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,				
	coluṃn (B))	10	3,356	760	•
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			<u>X</u>	<u></u>
				Yes No)
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
2a	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	reviewed on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	separate basis,			
	consolidated basis, or both:				
	Separate basis 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 oversi	-			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		_
	If the organization changed either its oversight process or selection process during the tax year, explain				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	<u> </u>	_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	the required audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
	Puloli,		Form	990 ₍₂₀₂	2)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

LAND IS LIFE INC. 22-3101280 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1282211.	1804946.	4744090.	2792812.	4429738.	15053797.
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						
4	Total. Add lines 1 through 3	1282211.	1804946.	4744090.	2792812.	4429738.	15053797.
	The portion of total contributions						
Ŭ	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						5753101.
6	Public support. Subtract line 5 from line 4.						9300696.
	etion B. Total Support				2		7300030.
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	1282211.	1804946.	4744090.	2792812.	4429738.	15053797.
	Gross income from interest,			10000	2,320220	11237300	
Ü	dividends, payments received on						
	securities loans, rents, royalties,		٠, ۷				
	and income from similar sources				211.	17,734.	17,945.
9	Net income from unrelated business)	211.	17,754.	17,545.
9	activities, whether or not the						
40	business is regularly carried on	*					
IU	Other income. Do not include gain						
	or loss from the sale of capital	5,542.	25,000.		61 117	115 000	206,659.
	assets (Explain in Part VI.)	3,342,	23,000.		01,117.		15278401.
	Total support. Add lines 7 through 10	of (an inclusion				12	<u> </u>
	Gross receipts from related activities, First 5 years. If the Form 990 is for the			iourth or fifth town			
ıs		, -					
Sec	organization, check this box and storetion C. Computation of Publi				•••••		
	Public support percentage for 2022 (li			column (f))		14	60.87 %
	Public support percentage from 2021					15	61.03 %
	33 1/3% support test - 2022. If the contract of the contract o						
IUa	stop here. The organization qualifies						77
h	33 1/3% support test - 2021. If the contraction qualifies		•		lino 15 is 33 1/30/		
D	and stop here. The organization qual						
170	10% -facts-and-circumstances test						
11 a		ū					*
	and if the organization meets the facts						
L	meets the facts-and-circumstances te	•				70. and line 15 in 1	
a	10% -facts-and-circumstances test	_					1U70 UI
	more, and if the organization meets the				-		
10	organization meets the facts-and-circu						
ΙÓ	Private foundation. If the organization	п ии пот спеск а г	JOX OH IIIIE 13, 168	a, 100, 178, 01 170	, check this box at		(Form 990) 2022

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

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

Se	quality under the tests listed by	elow, please comp	nete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	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-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities					\	
	furnished by a governmental unit to				10	1	
	the organization without charge						
6	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						
(Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support				_		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ie organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organization	on,
_	check this box and stop here						
	ction C. Computation of Publi						
	Public support percentage for 2022 (li			column (f))		15	<u>%</u>
	Public support percentage from 2021					16	%
	ction D. Computation of Inves					 	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18	%
19a	a 33 1/3% support tests - 2022. If the						7 is not
	more than 33 1/3%, check this box ar						
k	o 33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check tl	his box and see ins	tructions	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
Зс		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b	<u> </u>	Щ.

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	rt IV Supporting Organizations (continued)			age c
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations		ı	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated			
Sec	supervised, or controlled the supporting organization.	2		
	and type in eapper any organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
	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
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		$ldsymbol{ld}}}}}}$
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		<u> </u>
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u>Car</u>	supported organizations played in this regard.	3		
	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	y careful a governmental entry (eee in	istruction	,	N _a
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
_	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				

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

За

3b

Га	Type in Non-Functionally integrated 309(a)(3) Supporting	Orga	11120110113	
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	trust or	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must co		·	
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		
	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):		.01	
а	Average monthly value of securities	1a	4	
b	Average monthly cash balances	1b		
	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		7)	
	(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		
	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		

Schedule A (Form 990) 2022

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

instructions).

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2022

QUIDITO PUNDITO PUN	Section D, lines 5,	lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, tion D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
Public Pu	(See instructions.)	
Public		
Public Pu		
Public Pu		
Qubic Public		
Public Public		
Public Pu		
Public Pu		
Public Pu		
Qubit Quality and the second s		
Public Pu		
Qubiic Public Pu		
Qubit Color		10
Public Pu		
Public Pu		
Public Pu		
		+ C +

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

LAND IS LIFE, INC.

Employer identification number 22-3101280

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		(b) Funds and other accounts
_	Total growth and and of const	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4 5	Aggregate value at end of year Did the organization inform all donors and donor advisors in v	writing that the assets hold in donor advis	ad funds
3	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
Ū	for charitable purposes and not for the benefit of the donor o		
Par			
1	Purpose(s) of conservation easements held by the organization		(Z)
	Preservation of land for public use (for example, recrea		f a historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space		•
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after July 25,2006, and not on a	
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per	l	
_	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
•	Amount of expenses induited in monitoring, inspecting, fland	ming of violations, and emoreting conserva	tion casements during the year
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	h)(4)(B)(i)
_			
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn		
	organization's accounting for conservation easements.	· ·	
Par	t III Organizations Maintaining Collections of	[·] Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for public	olic exhibition, education, or research in fu	ırtherance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these item	ns.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	palance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical treatments	asures, or other similar assets for financia	I gain, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2022

Par	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, o	r Other S	milar Ass	sets (continu	ied)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that	t make signi	ficant use of	its	
	collection items (check all that apply):							
а	Public exhibition	d	Loan or ex	change progra	am			
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explair	n how they further t	the organization	on's exempt	purpose in F	Part XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	asures, or othe	er similar ass	ets		
_	to be sold to raise funds rather than to be ma						Yes	No
Par	rt IV Escrow and Custodial Arrang		ete if the organizati	on answered	"Yes" on Fo	m 990, Part	IV, line 9, or	
	reported an amount on Form 990, Par							
1a	Is the organization an agent, trustee, custodi							
	on Form 990, Part X?						Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:				A	
						_	Amount	
						1c		
d	Additions during the year					1d		
e	Distributions during the year					1e		
f	Ending balance					1f		
	Did the organization include an amount on Fo						Yes	∐ No
Par	rt V Endowment Funds. Complete i							
ı uı	Endowment Funds: Complete	(a) Current year	(b) Prior year	(c) Two year		Three years b	ack (a) Four y	/ears back
4.	Designing of year belongs	(a) Current year	(b) I not year	(6) 100 (00	13 back (a)	Till Co yours b	dok (e) rour j	- July Duck
	3 3 ,							
b	Contributions			$oldsymbol{oldsymbol{arphi}}$				
C C	Net investment earnings, gains, and losses							
d	Grants or scholarships Other expenditures for facilities							
е			1.60					
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curr	ent vear end halance	Uine 1g. column (a)) held as:				
a	Board designated or quasi-endowment		%	ajj ficia ao.				
b	Permanent endowment	%						
		%						
_	The percentages on lines 2a, 2b, and 2c sho							
За	Are there endowment funds not in the posses	. 1	tion that are held a	and administer	red for the			
	organization by:						[·	res No
	(i) Unrelated organizations)*					3a(i)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?)				
4	Describe in Part XIII the intended uses of the							
Par	rt VI Land, Buildings, and Equipm	ent.						
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a.	See Form 990	, Part X, line	10.		
	Description of property	(a) Cost or o basis (investr		st or other s (other)	(c) Accu depre		(d) Book	value
1a	Land							
	Leasehold improvements							
		I						
	Other							
Total	I. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part	X. column (B). line	10c.)				0.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 LAND IS LIFE	, INC.	22	-3101280 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o			l af., a a
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	1-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" o	n 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	d-of-year market value
(1)		O ₄	
(2)		30	
(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" o		11d. See Form 990, Part X, line 15.	
(a) D	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 Part X Other Liabilities.	15.)		
Complete if the organization answered "Yes" o	n Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25.	
1. (a) Description of liability		,	(b) Book value
(1) Federal income taxes			()
(2) FISCAL AGENCY PAYABLE			169,742.
(3)			
(4)			
(5)			
\~/			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2022

169,742.

(6) (7) (8)

Pai	rt XI	Reconciliation of Revenue per Audited Financial Sta	tements With Revenu	e per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Total	revenue, gains, and other support per audited financial statements		1	
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net u	nrealized gains (losses) on investments	2a		
b		red services and use of facilities			
С		veries of prior year grants			
d		(Describe in Part XIII.)	1 4 - 1		
е	Add I	nes 2a through 2d		2e	
3	Subtr	act line 2e from line 1		3	
4		nts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Inves	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С	Add I	nes 4a and 4b		4c	
5		revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12	<u>)</u>	5	
Ра	rt XII	Reconciliation of Expenses per Audited Financial St		ses per Heturn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, li			
1		expenses and losses per audited financial statements		1	
2		nts included on line 1 but not on Form 990, Part IX, line 25:		/s	
а		ed services and use of facilities			
b		year adjustments			
С		losses			
d		(Describe in Part XIII.)			
е		nes 2a through 2d		2e	
3		act line 2e from line 1		3	
4		nts included on Form 990, Part IX, line 25, but not on line 1:			
a		ment expenses not included on Form 990, Part VIII, line 7b			
b		(Describe in Part XIII.)	4b	4-	
		nes 4a and 4b			
Pa	rt XIII	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line : Supplemental Information.	(8.)	3	
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	1: Dart IV lines 1h and 2h: D	art V line 4: Part Y line 2: Part	
		4b; and Part XII, lines 2d and 4b. Also complete this part to provide a		art v, iii c +, r art A, iii c 2, r art	Λί,
	Lu and	ins, and in arrivin, into 2d and 18.7 lies complete time part to provide s	any additional imprimation.		
		()			
		<u> </u>			

SCHEDULE F (Form 990)

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.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization **Employer identification number** LAND IS LIFE 22-3101280 INC. General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (e) If activity listed in (d) (a) Region (c) Number of (d) Activities conducted in the region (f) Total employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region PROVIDING DIRECT SUPPORT TO GRASSROOTS INDIGENOUS COMMUNITIES EAST ASIA AND THE PACIFIC 2 PROGRAM SERVICES ORGANIZATIONS & LEADERS 171,360. ROVIDING DIRECT SUPPORT TO GRASSROOTS INDIGENOUS COMMUNITIES 8,840. 0 PROGRAM SERVICES ORGANIZATIONS SOUTH ASIA 1 & LEADERS PROVIDING DIRECT SUPPORT TO GRASSROOTS INDIGENOUS COMMUNITIES ORGANIZATIONS, & LEADERS 0 6 PROGRAM SERVICES SOUTH AMERICA 2,824,720. PROVIDING DIRECT SUPPORT TO GRASSROOTS INDIGENOUS COMMUNITIES ROGRAM SERVICES ORGANIZATIONS, & LEADERS SUB-SAHARAN AFRICA 0 220,320. PROVIDING DIRECT SUPPORT TO GRASSROOTS INDIGENOUS CENTRAL AMERICAN & COMMUNITIES ORGANIZATIONS, & LEADERS THE CARIBBEAN PROGRAM SERVICES 141,440. PROVIDING DIRECT SUPPORT TO GRASSROOTS INDIGENOUS COMMUNITIES EUROPE 0 0 PROGRAM SERVICES ORGANIZATIONS, & LEADERS 20,000. 0 15 3,386,680. 3 a Subtotal **b** Total from continuation 0 0 sheets to Part I Totals (add lines 3a

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

Schedule F (Form 990) 2022

3,386,680.

and 3b)

15

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)
			OPERATIONAL SUPPORT					
			AND INDIGENOUS LED		ELECTRONIC			
		CENTRAL AMERICA	SECURITY FUND PROGRAM		FUND OR WIRE			
		AND THE CARIBBEAN	COORDINATION	8,260.	TRANSFER	0.		
					ELECTRONIC			
		SUB-SAHARAN			FUND OR WIRE			
		AFRICA	OPERATIONAL SUPPORT	10,000.	TRANSFER	0.		
					ELECTRONIC			
		EAST ASIA AND THE			FUND OR WIRE			
		PACIFIC	OPERATIONAL SUPPORT	15,000.	TRANSFER	0.		
			OPERATIONAL SUPPORT					
			AND PROGRAM OF	. U	ELECTRONIC			
		SUB-SAHARAN	DEVELOPING PROTOCOLS		FUND OR WIRE			
		AFRICA	FOR FREE, PRIOR AND	15,000.	TRANSFER	0.		
			SUPPORT PROGRAM OF		ELECTRONIC			
			ACTIONS AGAINST		FUND OR WIRE			
		SOUTH AMERICA	MINING IN ECUADOR	125,000.	TRANSFER	0.		
			SUPPORT PROGRAM OF		ELECTRONIC			
			ACTIONS AGAINST		FUND OR WIRE			
		SOUTH AMERICA	MINING IN ECUADOR	8,680.	TRANSFER	0.		
			OPERATIONAL SUPPORT					
			AND PROGRAM OF		ELECTRONIC			
			PEOPLES LIVING IN		FUND OR WIRE			
		SOUTH AMERICA	VOLUNTARY ISOLATION	29,900.	TRANSFER	0.		
			SUPPORT FOR PROGRAM					
			TO INCREASE		ELECTRONIC			
			INDIGENOUS WOMEN		FUND OR WIRE			
		SOUTH AMERICA	PARTICIPATION	12,000.	TRANSFER	0.		

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

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2022

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Part II	Continuation of	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 o	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)
				OPERATIONAL SUPPORT					
				AND PROGRAM OF		ELECTRONIC			
				PEOPLES LIVING IN		FUND OR WIRE			
			SOUTH AMERICA	VOLUNTARY ISOLATION	10,440.	TRANSFER	0.		
						ELECTRONIC			
						FUND OR WIRE			
			SOUTH AMERICA	OPERATIONAL SUPPORT	16,050.	TRANSFER	0.		
						ELECTRONIC			
					/	FUND OR WIRE			
			SOUTH AMERICA	OPERATIONAL SUPPORT	22,658.	TRANSFER	0.		
				OPERATIONAL SUPPORT					
				AND PROGRAM OF		ELECTRONIC			
				PEOPLES LIVING IN		FUND OR WIRE			
			SOUTH AMERICA	VOLUNTARY ISOLATION	583,332.	TRANSFER	0.		
				+, 0					
				SUPPORT FOR		ELECTRONIC			
				INDIGENOUS LED		FUND OR WIRE			
				GRANTMAKING PROGRAM	20,000.	TRANSFER	0.		
				OPERATIONAL SUPPORT					
				AND PROGRAM OF		ELECTRONIC			
				PEOPLES LIVING IN		FUND OR WIRE			
			SOUTH AMERICA	VOLUNTARY ISOLATION	35,140.	TRANSFER	0.		
			•	OPERATIONAL SUPPORT		L			
				AND PROGRAM OF		ELECTRONIC			
				PEOPLES LIVING IN		FUND OR WIRE	_		
			SOUTH AMERICA	VOLUNTARY ISOLATION	90,900.	TRANSFER	0.		
				OPERATIONAL SUPPORT					
				AND INDIGENOUS LED		ELECTRONIC			
			CENTRAL AMERICA	SECURITY FUND PROGRAM		FUND OR WIRE	_		
			AND THE CARIBBEAN	COORDINATION	5,200.	TRANSFER	0.		
						ELECTRONIC			
				SUPPORT FOR AMNISTIES	04.31-	FUND OR WIRE			
			SOUTH AMERICA	IN ECUADOR PROGRAM	24,347.	TRANSFER	0.		

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90), Part II, line 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, appraisal, other)
					ELECTRONIC			
					FUND OR WIRE			
		SOUTH EAST ASIA	OPERATIONAL SUPPORT	78,242.	TRANSFER	0.		
			OPERATIONAL SUPPORT		TI DOMPONIA			
			AND PROGRAM OF		ELECTRONIC			
		COLUMN AMEDICA	SEMILLAS DE	F1 2F0	FUND OR WIRE			
		SOUTH AMERICA	ABUNDANCIA	51,350.	TRANSFER	0.		
					ELECTRONIC FUND OR WIRE			
		SOUTH AMERICA	OPERATIONAL SUPPORT	96,898.	TRANSFER	0.		
			OPERATIONAL SUPPORT		9			
			AND PROGRAM OF		ELECTRONIC			
			PEOPLES LIVING IN		FUND OR WIRE			
		SOUTH AMERICA	VOLUNTARY ISOLATION	14,300.	TRANSFER	0.		
			OPERATIONAL SUPPORT					
			AND PROGRAM OF		ELECTRONIC			
			DEVELOPING PROTOCOLS		FUND OR WIRE			
		SOUTH AMERICA	FOR FREE, PRIOR AND	8,602.	TRANSFER	0.		
			(iC)		ELECTRONIC FUND OR WIRE			
		ASIA	OPERATIONAL SUPPORT	6,000.	TRANSFER	0.		
		•	OPERATIONAL SUPPORT					
			AND PROGRAM OF		ELECTRONIC			
			PEOPLES LIVING IN	10.051	FUND OR WIRE			
		SOUTH AMERICA	VOLUNTARY ISOLATION	10,051.	TRANSFER	0.		
					ELECTRONIC			
		GOLIMIT AMEDICA	ODEDAMIONAL GUDDODM	40 505	FUND OR WIRE			
		SOUTH AMERICA	OPERATIONAL SUPPORT	40,525.	TRANSFER	0.		+
			OPERATIONAL SUPPORT		EI ECMPONIC			
			AND PROGRAM OF DEVELOPING PROTOCOLS		ELECTRONIC FUND OR WIRE			
		SOUTH AMERICA	FOR FREE, PRIOR AND	19 000	TRANSFER	0.		
		BOOTH WHEKICA	FOR FREE, PRIOR AND	10,000.	TVVNOLEY	ı		

Part II Continuation o	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 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			
			INDIGENOUS LED		FUND OR WIRE			
		SOUTH AMERICA	SECURITY GRANT	19,936.	TRANSFER	0.		
					ELECTRONIC			
			INDIGENOUS LED		FUND OR WIRE			
		SOUTH AMERICA	SECURITY GRANT	13,340.	TRANSFER	0.		
			OPERATIONAL SUPPORT					
			AND PROGRAM OF		ELECTRONIC			
			PEOPLES LIVING IN	/	FUND OR WIRE			
		SOUTH AMERICA	VOLUNTARY ISOLATION	48,862.	TRANSFER	0.		
			OPERATIONAL SUPPORT					
			FOR THE CREATION OF		ELECTRONIC			
			THE OTAVALO		FUND OR WIRE			
		SOUTH AMERICA	UNIVERSITY	15,000.	TRANSFER	0.		
			OPERATIONAL SUPPORT					
			AND PROGRAM OF		ELECTRONIC			
			DEVELOPING PROTOCOLS	<u> </u>	FUND OR WIRE			
		SOUTH AMERICA	FOR FREE, PRIOR AND	5,234.	TRANSFER	0.		
			OPERATIONAL SUPPORT					
			AND PROGRAM OF		ELECTRONIC			
			DEVELOPING PROTOCOLS		FUND OR WIRE			
		SOUTH AMERICA	FOR FREE, PRIOR AND	51,442.	TRANSFER	0.		
			OPERATIONAL SUPPORT					
			AND PROGRAM OF		ELECTRONIC			
			DEVELOPING PROTOCOLS		FUND OR WIRE			
		SOUTH AMERICA	FOR FREE, PRIOR AND	51,423.	TRANSFER	0.		
			OPERATIONAL SUPPORT					
			AND PROGRAM OF		ELECTRONIC			
			DEVELOPING PROTOCOLS		FUND OR WIRE			
		SOUTH AMERICA	FOR FREE, PRIOR AND	11,637.	TRANSFER	0.		
			OPERATIONAL SUPPORT	,				
			AND PROGRAM OF		ELECTRONIC			
			DEVELOPING PROTOCOLS		FUND OR WIRE			
		SOUTH AMERICA	FOR FREE, PRIOR AND	6,112.	TRANSFER	0.		

			tes. Complete i	f the organization answered "Yes	s" on Form 990, Part I	V, line 16.	
Type of grant or assistance	(b) Region		(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)
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	Part III can be duplicated if a	Part III can be duplicated if additional space is neede	Part III can be duplicated if additional space is needed. (c) Number of	Part III can be duplicated if additional space is needed. (c) Number of (d) Amount of	Part III can be duplicated if additional space is needed. (c) Number of (d) Amount of (e) Manner of	Part III can be duplicated if additional space is needed. Type of grant or assistance (b) Region (c) Number of recipients (d) Amount of cash grant (ash disbursement) (f) Amount of noncash assistance	Type of grant or assistance (b) Region (c) Number of recipients (d) Amount of cash grant (e) Manner of cash disbursement (f) Amount of noncash assistance (g) Description of noncash assistance

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," 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)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," 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)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No
		Schedule F (For	n 990) 2022

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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 SCHEDULE ARE PART OF THE PROGRAM SERVICE EXPENSE REPORTED ON THE STATEMENT OF FUNCTIONAL EXPENSES.

PART II, COLUMN (D):

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: OPERATIONAL SUPPORT AND PROGRAM OF DEVELOPING

PROTOCOLS FOR FREE, PRIOR AND INFORMED CONSENT

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

Page 5

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: SOUTH AMERICA

(D) PURPOSE OF GRANT: OPERATIONAL SUPPORT AND PROGRAM OF DEVELOPING

PRIOR AND INFORMED CONSENT PROTOCOLS FOR FREE,

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 DEVELOPING

PROTOCOLS FOR FREE, PRIOR AND INFORMED CONSENT

REGION: SOUTH AMERICA

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

IN VOLUNTARY ISOLATION AND RECENT CONTACT

Schedule F (Form 990) 2022

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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: OPERATION SUPPORT AND PROGRAM OF PEOPLES LIVING IN

VOLUNTARY ISOLATION AND RECENT CONTACT

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: OPERATIONAL SUPPORT AND PROGRAM OF DEVELOPING

PROTOCOLS FOR FREE, PRIOR AND INFORMED CONSENT

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: OPERATIONAL SUPPORT AND PROGRAM OF DEVELOPING

PROTOCOLS FOR FREE, PRIOR AND INFORMED CONSENT

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: OPERATIONAL SUPPORT AND PROGRAM OF DEVELOPING

PRIOR AND INFORMED CONSENT PROTOCOLS FOR FREE,

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: OPERATIONAL SUPPORT AND PROGRAM OF DEVELOPING

PROTOCOLS FOR FREE, PRIOR AND INFORMED CONSENT

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: OPERATIONAL SUPPORT AND PROGRAM OF DEVELOPING

PROTOCOLS FOR FREE, PRIOR AND INFORMED CONSENT

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: OPERATIONAL SUPPORT AND PROGRAM OF DEVELOPING

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

> LAND IS LIFE, INC.

Employer identification number 22-3101280

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AT THE LOCAL AND NATIONAL LEVELS, AND MOVE FORWARD A PROCESS OF
DIALOGUE AND STRATEGIC ACTION THAT WOULD BRING ABOUT THE INTERNATIONAL
LEGAL RECOGNITION OF INDIGENOUS PEOPLES' RIGHTS TO SELF-DETERMINATION
AND COLLECTIVE OWNERSHIP OF LANDS, RESOURCES AND KNOWLEDGE.
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 ORGANIZATION HAS NOT CHANGED EITHER ITS OVERSIGHT OR SELECTION
PROCESS DURING THE TAX YEAR.

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

Schedule O (Form 990) 2022