	Q	Q	Ω
Form	J	J	U

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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



Department of the Treasury Internal Revenue Service

1.

A	For the	2021 calendar year, or tax year beginning and	ending	_	
В	Check if applicable	e: C Name of organization		D Employer identifie	cation number
	Addres	PROMISE LANDING FARM INC			
	Name change			83-10493	05
	Initial return Final return/	16900 CLAGETT LANDING ROAD	Room/suite	E Telephone number 301-249-	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	598,983.
	Ameno			H(a) Is this a group re	eturn
	Applic tion	^{a-} F Name and address of principal officer: ROBERT TAISHOFF		for subordinates	
	pendir	¹⁹ SAME AS C ABOVE		H(b) Are all subordinates in	
1	Tax-exe	empt status: 🗴 501(c)(3) 🛄 501(c) () ◀ (insert no.) 🛄 4947(a)(1) (or 📃 527	1	list. See instructions
J	Websit	e: WWW.PROMISELANDINGFARM.ORG		H(c) Group exemption	
κ	Form of	organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year		State of legal domicile: MD
P	art I	Summary		· · ·	
۵	1	Briefly describe the organization's mission or most significant activities: $[TO]$ P	ROVIDE	AN INCLUSI	VE RIDING
nc		EXPERIENCE BY OFFERING INTEGRATED THERAP	EUTIC	EQUESTRIAN	SERVICES TO
Activities & Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	sets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)			5
യ യ		Number of independent voting members of the governing body (Part VI, line 1b)			0
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		5	14
viti		Total number of volunteers (estimate if necessary)			89
∕cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	1,200.
_		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		334,782.	532,959.
enu	9	Program service revenue (Part VIII, line 2g)		19,910.	58,044.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,531.	7,980.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		363,223.	598,983.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		216,886.	291,596.
sue	16a	Professional fundraising fees (Part IX, column (A), line 11e)	L	0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)			
ш	11	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		160,246.	165,009.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		377,132.	456,605.
		Revenue less expenses. Subtract line 18 from line 12		-13,909.	142,378.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		132,081.	304,206.
at As	21	Total liabilities (Part X, line 26)	上	28,052.	22,823.
_		Net assets or fund balances. Subtract line 21 from line 20		104,029.	281,383.
		Signature Block			
llnc	lar nana	Itigs of parium. I dealars that I have examined this return, including accompanying echodule	a and atatam	anta and to the heat of m	uknowladge and halief it is

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer ROBERT TAISHOFF, CHAIR Type or print name and title	2	Date			
	Print/Type preparer's name MEENA BISHNOI	Preparer's signature Mcchaloss	Date Check PTIN 10/10/2022 if self-employed P01480769			
Preparer Use Only	Firm's name JM&M Firm's address 10500 LITTLE PAT COLUMBIA, MD 210		Firm's EIN ► 52-1853933 770 Phone no.410-884-0220			
May the IF	RS discuss this return with the preparer shown abo		X Yes No			
	32001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021) SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION					

Form	990 (2021) PROMISE LANDING FARM INC	83-1049305 _F	age
Par	t III Statement of Program Service Accomplishments	m Service Accomplishments	
1	PROMISE LANDING FARM IS A CREATIVE ENGINE FOR INCLU	-	
		AND IO PODIEK A	
2		on the	
			No
	If "Yes," describe these new services on Schedule O.		_
3		services?Yes	No
4	-	project of management by expenses	
-	• • • • • • • • •		d
4a	(Code:) (Expenses \$ 281, 162. including grants of \$		19.
Part III Statement of Program Service Accomptishments			
	Text if Statement of Program Service Accomplishments Image: Credit Statement of Program Service Accomplishments Image: Credit Statement of Program Service Accomplishments Check if Statement of Program Service Accomplishments Image: Credit Statement of Program Service Accomplishments Image: Credit Statement of Program Service Accomplishments COMMUNITY MEMBERS WITH AND WITHOUT DISABILITIES IN MEANINGPUL INTERACTORS WITH EACH OTHER AND THEIR EQUINE PARTMERS TO FOSTER A COMMUNITY WHERE EVERYONE IS VALUED AND INCLUDED. Dd me aganzation undertake any significant thanges in how it conducts, any program services? Image: Credit Statement of Ves [X] If 'Ves' describ these new services on Schedule O. Describ the organization's organis encide accomplationents for each of its three largest program services, as measured by expenses. Sector 50(2)(3) and 501(4)(4) organizations are required to report the annound of grants and allocations to others, the total appenses, and reading grams of 2 (Presents 281) T62. (Mereins 281) (Mere		
		<pre>itement of Program Service Accomplishments</pre>	
	IIII Statement of Program Service Accomplishments		
		Program Service Accomplishments Ocontains a response or note to any line in this Part II Contains a response or note to any line in this Part II ING PARM 1S A CREATIVE ENGINE FOR INCLUSIVITY, ENGAGING MEERS WITH AND WITHOUT DISABLITIES IN MEANINGFUL WITH EACH OTHER AND THEIR EQUINE PARTNERS TO FOSTER A ERE EVERVORE IS VALUED AND INCLUDED. etake any significant program services during the year which were not listed on the ?? ING Part and WITHOUT DISABLITIES IN MEANINGFUL WITH EACH OTHER AND THEIR EQUINE PARTNERS TO FOSTER A ERE EVERVORE IS VALUED AND INCLUDED. etake any significant program services during the year which were not listed on the ?? Inter services on Schedule 0. se conducting, or make significant changes in how it conducts, any program services, as measured by exponses. Including answice accompletinements for each of its three largest program services, as measured by exponses. Including answice accompletinements for each of grants and allocations to others, the total expenses, and program service accompletinements of section of grants and allocations to others, the total expenses, and program service accompletinement of grants and allocations to others, the total expenses, and program service accompletinements of cach of grants and allocations to others, the total expenses, and program service accompletinements of section of grants and allocations to others, the total expenses, and program service accompletinements of section of grants and allocations to others, the total expenses, and program service accompletinements of section of grants and allocations to others, the total expenses, and program service accompletinements of section of grants and allocations to others, the total expenses, and program service accompletinements of sections of the total expenses, and program services of the machine provide section of the provide section o	
	15 201	0.11	2 5
40			
	HEADQUARTERS.		
		ment of Program Service Accomplishments	
	Check if Schedule O-contains a response on role to any line in the Part III		
4c	(Code:) (Expenses \$ including grants of \$	Service Accomplishments	
	Check If Schedule Occutants arregonese rate to any line in this Part II IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		
		int of Program Service Accomplishments	
4d),	
4e)	
		Form 990) (202 ⁻
32002	2 12-09-21	ent of Program Service Accomplishments Schedule O contains a response or note to any line in this Part III the organization sinsion: LAND ING FARM IS A CREATIVE ENGINE FOR INCLUSIVITY, ENGAGING Y MEMBERS WITH AND WITHOUT DISABILITIES IN MEANINGPUL TIONS WITH EACH OTHER AND THEIR EQUINE PARTNERS TO FOSTER A YW WHERE EVERYONE IS VALUED AND INCLUDED. ation undertake any significant program services during the year which were not listed on the or 990-627 ation consets conducting, or make significant thanges in how it conducts, any program services, as measured by expenses. 30 and 3016(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and for each program service accomplishments for each of its three largest program services, as measured by expenses. 30 and 3016(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and for each program service accomplishments for each of its three largest program services, as measured by expenses. 30 and 3016(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and for each program services are profiled. (Strepensets 125, 384.) (Brownes 5 9,12 Sinst Strep D SERVICES - PROMISE LANDING FARM, INC. (*PLF") OFFERS > IND OTHER EQUINE-ASSISTED SERVICES FOR INDIVIDUALEWITH AND 9,12 > IN PLF'S INCLUSIVE	, . <u> </u>
	—		
40	930 793927 17736 2021.04030 PROMISE LANDING	FARM INC 17736	1

Form	990	(2021)

Part IV Checklist of Required Schedules

PROMISE LANDING FARM INC

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
•	If "Yes," complete Schedule A	1	 X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Λ	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
4	public office? <i>If "Yes," complete Schedule C, Part I</i> Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
4	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			
5	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			
Ū	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		Х
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	Х	
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			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	х	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		- 23	<u> </u>
120	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
	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)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			37
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			x
10000	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	900	A (2021)
132000	3 12-09-21	LOUU	220	(∠∪∠⊺)

11140930 793927 17736

2021.04030 PROMISE LANDING FARM INC

3

17736__1

Form 990 (2	2021)	PROMISE	LANDING	FA
Part IV	Checklist	of Required Sch	edules (continu	ued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	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		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
ام	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	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 entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		- 11
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		x
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	200		
Ŭ	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
~~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Fai	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		103	140
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
32004	12-09-21	Form	990	(202
	4	4		
.40	930 793927 17736 2021.04030 PROMISE LANDING FARM INC	17	736_	

Form 990	
Part V	State

021) PROMISE LANDING FARM INC Statements Regarding Other IRS Filings and Tax Compliance(continued)

elter transaction at any time during the tax year? 5a was or is a party to a prohibited tax shelter transaction? 5b
Provide an explanation on Schedule O2bX3aX3aX3bX3bX3caax3caax3caax3caax3baaa3caaa3caaa3caaa3caaa3caaa3caaa3caaa3caaa3caaa3caaa3caaa3caaa3caaa3caaa3caaa3caaa <td< td=""></td<>
250, you may be required to <i>e-file</i> . See instructions.aa income of \$1,000 or more during the year? <i>Jo</i> " to line 3b, provide an explanation on Schedule Oization have an interest in, or a signature or other authority over, ank account, securities account, or other financial account)?Form 114, Report of Foreign Bank and Financial Accounts (FBAR).elter transaction at any time during the tax year?was or is a party to a prohibited tax shelter transaction?
S income of \$1,000 or more during the year?3aXIo" to line 3b, provide an explanation on Schedule O3bXization have an interest in, or a signature or other authority over, a nk account, securities account, or other financial account)?4aForm 114, Report of Foreign Bank and Financial Accounts (FBAR). elter transaction at any time during the tax year?5awas or is a party to a prohibited tax shelter transaction?5b
Io" to line 3b, provide an explanation on Schedule O 3b X ization have an interest in, or a signature or other authority over, a nk account, securities account, or other financial account)? 4a 4a Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a 5a elter transaction at any time during the tax year? 5b 5b
ization have an interest in, or a signature or other authority over, a nk account, securities account, or other financial account)? Form 114, Report of Foreign Bank and Financial Accounts (FBAR). elter transaction at any time during the tax year? was or is a party to a prohibited tax shelter transaction? 5b
nk account, securities account, or other financial account)? 4a Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a elter transaction at any time during the tax year? 5a was or is a party to a prohibited tax shelter transaction? 5b
Form 114, Report of Foreign Bank and Financial Accounts (FBAR). elter transaction at any time during the tax year? was or is a party to a prohibited tax shelter transaction?
elter transaction at any time during the tax year? 5a was or is a party to a prohibited tax shelter transaction? 5b
elter transaction at any time during the tax year? 5a was or is a party to a prohibited tax shelter transaction? 5b
was or is a party to a prohibited tax shelter transaction?
any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 5c es the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit 6a X Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b 6b ganizations that may receive deductible contributions under section 170(c). 7a X It he organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 7c X the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X Yes," indicate the number of Forms 8282 filed during the year 7d 7a X the organization receive a contribution of qualified intellectual property, did the organization file a Form 1098-C? 7h 7c X Onsoring organization make any taxable distributions under section 4966? 9a
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 deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). 6b a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 7h g If the organization maintaining donor advised funds. 8 sponsoring organization maintaining donor advised funds. 8 a Did the sponsoring organization make any taxable distrib
were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 10 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 7c If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b
to a donor, donor advisor, or related person?9b
12, for public use of club facilities [10b]
Is the organization filing Form 990 in lieu of Form 1041?
ceived or accrued during the year
irance issuers.
n plans in more than one state?
n the organization must report on Schedule O.
quired to maintain by the states in which the
ins 13b
<u>13c</u>
or tanning services during the tax year? 14a
ments? If "No," provide an explanation on Schedule O
on payment(s) of more than \$1,000,000 in remuneration or
chedule N.
t to the section 4968 excise tax on net investment income? 16
ny disqualified person, or mine operator engage in any
xcise tax under section 4951, 4952 or 4953? 17
5 Form 990 021.04030 PROMISE LANDING FARM INC 17736_

Form 990	(2021))
----------	--------	---

PROMISE LANDING FARM INC

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

	1a Enter the number of voting members of the governing body, or if the governing body or under the direct supervision of officers, tirustee, or key employees to a management company or other person? 2 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 3 Did the organization baccome aware during the year of a significant diversion of the organization's assets? 6 6 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a 7 Did the organization nake amembers, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7b 8 Did the organization compareausly document the meetings held or written actions undertaken during the year by the following: 7b 8 Did the organization on the power one governing body? 9 8a				
Sec	tion A. Governing Body and Management				
		1 1		Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	5		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	nip with any other			L
	officer, director, trustee, or key employee?		2	X	
3					T
		-	3		l
4					t
					t
-					t
			- U		t
1a			70		l
			/a		╀
b					l
			7b		ł
					Į
а	The governing body?		8a	X	ļ
b	Each committee with authority to act on behalf of the governing body?		8b		ļ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	eached at the			I
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		l
ec	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenue Code.)			
				Yes	
0a	Did the organization have local chapters, branches, or affiliates?		10a		
					I
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		I
1a			11a	X	İ
		, 3			İ
			12a	X	I
				X	t
			12.0		ł
C			10-	x	I
10				X	ł
				X	╂
			14		ł
15					I
					ļ
				<u> </u>	1
b	Other officers or key employees of the organization		15b		ļ
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				ĺ
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement with a			I
	taxable entity during the year?		16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu				t
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org				I
	exempt status with respect to such arrangements?		16b		I
ec	tion C. Disclosure		105		
	List the states with which a copy of this Form 990 is required to be filed NONE				
8	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) avai	2
0	for public inspection. Indicate how you made these available. Check all that apply.		0,3 01119) avai	
		in on Schodula ()			
•		in on Schedule O)	un al d'un		
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	conflict of interest policy, a	and fina	ncial	
-	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and records 🕨			
	RACHEL NEFF - 301-249-2971				
	16900 CLAGETT LANDING ROAD, UPPER MARLBORO, MD 2	0774			_
2006	5 12-09-21		Form	1 990	(
			4		
40	930 793927 17736 2021.04030 PROMISE LANDIN	IG FARM INC	17'	736	_

Part VII	Compensation of Officers,	Directors , Trust	ees, Key Emp	loyees, Highest	: Compensated
	Employees, and Independe	ent 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	1	(B) (C)						(D)	(E)	(F)
Name and title	Average		not c	Pos heck	ition more	than		Reportable	Reportable compensation from related	Estimated
	hours per week	box offi	, unle cer an	ss pe Id a d	rson lirecto	is bot pr/trus	h an tee)	compensation from		amount of other
	(list any	ector						the	organizations	compensation
	hours for	or din	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	trustee	al trust		yee	mpens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	Individual trustee or director	Institutional trustee	er	emplo	Highest compensated employee	ner	,		organizations
	line)	Indi	Insti	Officer	Key	High emp	Former			
(1) RACHEL L. NEFF	40.00			37				00 075	0	F 117
EXECUTIVE DIRECTOR	10.00			Х				90,075.	0.	5,117.
(2) LYNDA COLBERT	10.00 30.00	x		x				0.	01 500	2 070
TREASURER (3) CAPT ROBERT TAISHOFF, JAGC, USN	10.00	<u> </u>		^	<u> </u>	<u> </u>		0.	91,500.	2,978.
CHAIR	30.00	x		x				0.	70,000.	11,650.
(4) JAMES O'CONNOR	10.00									
VICE CHAIR	20.00	Х		Х				0.	60,000.	0.
(5) MICHAEL HOWELL	10.00									
VICE CHAIR	20.00	Х		Х				0.	46,040.	0.
(6) KATHRYN TAISHOFF	10.00									
SECRETARY	20.00	Х		Х				0.	25,850.	0.
		\vdash	\vdash	-	-	\vdash	-			
			\vdash							
132007 12-09-21		L								Form 990 (2021)

132007 12-09-21

Form 990 (2021)

11140930 793927 17736

2021.04030 PROMISE LANDING FARM INC

7

-	990 (2021) PROMISE I									83-1	0493	305	Pa	ige 8
Par			ploy	ees			ghe	st C						
	(A) Name and title	(B) Average hours per week	box offic	not c , unle	ss pe	ition more rson i	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	on d	Esti amo	(F) mate ount c ther	
		(list any hours for related organizations	Individual trustee or director	Institutional trustee		loyee	Highest compensated employee		the organization (W-2/1099-MISC/ 1099-NEC)	organizatior (W-2/1099-MI 1099-NEC)	SC/	orga and	m the nizatio relate	e on ed
		below line)	Individu	Institutio	Officer	Key employee	Highest employe	Former				orgar	iizatio	ins
1b	Subtotal		I			L	L		90,075.	293,3	90.	19	,74	45.
d	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A	· · · · · · ·	· · · · · · ·	· · · · · · ·				0.90,075.	293,3		19	,74	0. 45.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	iose	liste	ed al	bove	e) wr	10 r	eceived more than \$100	0,000 of reportat	ble			0
												`	/es	No
3 4	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s For any individual listed on line 1a, is the su	uch individual										3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	" CO	mple	ete S	Sche	edule	e J f	for such individual			4		X
<u> </u>	rendered to the organization? If "Yes," com	plete Schedule	e J f	or su	uch	pers	son .					5		Х
1	tion B. Independent Contractors Complete this table for your five highest co the organization. Report compensation for										npensa	ation fro	om	
	(A) Name and business	-		ONE					(B) Description of s		Co	(C) cmpens		1
								+						
				_										
2	Total number of independent contractors (i \$100,000 of compensation from the organized strength of the organized strength	-	ot lii	nite	d to	tho	se lis 1	stec	d above) who received n	nore than		Form 9	90 (2	2021)

132008 12-09-21

							Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
its ts	1 :	а	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues		1b					
Åme Sme			Fundraising events		1c					
àifts ar ∕			Related organizations		1d					
s, G			Government grants (contri		1e	50,105.				
Si			All other contributions, gifts, g	-						
her			similar amounts not included		1f	482,854.				
Ot		a	Noncash contributions included in		1g \$	19,657.				
Cor		-	Total. Add lines 1a-1f				532,959.			
						Business Code	,			
Ð	2	2	LESSON INCOME			900099	47,017.	47,017.		
vic			BOARDING INCO			900099	9,125.	9,125.		
Ser			MERCHANDISE S			900099	1,902.	1,902.		
Program Service Revenue		d				500055	1,502.	1,502.		
gra Re										
Pro		e ₄	All other program service r	rovopuo						
							58,044.			
	3	y	Total. Add lines 2a-2f				50,044.			
	3									
	4	other similar amounts) Income from investment of tax-exempt bond pr								
	5		Royalties							
	5		noyallies		i) Real	(ii) Personal				
	6	_	Gross rents		3,200.					
				6b	0.					
			Less: rental expenses		3,200.					
			Rental income or (loss) Net rental income or (loss)	<u> </u>			3,200.		1,200.	2,000.
			Gross amount from sales of		Securities	(ii) Other	5,200.		1,200.	2,000.
	/ 6	a	assets other than inventory							
		L.		7a						
Ð		D	Less: cost or other basis	710						
nue		_	and sales expenses	70 7c						
lev			()							
er F			Net gain or (loss) Gross income from fundraisin							
Other Revenue	8	а		• •						
0			including \$		- 1					
			contributions reported on	,						
			Part IV, line 18							
			Less: direct expenses							
			Net income or (loss) from f		· –	·····				
	91	a	Gross income from gaming	-						
		L.	Part IV, line 19							
			Less: direct expenses							
			Net income or (loss) from g			····· •				
	10 8	а	Gross sales of inventory, le							
			and allowances							
			Less: cost of goods sold							
	(С	Net income or (loss) from s	sales of in	iventory					
snu		-	OTHER MISC. I	NCOME	2	Business Code 900099	4,774.			4,774.
Miscellaneous Revenue	11 :		REFUNDS			900099	4,774.			4,774.
ella						500099	0.			
Re		c c	All other revenue							
Σ		u	All other revenue			<u> </u>				

(A)

PROMISE LANDING FARM INC

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

12 132009 12-09-21

Form 990 (2021)

Statement of Revenue

Part VIII

11140930 793927 17736

e Total. Add lines 11a-11d

Total revenue. See instructions

9 2021.04030 PROMISE LANDING FARM INC

►

4,780.

58,044.

598,983.

Form 990 (2021)

1,200.

•

6,780.

17736__1

(D) Revenue excluded

(C)

(B)

PROMISE LANDING FARM INC Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do no	Check if Schedule O contains a respons t include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b, 8b	, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	arants and other assistance to domestic organizations nd domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic ndividuals. See Part IV, line 22				
3 G o ir	Grants and other assistance to foreign organizations, foreign governments, and foreign ndividuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	05 510		24 202	2 7 0 0
	rustees, and key employees	95,512.	57,427.	34,383.	3,702
	compensation not included above to disqualified ersons (as defined under section 4958(f)(1)) and				
	ersons described in section 4958(c)(3)(B)				
	Other salaries and wages	142,210.	85,235.	51,472.	5,503
	rension plan accruals and contributions (include				
S	ection 401(k) and 403(b) employer contributions)				
9 C	Other employee benefits	34,638.	21,987.	11,266.	1,385
0 F	Payroll taxes	19,236.	12,009.	6,457.	770
	ees for services (nonemployees):				
a N	lanagement				
	.egal	1,348.		1,348.	
		7,950.		7,950.	
	obbying				
	rofessional fundraising services. See Part IV, line 17				
	nvestment management fees				
-	Other. (If line 11g amount exceeds 10% of line 25,	2 002	2 002		
	olumn (A), amount, list line 11g expenses on Sch O.)	2,093. 7,627.	2,093. 753.	2,844.	4,030
		10,644.	6,670.	3,974.	4,050
	Office expenses	10,011.	0,070.	5,5740	
	nformation technology				
	Royalties	13,145.	9,561.	3,584.	
	ravel	1,466.	1,040.	409.	17
	Payments of travel or entertainment expenses	,	,		
	or any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	nterest				
1 F	Payments to affiliates				
	Depreciation, depletion, and amortization	10,525.	6,316.	3,788.	421
3 Ir	nsurance	16,053.	4,022.	11,503.	528
a li	Other expenses. Itemize expenses not covered bove. (List miscellaneous expenses on line 24e. If ne 24e amount exceeds 10% of line 25, column (A), mount, list line 24e expenses on Schedule 0.)				
	IORSE EXPENSES	63,414.	63,414.		
ьĪ	REPAIRS AND MAINTENANCE	24,414.	22,702.	1,712.	
ςĪ	DUES AND SUBSCRIPTIONS	6,330.	3,317.	2,797.	216
d _					
e A	Il other expenses				
	total functional expenses. Add lines 1 through 24e	456,605.	296,546.	143,487.	16,572
	oint costs. Complete this line only if the organization				
	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
С	heck here if following SOP 98-2 (ASC 958-720)				Form 990 (202

11140930 793927 17736

2021.04030 PROMISE LANDING FARM INC

10

Form **990** (2021) 17736__1

11140930 793927 17736

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

PROMISE LANDING FARM INC

	1	Cash - non-interest-bearing			132,081.	1	112,433.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	158,545.
	4	Accounts receivable, net				4	5,932.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ons		5	
	6	Loans and other receivables from other disqualit	fied per	sons (as defined			
		under section 4958(f)(1)), and persons described	d in sec	tion 4958(c)(3)(B)		6	
sts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			8		
4	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		58,052.			05.000
	b	Less: accumulated depreciation		30,756.	0.	10c	27,296.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line -				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			122 001	15	304,206.
	16	Total assets. Add lines 1 through 15 (must equa		132,081. 877.	16	-	
	17	Accounts payable and accrued expenses			0//•	17	19,523.
	18	Grants payable			2,105.	18	3,300.
	19	Deferred revenue		2,103.	19	5,500.	
	20	Tax-exempt bond liabilities			20		
(0	21 22	Escrow or custodial account liability. Complete F			21		
ties	22	Loans and other payables to any current or form trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes				22	
Li	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines					
		of Schedule D	-		25,070.	25	
	26	Total liabilities. Add lines 17 through 25			28,052.	26	22,823.
(0		Organizations that follow FASB ASC 958, che	ck here				
nces		and complete lines 27, 28, 32, and 33.					
alan	27	Net assets without donor restrictions			104,029.	27	117,302.
ΪB	28	Net assets with donor restrictions				28	164,081.
oun		Organizations that do not follow FASB ASC 9	58, che	ck here 🕨 🛄			
Ϋ́Ε		and complete lines 29 through 33.					
Net Assets or Fund Bala	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or eq				30	
∋t A	31	Retained earnings, endowment, accumulated in			104 000	31	001 000
ž	32	Total net assets or fund balances			104,029.	32	281,383.
	33	Total liabilities and net assets/fund balances			132,081.	33	304,206.

(B) End of year

Form 990 (2021)

(A) Beginning of year

Form 990 (2021)

Form	1990 (2021) PROMISE LANDING FARM INC	83-104	9305	Pa	ge 12				
Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1			83.				
2	Total expenses (must equal Part IX, column (A), line 25)	2			05.78.				
3	Revenue less expenses. Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	104	1,0	29.				
5	Net unrealized gains (losses) on investments	5							
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8	34	1,9	76.				
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,				83.				
	column (B)) 10								
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	Х					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,							
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the								
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.								
3a	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit								
	Act and OMB Circular A-133?		3a		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				1				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000					

Form **990** (2021)

132012 12-09-21

Department of the Treasury

Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

	OMB No. 1545-0047					
1	2021					
	Open to Public Inspection					
Employer identification numb						

Name of the organization

(carr			PROM	ISE LANDIN	8	83-1049305						
Pa	rt I		Reason for Public	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instructior	ıs.			
The 1 2 3 4	orgal	Δ Δ Δ	ation is not a private found A church, convention of ch A school described in sect i A hospital or a cooperative A medical research organiz sity, and state:	urches, or associatio i on 170(b)(1)(A)(ii). (/ hospital service orga	on of churches described Attach Schedule E (Forn anization described in se	d in sectio n 990).) ection 170	n 170(b)(1 (b)(1)(A)(ii	I)(A)(i). ii).)(iii). Enter	the hospital's name,		
5 6 7		 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). 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)(v). 										
8 9		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 university:										
10		An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 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.)										
11 12		An organization organized and operated exclusively to test for public safety. See section 509(a)(4) . 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.										
a b	_	 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 										
5		_	control or management o organization(s). You mus	f the supporting orga	anization vested in the s							
С			Type III functionally inte						lly integrate	ed with,		
d			its supported organization Type III non-functionally that is not functionally into requirement (see instruct	y integrated. A supp egrated. The organiz	orting organization oper ation generally must sat	ated in co tisfy a distr	nnection v ribution re	vith its suppo quirement an	-			
e			Check this box if the orga functionally integrated, or	r Type III non-function				а Туре I, Туре	II, Type III			
f			the number of supported of	-								
g			le the following informatior Name of supported organization	(ii) EIN	d organization(s). (iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the orga in your governi Yes	nization listed ng document? No	(v) Amount of support (see ir	-	(vi) Amount of other support (see instructions)		
Tota	al											

Schedule A	Eorm	000	202
Schedule A		990	202

PROMISE LANDING FARM INC

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		126,200.	292,116.	334,782.	532,959.	1286057.
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		126,200.	292,116.	334,782.	532,959.	1286057.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						939,619.
	Public support. Subtract line 5 from line 4.						346,438.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020 334,782.	(e) 2021 532,959.	(f) Total 1286057.
7	Amounts from line 4		126,200.	292,116.	334,782.	532,959.	1286057.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots		1,200.	4,200.	7,200.	2,000.	14,600.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)					4,780.	4,780.
11	Total support. Add lines 7 through 10						1305437.
	Gross receipts from related activities,					12	86,546.
13	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop						
	ction C. Computation of Publi		-				
	Public support percentage for 2021 (li					14	%
	Public support percentage from 2020					15	%
16 a	33 1/3% support test - 2021. If the o	rganization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies a		•				
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization quali						
1 7a	10% -facts-and-circumstances test	: - 2021. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the facts	s-and-circumstanc	ces test, check this	box and stop he	r e. Explain in Part '	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organization	on qualifies as a pu	ublicly supported o	organization		▶∟
b	10% -facts-and-circumstances test	: - 2020. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets th	e facts-and-circur	nstances test, che	ck this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	he organization qu	alifies as a publicly	y supported organ	ization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s ►
						Schedule A	(Form 990) 2021

PROMISE LANDING FARM INC

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

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

Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 20	21	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the							
~	organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ- 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							
	the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
с	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
	tion B. Total Support			1				
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 20	21	(f) Total
	Amounts from line 6							()
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30, 1975							
с	Add lines 10a and 10b							
	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							
13	assets (Explain in Part VI.)			1	1		<u> </u>	
	First 5 years. If the Form 990 is for th	le organization's fi	irst. second third	fourth or fifth tax	Vear as a section	- 501(c)(3) or	anization	
	check this box and stop here	-					-	
Sec	tion C. Computation of Publ							
	Public support percentage for 2021 (I			column (f))		15		%
						16		%
<u>16</u>	Public support percentage from 2020 ction D. Computation of Invest					10		<u>%</u>
	•					47		
	Investment income percentage for 20					17		%
	Investment income percentage from 2					18		%
19a	33 1/3% support tests - 2021. If the						nd line 17 is i	not
	more than 33 1/3%, check this box at						4 /00 /	
b	33 1/3% support tests - 2020. 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	9a, or 19b, check t	his box and see in			
3202	23 01-04-22			1 5		Sch	edule A (For	rm 990) 2021
			01 01000	15				
14(930 793927 17736	202	41.04030	PROMISE L	ANDING FAL	KM INC	: 17	7361

PROMISE LANDING FARM INC

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

132024 01-04-21

11140930 793927 17736

16 2021.04030 PROMISE LANDING FARM INC

Schedule A (Form 990) 2021

le A (Form 990) 202	PROMISE	LANDING	FARM	INC	
IE A (FUIII 990) 204	1 11011101	DITTO THO	1 1 11 11 1	THO	

Schedu

Pa	rt IV Su	pporting Organizations (continued)			
				Yes	No
11	Has the org	ganization accepted a gift or contribution from any of the following persons?			
а	A person w	ho directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below,	the governing body of a supported organization?	11a		
b	A family me	ember of a person described on line 11a above?	11b		
С	A 35% cor	trolled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Pa	rt VI.	11c		
Sec	tion B. Ty	vpe I Supporting Organizations			
				Yes	No
1	more supp directors, c effectively organizatio	verning body, members of the governing body, officers acting in their official capacity, or membership of one or orted organizations have the power to regularly appoint or elect at least a majority of the organization's officers, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization</i> (s) operated, supervised, or controlled the organization's activities. <i>If the organization had more than one supported</i> <i>n</i> , <i>describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i> <i>organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1		
2	Did the org	anization operate for the benefit of any supported organization other than the supported			
	organizatio	n(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how	v providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised	or controlled the supporting organization.	2		
Sec	tion C. Ty	pe II Supporting Organizations			
				Yes	No
1	Were a ma	iority of the organization's directors or trustees during the tax year also a majority of the directors			

Sec	tion D. All Type III Supporting Organizations		
	the supported organization(s).	1	
	or management of the supporting organization was vested in the same persons that controlled or managed		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	were a majority of the organization of an obtorio of the decode daming the tax year aloo a majority of the directorio		1

			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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that th	e organization used	to satisfy the Integral Part	Test during the yea(see instructions).
---	--	---------------------	------------------------------	--

a _____ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b		The organization	is the parent o	of each of i	ts supported	organizations.	Complete line 3 below.
---	--	------------------	-----------------	--------------	--------------	----------------	------------------------

c		The organization supported	l a governmental entity	. Describe in Part VI ho	ow you supported	a governmental entity	(see instructions).
---	--	----------------------------	-------------------------	--------------------------	------------------	-----------------------	---------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard*.
 132025 01-04-22

3b | Schedule A (Form 990) 2021

2a

2b

3a

17

11140930 793927 17736

2021.04030 PROMISE LANDING FARM INC

17736__1

Yes No

Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

PROMISE LANDING FARM INC

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

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

Schedule A (Form 990) 2021

132026 01-04-22

11140930 793927 17736

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ied)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsiv	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
	Excess from 2019				
-	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

132027 01-04-22

40930 793927 177	136	2021.04030	20 PROMISE	LANDING F		17736_
32028 01-04-22					Schedule	A (Form 990)

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2021

Employer identification number

83-1049305

PROMISE	LANDING	FARM	INC	

0 , , ,	
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

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

Name of organization

Employer identification number

PROMISE LANDING FARM INC

83-1049305

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions - \$ 246,814.	Type of contribution Person X Payroll Image: Complete Part II for Noncash Image: Complete Part II for noncash contributions.) Image: Complete Part II for
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		- \$\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u></u> 50,105.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		- \$\$178,545.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123452 11-11		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
120402 11-11	-21))		Schedule B (Form 990) (2021

17736__1

2021.04030 PROMISE LANDING FARM INC

11140930 793927 17736

Name of organization

Employer identification number

17736__1

83-1049305

PROMISE LANDING FARM INC

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

Part I	(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) (b) (c) (d) No. Description of noncash property given (c) (d) (a) (b) (c) (c) (a) (c) (c) (d) No. (b) (c) (d) (a) (b) (c) (d) No. (b) (c) (d) Description of noncash property given (c) (d) (a) (b) (c) (d) (b) Description of noncash property given (c) (d) (a) (b) (c) (d) (a) (b) (c) (c) (a) (b) (c) (c) (a) (b) (s	
(a) (b) (c) (d) Part 1 Description of noncash property given (c) (d) Part 1 (c) (c) (d) (a) (c) (c) (c) (a) (b) (c) (c) (a) (b) (c) (d) No. (b) (c) (d) No. (b) FMV (or estimate) (d) Description of noncash property given (c) (d) Date receiv (a) (b) (c) (d) Date receiv (a) (b) (c) (d) Date receiv (a) (b) (b) (c) (d) Part 1 Description of noncash property given (c) (d) (a) (b) (c) (c) (c) (a) (b) (c) (c) (c) (a) (b) (c) (d) (d) (b) (b) (c) (d) (d) (a) (b) (b) (c) (c) (d)	No. from		(c) FMV (or estimate)	(d) Date received
No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received			\$	
(a) No. (b) (c) (d) Description of noncash property given (c) FMV (or estimate) (d) Date receive (d) Date receive (d) (a) (b) (c) (c) (d) (a) (b) (c) (c) (d) (b) Description of noncash property given (c) (d) (a) (b) (c) (c) (a) (b) (c) (d) (a) (b) (c) (d) (a) (b) (c) (c) (b) (b) (c) (d) (b) (b) (c) (d) (b) (b) (c) (d) (from Description of noncash property given (c) (d) (b) Description of noncash property given (c) (d)	No. from		FMV (or estimate)	(d) Date received
No. from Part I (c) PMV (or estimate) (See instructions.) (d) Date received (a) No. from Part I (b) (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from No. from (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received			\$	
(a) (b) (c) (d) FMV (or estimate) (See instructions.) (d) Part I	No. from		FMV (or estimate)	(d) Date received
No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received			\$	
(a) No. (b) from Description of noncash property given (See instructions) (d) (b) (c) FMV (or estimate) (See instructions) (d) Date received	No. from		FMV (or estimate)	(d) Date received
No. (b) (c) (d) from Description of noncash property given (See instructions.) Date received			\$	
	No. from		FMV (or estimate)	(d) Date received
			\$	

11140930 793927 17736

2021.04030 PROMISE LANDING FARM INC

Schedule I	B (Form 990) (2021)		Page 4			
Name of o	rganization		Employer identification number			
PROMI	SE LANDING FARM INC		83-1049305			
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line ent charitable, etc., contributions of \$1,000 or I	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year try. For organizations less for the year. (Enter this info. once.) \$			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift	ί.			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-		(e) Transfer of gift				
	Transferee's name, address, a		Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		e) Transfer of gift	t			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
123454 11-11	1-21	I	Schedule B (Form 990) (2021)			

11140930 793927 17736

24 2021.04030 PROMISE LANDING FARM INC

17736__1

SCHEDULE D

Department of the Treasury

(Form	990)
-------	------

Part I

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.

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the



Employer identification number 83-1049305

Internal Revenue Service Name of the organization

PROMISE LANDING FARM INC

		e 6.				
		(a) Donor advised funds	(b) Fun	nds and other acco	ounts
	Total number at end of year					
	Aggregate value of contributions to (during year)					
	Aggregate value of grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor advisors in v	-				
	are the organization's property, subject to the organization's				Yes	L No
	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor o			0		┌┐
	impermissible private benefit?	appization answered "Vas" on Form 000			Yes	No
	Purpose(s) of conservation easements held by the organizati		, Fartiv,	line /	•	
	Preservation of land for public use (for example, recrea		of a histo	vically	important land ar	00
	Protection of natural habitat			•	storic structure	ca
	Preservation of open space			neu m		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	n of a co	nserv	ation easement or	the last
	day of the tax year.			1130110	Held at the End of	
	Total number of conservation easements			2a		
				2b		
	Number of conservation easements on a certified historic structure			2c		
	Number of conservation easements included in (c) acquired a					
	listed in the National Register	-		2d		
	Number of conservation easements modified, transferred, rel			izatior	n during the tax	
	year 🕨					
	Number of states where property subject to conservation east	sement is located 🕨	_			
	Deep the eventimetime have a written policy reproving the new					
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	f			
	violations, and enforcement of the conservation easements it				Yes	
		t holds?				
	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting,	t holds? handling of violations, and enforcing co	nservatio	on eas	sements during the	e year
;	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand	t holds? handling of violations, and enforcing co	nservatio	on eas	sements during the	e year
5	 violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, 	t holds? handling of violations, and enforcing con-	nservatio vation ea	on eas Isemer	sements during the	e year
; ;	 violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand \$ Does each conservation easement reported on line 2(d) above 	t holds? handling of violations, and enforcing con- lling of violations, and enforcing conserv ve satisfy the requirements of section 17	nservatio vation ea '0(h)(4)(B	on eas Isemer 3)(i)	sements during the	e year
;	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hance \$ Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?	t holds? handling of violations, and enforcing con- lling of violations, and enforcing conserv ve satisfy the requirements of section 17	nservatio vation ea 70(h)(4)(B	on eas Isemer 3)(i)	nts during the yea	e year
i i	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hance \$ Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation	t holds? handling of violations, and enforcing con- lling of violations, and enforcing conserv ve satisfy the requirements of section 17 on easements in its revenue and expense	nservatio vation ea '0(h)(4)(B se stater	on eas Isemer 3)(i) ment a	nts during the yea	
	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hance \$ Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footr	t holds? handling of violations, and enforcing con- lling of violations, and enforcing conserv ve satisfy the requirements of section 17 on easements in its revenue and expense	nservatio vation ea '0(h)(4)(B se stater	on eas Isemer 3)(i) ment a	nts during the yea	e year
; ;)	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hance \$ Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footr organization's accounting for conservation easements.	t holds? handling of violations, and enforcing conserv lling of violations, and enforcing conserv ve satisfy the requirements of section 17 on easements in its revenue and expension note to the organization's financial stater	nservation vation ea r0(h)(4)(B se stater ments th	on eas semer 3)(i) ment a lat des	sements during the yea	e year
	 violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand \$	t holds? handling of violations, and enforcing con- dling of violations, and enforcing conserv re satisfy the requirements of section 17 on easements in its revenue and expension note to the organization's financial stater f Art, Historical Treasures, or (nservation vation ea r0(h)(4)(B se stater ments th	on eas semer 3)(i) ment a lat des	sements during the yea	e year
ar	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, ▲ Amount of expenses incurred in monitoring, inspecting, hance \$ Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footr organization's accounting for conservation easements. t III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form	t holds? handling of violations, and enforcing con- lling of violations, and enforcing conserv ve satisfy the requirements of section 17 on easements in its revenue and expens- note to the organization's financial stater f Art, Historical Treasures, or (1990, Part IV, line 8.	nservation ea r0(h)(4)(B se stater ments th Other \$	on eas semer 3)(i) ment a sat des Simil	sements during the yea	e year
s 3 9 Par	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, ▲ Amount of expenses incurred in monitoring, inspecting, hance \$ Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footr organization's accounting for conservation easements. till Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95	t holds? handling of violations, and enforcing conserv ve satisfy the requirements of section 17 on easements in its revenue and expension to to the organization's financial stater f Art, Historical Treasures, or (990, Part IV, line 8. i8, not to report in its revenue statement	nservation ea r0(h)(4)(E se stater ments th Other \$ t and bal	on eas semer 3)(i) ment a lat des Simil ance s	sements during the yea Ints during the yea Yes and scribes the lar Assets. sheet works	e year
o Par	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, ▶	t holds? handling of violations, and enforcing conserv re satisfy the requirements of section 17 on easements in its revenue and expens note to the organization's financial stater f Art, Historical Treasures, or (1990, Part IV, line 8. 8, not to report in its revenue statement plic exhibition, education, or research in	ro(h)(4)(B ro(h)(4)(B roe stater ments th Other \$ t and bal furtheral	on eas semer 3)(i) ment a lat des Simil ance s	sements during the yea nts during the yea Yes and scribes the lar Assets. sheet works	e year
ar a	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, ▶	t holds? handling of violations, and enforcing conserv re satisfy the requirements of section 17 on easements in its revenue and expens note to the organization's financial stater f Art, Historical Treasures, or (1990, Part IV, line 8. 8, not to report in its revenue statement plic exhibition, education, or research in ncial statements that describes these ite	ro(h)(4)(B ro(h)(4)(B rose stater ments th Other \$ t and bal furthera ems.	on eas semer 3)(i) ment a hat des Simil ance s nce of	sements during the yea Ints during the yea Mand Scribes the lar Assets. Sheet works f public	e year
s s ar la b	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, ▶	tholds? handling of violations, and enforcing conserv re satisfy the requirements of section 17 on easements in its revenue and expens note to the organization's financial stater f Art, Historical Treasures, or (990, Part IV, line 8. 88, not to report in its revenue statement plic exhibition, education, or research in nicial statements that describes these ite 88, to report in its revenue statement and	ro(h)(4)(B ro(h)(4)(B se stater ments th Other \$ t and bal furtherai ems. d balance	on eas semer 3)(i) ment a lat des Simil ance s nce of e shee	sements during the yea Ints during the yea Ints during the yea Yes and Scribes the Iar Assets. Sheet works f public et works of	e year
3 7 9 Par Ia b	 violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, ▲ Amount of expenses incurred in monitoring, inspecting, hand \$ Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footror organization's accounting for conservation easements. till Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for put service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public 	tholds? handling of violations, and enforcing conserv re satisfy the requirements of section 17 on easements in its revenue and expens note to the organization's financial stater f Art, Historical Treasures, or (990, Part IV, line 8. 88, not to report in its revenue statement plic exhibition, education, or research in nicial statements that describes these ite 88, to report in its revenue statement and	ro(h)(4)(B ro(h)(4)(B se stater ments th Other \$ t and bal furtherai ems. d balance	on eas semer 3)(i) ment a lat des Simil ance s nce of e shee	sements during the yea Ints during the yea Ints during the yea Yes and Scribes the Iar Assets. Sheet works f public et works of	e year
ar a	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, ►	tholds? handling of violations, and enforcing conserver estisfy the requirements of section 17 on easements in its revenue and expense note to the organization's financial stater f Art, Historical Treasures, or (990, Part IV, line 8. 88, not to report in its revenue statement plic exhibition, education, or research in incial statements that describes these ite 88, to report in its revenue statement and center of the education, or research in fur	ro(h)(4)(E ro(h)(4)(E ro(h)(4)(E roothers to and bal furtheran d balance therance	on eas semer 3)(i) ment a lat des Simil ance of nce of e shee e of pu	sements during the yea Ints during the yea Yes and scribes the lar Assets. sheet works f public et works of ublic service,	e year
s 3 P la b	 violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, ▲ Amount of expenses incurred in monitoring, inspecting, hand \$ Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footroorganization's accounting for conservation easements. University Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for pub service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 	tholds? handling of violations, and enforcing con- dling of violations, and enforcing conserv ve satisfy the requirements of section 17 on easements in its revenue and expension note to the organization's financial stater f Art, Historical Treasures, or (1990, Part IV, line 8. 88, not to report in its revenue statement plic exhibition, education, or research in incial statements that describes these ite 88, to report in its revenue statement and cexhibition, education, or research in fur	nservation vation ea '0(h)(4)(E se stater ments th Other \$ t and bal furtheran ems. d balance therance	on eas semer 3)(i) ment a at des Simil ance of ance of e shee e of pu	sements during the yea nts during the yea Yes and scribes the lar Assets. sheet works f public et works of ublic service, \$	e year
ar a b	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand \$ Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footro organization's accounting for conservation easements. till Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X (ii) Assets included in Form 990, Part X	t holds? handling of violations, and enforcing conserv re satisfy the requirements of section 17 on easements in its revenue and expens note to the organization's financial stater f Art, Historical Treasures, or (1990, Part IV, line 8. 8, not to report in its revenue statement blic exhibition, education, or research in ncial statements that describes these ite 8, to report in its revenue statement and c exhibition, education, or research in fur	nservation ea ro(h)(4)(B se stater ments th Other \$ t and bal furtherance therance	on eas semer 3)(i) ment a at des Simil ance s nce of e shee e of pu	sements during the yea nts during the yea Yes and scribes the lar Assets. sheet works f public et works of ublic service, \$ \$	e year
ar a	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand \$ Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footro organization's accounting for conservation easements. 1III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for put service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures.	t holds? handling of violations, and enforcing conserv re satisfy the requirements of section 17 on easements in its revenue and expens note to the organization's financial stater f Art, Historical Treasures, or (1990, Part IV, line 8. 8, not to report in its revenue statement olic exhibition, education, or research in nicial statements that describes these ite 8, to report in its revenue statement and c exhibition, education, or research in fur asures, or other similar assets for financial	nservation ea ro(h)(4)(B se stater ments th Other \$ t and bal furtherance therance	on eas semer 3)(i) ment a at des Simil ance s nce of e shee e of pu	sements during the yea nts during the yea Yes and scribes the lar Assets. sheet works f public et works of ublic service, \$ \$	e year
ar a b	 violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, ▲ Amount of expenses incurred in monitoring, inspecting, hand \$ Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footro organization's accounting for conservation easements. 1111 Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X If the organization received or held works of art, historical treation the following amounts required to be reported under FASB ASC 	tholds? handling of violations, and enforcing conserv re satisfy the requirements of section 17 on easements in its revenue and expens note to the organization's financial stater f Art, Historical Treasures, or (990, Part IV, line 8. 8, not to report in its revenue statement plic exhibition, education, or research in nicial statements that describes these ite 8, to report in its revenue statement and c exhibition, education, or research in fur asures, or other similar assets for finance SC 958 relating to these items:	ro(h)(4)(B ro(h)(4)(B ro(h)(4)(B rockster ments th Other S t and bal furtheran ems. d balance therance	son eas semer 3)(i) ment a lat des Simil ance of e shee e of pu	sements during the yea nts during the yea Yes and scribes the lar Assets. sheet works f public et works of ublic service, \$ \$	e year
ar a a	 violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, ▲ Amount of expenses incurred in monitoring, inspecting, hand \$ Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footror organization's accounting for conservation easements. 1III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, held for public provide the following amounts relating to the reported under FASB AR Part 4000000000000000000000000000000000000	tholds? handling of violations, and enforcing conserv re satisfy the requirements of section 17 on easements in its revenue and expens note to the organization's financial stater f Art, Historical Treasures, or (990, Part IV, line 8. i8, not to report in its revenue statement plic exhibition, education, or research in nicial statements that describes these ite i8, to report in its revenue statement and c exhibition, education, or research in fur satures, or other similar assets for financ ISC 958 relating to these items:	ro(h)(4)(E ro(h)(4)(E se stater ments th Other \$ t and bal furtherance t balance therance	on eas semer 3)(i) ment a lat des Simil ance of e shee e of pu provid	sements during the yea nts during the yea Yes and scribes the lar Assets. sheet works f public et works of ublic service, \$ \$	e year
p <mark>ar</mark> la b	 violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, ▲ Amount of expenses incurred in monitoring, inspecting, hand \$ Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footro organization's accounting for conservation easements. 1III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X If the organization received or held works of art, historical treation the following amounts required to be reported under FASB ASC 	tholds? handling of violations, and enforcing conserv re satisfy the requirements of section 17 on easements in its revenue and expension note to the organization's financial stater f Art, Historical Treasures, or (990, Part IV, line 8. i8, not to report in its revenue statement plic exhibition, education, or research in nocial statements that describes these ite i8, to report in its revenue statement and c exhibition, education, or research in fur asures, or other similar assets for financ ISC 958 relating to these items:	ro(h)(4)(E ro(h)(4)(E se stater ments th Other \$ t and bal furtherance t balance therance	on eas semer 3)(i) ment a lat des Simil lance s nce of e shee e of pu provid	sements during the yea nts during the yea and scribes the lar Assets. sheet works f public et works of ublic service, \$ \$ de \$ 	e year

Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets[continued] a Using the organization acquisition, accession, and other records, check any of the following that make significant use of its context and poly: Puble exhibition Brobie exhibition			LANDING F.						33-10			age 2
collection terms (check all that apply): a b b Scholarly research c Other	Pa			-						ts (contir	nued)	
a Public exhibition d □ can or exchange program b Scholarly research 0 □ Other	3		on, and other record	ls, check	any of the	following tha	at make s	ignificant	use of its			
b Scholary research e Other	а		d		oan or exc	hange progra	am					
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 15 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 16 Dering the year, did the organization of the organization's collection? 17 Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account liability? 18 Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 20 Dating balance Indianace 19 Indianace Indianace 20 Dating balance Indianace 21 Dating balance Indianace 22 Dating balance Indianace 23 Dating balance Indianace 24 Dating balance Indianace 24 Endowment FundS. Complete If the organization answered 'Yes' on Form 990, Part X, line 21, for escrow or custodial account liability? Yes 24 Endowmen	b	Scholarly research	е									
S During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be cold to raise funds rather than to be maintained as part of the organization's collection? Part M Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part M, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization angement. Insules, custodian or other intermediary for contributions or other assets not included on Form 990, Part XP Is the organization angement. Insules, custodian or other intermediary for contributions or other assets not included on Form 990, Part XP Is the organization angement in Part XIII and complete the following table: Armount C Beginning balance Ic Additions during the year Ic Ending balance Ic Ic Ending balance Ic Ending balance Ic Ending balance Ic Ending balance Ic Ic Ending balance Ic Current year Ic Ic Ic	с	Preservation for future generations										
to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 980, Part X, line 21. 1a Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Image: Complete Transmission CompletereTransmission Complete Transmission Complet	4	Provide a description of the organization's co	ellections and explai	n how the	ey further t	ne organizati	on's exer	npt purpo	se in Parl	XIII.		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X // Exercise on the standard or other intermediary for contributions or other assets not included on Form 990, Part X // Exercise on the standard or other intermediary for contributions or other assets not included on Form 990, Part X // Exercise on the standard or other intermediary for contributions or other assets not included on Form 990, Part X // Exercise on the standard or other intermediary for contributions or other assets not included an amount on Form 990, Part X, line 21, for escrow or custolial account liability? Ves No b If 'Yes', explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII. Pert V Index on Part XII. No Part V Endowment Form 980, Part X, line 21, for escrow or custolial account liability? Ves No Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. ta Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back and programs. d Grants or scholarships (a) Current year end balance (line 1g, column (a)) held as: a Board designated orquasi-endowment \sch	5	During the year, did the organization solicit o	r receive donations	of art, his	torical trea	sures, or oth	er similar	assets				
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c d Additions during the year 1e 1d 1d 1d 2D Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. (e) Four years back (e) Four years back b Contributions (f) Three years back (e) Four years back (e) Four years back b Contributions (f) Three years back (e) Four years back (f) Three years back c Othor expenditures for facilities (f) Ourrent year (f) Porr years (f) Three years back (f) Four years back f Administratide percentage of		to be sold to raise funds rather than to be ma	aintained as part of t	the organ	ization's co	llection?				Yes] No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Amount Ic Amount c Beginning balance Ic Amount Ic Amount d Additions during the year Id Id Id Id 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No In Part V Endowment Funds. Complete I the organization answered 'Yes' on Form 990, Part X line 10. Image: Status and Status	Pa	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered	"Yes" on	Form 990	, Part IV,	line 9, or		
on Form \$90, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d a Distributions during the year 1d d Additions during the year 1d a Distributions during the year 1d d Additions during the year 1d d Distributions during the year 1d d Distributions include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Part V Endowment Funds. Complete if the organization insevered "Yes" on Form 990, Part IV, line 10. Image: Part All Part Part Part Part Part Part Part Part		reported an amount on Form 990, Par	t X, line 21.									
b If "Yes," explain the arrangement in Part XIII and complete the following table:	1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for c	ontribution	s or other as	sets not	included		-		-
c Beginning balance Id d Additions during the year Id e Distributions during the year Id f Ending balance Id a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Image: Check here if the organization answered 'Yes' on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Image: Check here if the organization answered 'Yes' on Form 990, Part IV, line 10. a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (c) Two years back (c) Two years back (c) Four years back in the provement space in the organization answered 'Yes' on Form 990, Part IV, line 10. a Contributions									L	Yes		No
c Beginning balance 1c 1d d Additions during the year 1d 1d e Distributions during the year 1f 1d 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "ves," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No b Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back a Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back a Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back a Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back a Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back a Contributions (b) Cort orter (b) Twest years	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able:			·				
d Additions during the year 1d e Distributions during the year 1d 1 1 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Grants or scholarships (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a doministrative expenses (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a back designated or quasi-endowment >										Amoun	t	
e Distributions during the year 1e f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Contributions												
f Ending balance												
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part X, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions c Net investment earnings, gains, and losses e Other expenditures for facilities												
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 390, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (c) Two years back (d) Three years back (e) Four years back c Other expenditures for facilities (c) Two years back (c) Two years back (e) Four years back a Other expenditures for facilities (c) Two years back (d) Three years back (e) Four years back g End of year balance (c) Two years back (d) Three years back (e) Four years back g End of year balance (c) Two years back (d) Three years back (e) Four years back g End of year balance (c) Two years back (d) Three years back (e) Four years g End of year balance (c) Two years back (f) Three years back (f) Three years back										N		
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 6 Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 6 Cher expenditures for facilities (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 6 Cher expenditures for facilities (a) Current year end balance (line 10, column (a) held as: (a) Column (a) held as: (a) Column (a) held as: (a) Column (a) held as: 7 Board designated or quasi-endowment ▶ % % (f) Three yeans back (f) Three yeans back (f) Two years back		-						• • • • • • • • • • • • • • • • • • • •] NO
Ia Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back Ia Beginning of year balance (b) Contributions (c) Two years back (d) Three years back (e) Four years back Ia Beginning of year balance (c) Two years back (d) Three years back (e) Four years back Ia Contributions (c) Two years back (d) Three years back (e) Four years back Ia Contributions (c) Two years back (c) Two years back (e) Four years back Ia Contributions (c) Two years back (c) Two years back (e) Four years back Ia Contributions (c) Two years back (c) Two years back (c) Two years back Ia Contributions (c) Two years back (c) Two years back (c) Two years back Ia Contributions (c) Two years back (c) Two years back (c) Two years back Ia Contributions (c) Two years back (c) Two years back (c) Two years back Ia Contributions (f) Two years back (f) Two years back (f) Two years back Ia Cond]
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs interpretation f Administrative expenses g End of year balance i interpretation g Ford of year balance i interpretation g interpretation g interpretation g interpretation method interpretation g interpretation g interpretation g interpretation g interpretation g interpretation g interpretation g interpretation g interpretation g interpretation g interpretation g interpretation g interpretation g	1 4		÷						ears back	(e) Four	vears	back
b Contributions	1a	Reginning of year balance	(, ,	(,	, , , , , , , , , , , , , , , , , , ,	(-) 5		()		(-)	,	
c Net investment earnings, gains, and losses		r										
d Grants or scholarships												
e Other expenditures for facilities and programs												
and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment ▶ % (i) Unrelated organizations (ii) Related organizations (iii) Beard deginated or quasi-andownent. % Yes No 3a(ii) 3a(iii) 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land b <		ſ										
f Administrative expenses												
g End of year balance	f	r										
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% mthe percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment ▶% (i) Unrelated organizations (ii) Unrelated organizations (iii) Related organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations is sted as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) depreciation depreciation 1a Land bauidings		r										
b Permanent endowment ▶ % c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	2	Provide the estimated percentage of the curr	ent year end baland	e (line 1g	j, column (a	a)) held as:						
c Term endowment > The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) (i) Unrelated organizations 3a(i) 3a(i) (ii) Related organizations 3a(ii) 3a(ii) (iii) Related organizations 3a(ii) 3b b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value basis (other) Description of property (a) Cost or other basis (other) (c) Accumulated depreciation b Buildings 14, 233. 4, 464. 9, 769. c Leasehold improvements 14, 233. 4, 464. 9, 769. e Other 43, 819. 26, 292. 17, 527.	а	Board designated or quasi-endowment		_%								
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organizations (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (e) Leasehold improvements (f) Equipment (g) Related and the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set	b	Permanent endowment	%									
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value 1a Land b Buildings c Leasehold improvements 14,233. d Equipment 14,233. e Other 43,819. 26,292. 17,527.	с	Term endowment	%									
by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other 0 Cother 14, 233, 4, 464, 9, 769. e Other (b) Cost or other 14, 233, 41, 464, 9, 769. (c) 26, 292, 17, 527.		The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
(i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) b Buildings c Leasehold improvements d Equipment e 0ther 4 9,769.	3a	Are there endowment funds not in the posse	ssion of the organiz	ation that	t are held a	nd administe	ered for th	ne organiz	ation	г		
(ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land		•									Yes	No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land												
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land Land Land (d) Book value b Buildings Leasehold improvements 14,233. 4,464. 9,769. e Other 0ther 43,819. 26,292. 17,527.		(II) Related organizations								3a(II)		
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land										3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land				owment fi	unas.							
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land	1 0) Part IV	line 11a S	See Form 990) Part X	line 10				
basis (investment) basis (other) depreciation 1a Land						1			d	(d) Boo	k value	
1a Land		Description of property			. ,		• •		~	(u) 000	ix value	
b Buildings	1a	Land		,		. ,						
c Leasehold improvements												
d Equipment 14,233. 4,464. 9,769. e Other 43,819. 26,292. 17,527.												
e Other					1	4,233.		4,46	54.		9,7	69.
								26,29	92.	1	7,5	27.
	Tota	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colum	n (B), line 1	0c.)				2	7,2	96.

Schedule D (Form 990) 2021

132052 10-28-21

	Schedule D (Form 990) 2021	PROMISE	LANDING	FARM	INC
--	----------------------------	---------	---------	------	-----

(a) Liggerintion of cocurity or cotodory (inclusion and a country)	(b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of-year market	volue
a) Description of security or category (including name of security)	(b) BOOK value	(C) Method of Valuation. Cost of end-of-year market	value
Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market	t value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
Complete if the organization answered "Yes" of	Description		(alua
			value
	Jeschption	(b) Book v	
(1)	Jeschption		
	pescription		
(1)			
(1) (2)			
(1) (2) (3)			
(1) (2) (3) (4)			
(1) (2) (3) (4) (5)			
(1) (2) (3) (4) (5) (6)			
(1) (2) (3) (4) (5) (6) (7)			
(1) (2) (3) (4) (5) (6) (7) (8) (9)			
(1) (2) (3) (4) (5) (6) (7) (8) (9) vtal. (Column (b) must equal Form 990, Part X, col. (B) line			
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of	15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability	15.)	11e or 11f. See Form 990, Part X, line 25.	
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes	15.)	11e or 11f. See Form 990, Part X, line 25.	
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2)	15.)	11e or 11f. See Form 990, Part X, line 25.	
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3)	15.)	11e or 11f. See Form 990, Part X, line 25.	
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3) (4)	15.)	11e or 11f. See Form 990, Part X, line 25.	
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	15.)	11e or 11f. See Form 990, Part X, line 25.	
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3) (4)	15.)	11e or 11f. See Form 990, Part X, line 25.	
(1) (2) (3) (4) (5) (6) (7) (8) (9) ottal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	15.)	11e or 11f. See Form 990, Part X, line 25.	
(1) (2) (3) (4) (5) (6) (7) (8) (9) other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	15.)	11e or 11f. See Form 990, Part X, line 25.	
(1) (2) (3) (4) (5) (6) (7) (8) (9) other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	15.)	11e or 11f. See Form 990, Part X, line 25.	

bility 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) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 PROMISE LANDING FARM INC		83-10-	49305 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Reve		U
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.		
1	Total revenue, gains, and other support per audited financial statements			598,983.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			598,983.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			598,983.
Par	t XII Reconciliation of Expenses per Audited Financial Stater	nents With Exp	enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12			
1	Total expenses and losses per audited financial statements		1	456,605.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2 b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1			456,605.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	456,605.
Par	t XIII Supplemental Information.			

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

PART X, LINE 2:

PLF	BE	LIEVES	THAT	IT :	HAS A	PPRO	PRIATI	E SUP	PORT	FOR	ANY	TAX	POS	SITI	ONS '	FAKEN,
AND	AS	SUCH,	DOES	NOT	HAVE	ANY	UNCER	RTAIN	TAX	POS	ITIO	NS TI	TAH	ARE	MAT	ERIAL
то	THE	FINANC	CIAL S	STAT	EMENI	S OR	THAT	WOUL	D HAV	/E Al	N EF	FECT	ON	ITS	TAX	-EXEMPT
STA	TUS	. THERE	E WERI	E NO	UNRE	COGN	IZED 1	ΓΑΧ Β	ENEFI	ITS (OR L	IABII	LITI	ES	THAT	NEEDED
то	BE	RECORDI	ED.													

132054 10-28-21

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

EZ
OMB No. 1545-0047
2021
Open to Public
Inspection
Employer identification number

83-1049305

PROMISE LANDING FARM INC

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

ALL MEMBERS OF THE COMMUNITY. DEDICATED TO DELIVERING INNOVATIVE AND

CREATIVE APPROACHES TO FOSTER MEANINGFUL INTERACTIONS BETWEEN SPECIAL

NEEDS RIDERS AND EQUESTRIANS.

FORM 990, PART VI, SECTION A, LINE 2:

ROBERT TAISHOFF & KATHRYN TAISHOFF HAVE A FAMILIAL RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION HAS NO COMMITTEE WITH THE AUTHORITY TO ACT ON BEHALF OF

THE GOVERNING BODY.

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

A COPY OF THE FULL 990 IS EMAILED TO ALL BOARD MEMBERS FOR REVIEW PRIOR TO FILING WITH THE IRS.

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

ALL MEMBERS OF THE BOARD AND OFFICERS SIGN A CONFLICT OF INTEREST POLICY

ATTESTING TO ANY CONFLICTS, OR PERCEIVED CONFLICTS, OF INTEREST, OR THAT

THEY HAVE NONE. THIS IS DONE ANNUALLY AND IS MONITORED BY THE EXECUTIVE

DIRECTOR FOR COMPLIANCE.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY

AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

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

Schedule O (Form 990) 2021

11140930 793927 17736

2021.04030 PROMISE LANDING FARM INC

29

SCHEDULE R (Form 990) Department of the T Internal Revenue Se	rvice	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▲ Attach to Form 990. ▲ Go to www.irs.gov/Form990 for instructions and the latest information.	tions and Unrelated Pa wered "Yes" on Form 990, Part IV, ▶ Attach to Form 990. m990 for instructions and the late	r tnerships line 33, 34, 35b, 3 st information.	16, or 37.	° 0	OMB No. 1545-0047 2021 Open to Public Inspection
Name of	Name of the organization PROMISE LANDIN	LANDING FARM INC				Employer identification number 83-1049305	ication number 3 0 5
Part	Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	te if the organization answered "Yes"	" on Form 990, Part IV, line 3	S			
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	r Total income	(e) End-of-year assets		(f) Direct controlling entity
Part II	Identification of Related Tax-Exempt Organizations. Complete if organizations during the tax year.	ations. Complete if the organization a	the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt), Part IV, line 34,	because it had one	or more related tax-ex	empt
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes No
TAISHOFF FA 26-3582609, NAPLES, FL	TAISHOFF FAMILY FOUNDATION, INC 26-3582609, 5025 CASTELLO DRIVE, STE. 203, NAPLES, FL 34103	GRANTS	FLORIDA	501(C)(3)	Бц Д	N/A	
For Pap	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990.				Schedule R	Schedule R (Form 990) 2021

132161 11-17-21 LHA

30

Schedule R (Form 990) 2021 PROMISE LANDING FARM IN Part III Identification of Related Organizations Taxable as a Partnership provided as a partnership during the fax year	IG FARM e as a Partne tax vear.	INC ership. Complete if	the organize	IC 83-1049305 p. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	'es" on Form 99	0, Part IV, line	: 34, becau	83-1(83-1049305 d one or more relate	bage 2
Primary activity	Legal Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, urrelated, excluded from tax under sectons 512-514)		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing e partner?	(j) (k) General or Percentage managing ownership Ves No
Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	e as a Corpo Iring the tax y	ration or Trust. Co ear.	omplete if the	e organization ans	swered "Yes" or	i Form 990, P	art IV, line 3	34, because it ha	d one or n	nore related
(a) Name, address, and EIN of related organization	Prima	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	y Share of total p, p,		(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
			31					Sched	ule R (For	Schedule R (Form 990) 2021

INC	
FARM	
LANDING	
PROMISE	
Schedule R (Form 990) 2021	

83-1049305 Page 3

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				-	Yes	٥N
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	lated organizations listec	l in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	۸			1 a		×
b Gift, grant, or capital contribution to related organization(s)				1b		X
c Gift, grant, or capital contribution from related organization(s)				ا	×	
				1d		×
e Loans or loan guarantees by related organization(s)				1 e	H	×
f Dividends from related organization(s)				ŧ		×
d. Sala of assets to related organization(s)				5	t	×
Purchase of assets from related organization(s)				6. 4		×
				÷		×
				: =		
k Lease of facilities, equipment, or other assets from related organization(s)				¥	×	
	anization(s)			Ŧ	1	×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			1		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			Ļ		×
o Sharing of paid employees with related organization(s)				9		×
. Doindt work and to volated evening to fer eveneration of the				ţ		×
D relinitiou scritcht paid to related organization(s) for expenses				2 5		
				2		
r Other transfer of cash or property to related organization(s)				÷		×
s Other transfer of cash or property from related organization(s)				1s		X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete th	iis line, including covered	relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(1) TAISHOFF FAMILY FOUNDATION, INC.	U	246,814.	CASH			
(2)						
(3)						
(4)						
(5)						
(6)						
132163 11-17-21	32		Schedule R (Form 990) 2021	R (Form	; (066	2021

Page 4		(ənus	(k) ercentage wnership					90) 2021
5		s reve						brm 9
930		gros	(j) General or managing partner? Yes NO	8				R (Fc
83-1049305		y total assets or	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)					Schedule R (Form 990) 2021
		easured b	Dispropor- tionate allocations?					
	37.	t of its activities (m	(g) Share of end-of-year assets					
	ו 1990, Part IV, line	e than five percen	(f) Share of total income					
	" on Form	icted mor	(e) Are all 501(c)(3) orgs.?	2				
	the organization answered "Yes" on Form 990, Part IV, line 37	he organization condu estment partnerships.	(related, unrelated, excluded from tax under sections 512-514)					
I LANDING FARM INC	nplete if the organizat	hip through which t sion for certain inve	(c) Legal domicile (state or foreign country)					
	ole as a Partnership. Co	ntity taxed as a partnersl tructions regarding exclu	(b) Primary activity					
Schedule R (Form 990) 2021 PROMISE	Part VI Unrelated Organizations Taxable as a Partnership. Complete if	Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	(a) Name, address, and EIN of entity					

33 3

Provide additional information for responses to questions on Schedule R. See instructions.

132165 11-17-21

Form	990-T	E	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))	n	OMB No. 1545-0047
		For cal	endar year 2021 or other tax year beginning , and ending		2021
Depart Interna	ment of the Treasury I Revenue Service		► Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)	`).	Open to Public Inspection for 501(c)(3) Organizations Only
Α	Check box if address changed.		Name of organization (Check box if name changed and see instructions.)	DEmpl	oyer identification number
B Ex	empt under section	Print	PROMISE LANDING FARM INC	8	3-1049305
X] 501(c)(3)] 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 16900 CLAGETT LANDING ROAD	EGrou (see i	o exemption number nstructions)
	408A 530(a) 529(a) 529A		City or town, state or province, country, and ZIP or foreign postal code UPPER MARLBORO, MD 20774	F	Check box if
			ok value of all assets at end of year		an amended return.
-	-		X 501(c) corporation 501(c) trust 401(a) trust Other trust		
	Check if filing only to		Claim credit from Form 8941		
			ation filing a consolidated return with a 501(c)(2) titleholding corporation		
-			ed Schedules A (Form 990-T)		1
			d identifying number of the parent corporation.		Yes X No
			RACHEL NEFF Telephone number	301-	249-2971
Pa	rt I Total Unr	relate	d Business Taxable Income		
1	Total of unrelated	busine	ss taxable income computed from all unrelated trades or businesses (see		
	instructions)			1	0.
2	Reserved			2	
3	Add lines 1 and 2			3	
4	Charitable contrib	utions (see instructions for limitation rules)	4	0.
5	Total unrelated bu	isiness	taxable income before net operating losses. Subtract line 4 from line 3	5	
6	Deduction for net	operati	ng loss. See instructions	6	
7	Total of unrelated	busine	ss taxable income before specific deduction and section 199A deduction.		
	Subtract line 6 fro	m line 5	5	7	
8	Specific deduction	n (gene	rally \$1,000, but see instructions for exceptions)	8	1,000.
9	Trusts. Section 19	99A deo	duction. See instructions	9	
10			nes 8 and 9	10	1,000.
11	Unrelated busine	ss taxa	able income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
	enter zero			11	0.
Pa	rt II Tax Com	putat	ion		
1	Organizations tax	xable a	s corporations. Multiply Part I, line 11 by 21% (0.21)	• 1	0.
2	Trusts taxable at	trust r	ates. See instructions for tax computation. Income tax on the amount on		
	Part I, line 11 from	n: 🗌	Tax rate schedule or Schedule D (Form 1041)	2	
3	Proxy tax. See ins	structio		3	
4	Other tax amounts	s. See i	nstructions	4	
5	Alternative minimu	um tax (5	
6	Tax on noncompl	liant fa	cility income. See instructions	6	
7	Total. Add lines 3	throug	h 6 to line 1 or 2, whichever applies	7	0.
LHA			ion Act Notice, see instructions.		Form 990-T (2021)

	90-T (2021)			Page 2				
Part	III Tax and Payments							
1 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a							
b	Other credits (see instructions) 1b							
с	General business credit. Attach Form 3800 (see instructions)							
d	Credit for prior year minimum tax (attach Form 8801 or 8827)							
е	Total credits. Add lines 1a through 1d	1e						
2	Subtract line 1e from Part II, line 7	2		0.				
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866							
	Other (attach statement)	3						
4	Total tax. Add lines 2 and 3 (see instructions).							
	section 1294. Enter tax amount here	4		0.				
5	Current net 965 tax liability paid from Form 965 A or Form 965 B, Part II, column (k), line 4	5		0.				
6a	Payments: A 2020 overpayment credited to 2021 6a							
b	2021 estimated tax payments. Check if section 643(g) election applies							
с	Tax deposited with Form 8868 6c							
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d							
е	Backup withholding (see instructions) 6e							
f	Credit for small employer health insurance premiums (attach Form 8941) 6f							
g	Other credits, adjustments, and payments: Form 2439							
	□ Form 4136 Other Total ▶ 6g							
7	Total payments. Add lines 6a through 6g	7						
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8						
9								
10								
11	Enter the amount of line 10 you want: Credited to 2022 estimated tax Refunded	11						
Part	IV Statements Regarding Certain Activities and Other Information (see instructions)							
1	At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority		Ye	s No				
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file							
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country							
	here			X				
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a							
	foreign trust?			X				
	If "Yes," see instructions for other forms the organization may have to file.							
3	Enter the amount of tax-exempt interest received or accrued during the tax year > \$							
4	Enter available pre-2018 NOL carryovers here 🕨 \$ Do not include any post-2017 NOL car	ryover						
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Pa	rt I, line	4.					
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce							
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions	6.						
	Business Activity Code Available post-2017 NOL c	arryove	er					
	\$							
	\$							
6a	Did the organization change its method of accounting? (see instructions)			X				
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"							
	explain in Part V							

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	Signature of officer	Date CF	IAIR		the pr	he IRS discuss this return with eparer shown below (see ctions)? X Yes No
	Print/Type preparer's name	Preparer's signature	Date	Check	if	PTIN
Paid Preparer	MEENA BISHNOI	Mechaloss-	10/10/2022	self- employ	ed	P01480769
Use Only	Firm's name JM&M	·	·	Firm's EIN		52-1853933
ecc entry		TTLE PATUXENT PAF , MD 21044	RKWAY, SUITE		41	0-884-0220
123711 01-31-22	2			-		Form 990-T (2021

SCHE	DULE	Α
(Form	990-1	Γ)

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Department of the Treasury Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service

OMB No. 1545-0047

Open to Public Inspection for 501(c)(3) Organizations Only

1

B Employer identification number 83-1049305

D Sequence:

1

of

Α Name of the organization PROMISE LANDING FARM INC

531190 Unrelated business activity code (see instructions) С

Describe the unrelated trade or business **FARM RENTAL**

E [Describe the unrelated trade or business FARM RENTAL				
Ра	TI Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance ►	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Sch D (Form 1041 or Form				
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Part IV)	6	1,200.	3,831.	-2,631.
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	1,200.	3,831.	-2,631.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)	1					
2	Salaries and wages	2					
3	Repairs and maintenance	3					
4	Bad debts			4			
5	Interest (attach statement). See instructions	5					
6	Taxes and licenses	6					
7	Depreciation (attach Form 4562). See instructions	7					
8	Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return	8a		8b			
9	Depletion			9			
10	Contributions to deferred compensation plans			10			
11	Employee benefit programs			11			
12	Excess exempt expenses (Part VIII)			12			
13	Excess readership costs (Part IX)			13			
14	Other deductions (attach statement)			14			
15	Total deductions. Add lines 1 through 14	15	0.				
16	Unrelated business income before net operating loss deduction. Subtract line 15 from						
	column (C)			16	-2,631.		
17	Deduction for net operating loss. See instructions			17	0.		
18	Unrelated business taxable income. Subtract line 17 from line 16	18	-2,631.				
LHA					Schedule A (Form 990-T) 2021		

123741 01-28-22

11140930 793927 17736

CHI C	III Cost of Goods Sold Ent	er method of inventory valuat	ion 🕨		
1	Inventory at beginning of year	•		1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statemen				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7					
	• • • • • • • • • • • • • • • • • • • •	Fatan kana anal in Daat Lika d			
8	Cost of goods sold. Subtract line 7 from line 6.				Yes No
9	Do the rules of section 263A (with respect to pr				
	IV Rent Income (From Real Proper		•	,	
1	Description of property (property street address		CLAGETT LAN		
		10300 0	CLAGEII LANI	DING KOAD,	OFFER MARLD
	в				
	c				
	D				
		Α	В	C	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)	0.			
b	From real and personal property (if the				
	percentage of rent for personal property exceed	ds			
	50% or if the rent is based on profit or income)	1,200.			
с	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D	1,200.			
3 4 5	Total rents received or accrued. Add line 2c col Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STM Total deductions . Add line 4 columns A through	3,831.			1,200.
4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STM Total deductions. Add line 4 columns A throug	h D. Enter here and on Part I, ne (see instructions)	line 6, column (B)	▶	3,831.
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT Total deductions. Add line 4 columns A throug V Unrelated Debt-Financed Incor Description of debt-financed property (street ad	h D. Enter here and on Part I, ne (see instructions)	line 6, column (B)	▶	
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT Total deductions. Add line 4 columns A throug V Unrelated Debt-Financed Incor Description of debt-financed property (street ad A)	h D. Enter here and on Part I, ne (see instructions)	line 6, column (B)	▶	
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT Total deductions. Add line 4 columns A throug V Unrelated Debt-Financed Incor Description of debt-financed property (street ac A B	h D. Enter here and on Part I, ne (see instructions)	line 6, column (B)	▶	
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT Total deductions. Add line 4 columns A throug V Unrelated Debt-Financed Incor Description of debt-financed property (street ac A B C	h D. Enter here and on Part I, ne (see instructions)	line 6, column (B)	▶	
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT Total deductions. Add line 4 columns A throug V Unrelated Debt-Financed Incor Description of debt-financed property (street ac A B C	h D. Enter here and on Part I, ne (see instructions) Idress, city, state, ZIP code). C	line 6, column (B) Check if a dual-use. Se	e instructions.	3,831.
4 <u>5</u> 0art 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT Total deductions. Add line 4 columns A throug V Unrelated Debt-Financed Incor Description of debt-financed property (street ac A B C D	h D. Enter here and on Part I, ne (see instructions) Idress, city, state, ZIP code). C	line 6, column (B) Check if a dual-use. Se	e instructions.	3,831.
4 <u>5</u> 0art 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT Total deductions. Add line 4 columns A throug V Unrelated Debt-Financed Incor Description of debt-financed property (street ad A	h D. Enter here and on Part I, ne (see instructions) Idress, city, state, ZIP code). (line 6, column (B) Check if a dual-use. Se	e instructions.	3,831.
4 5 2 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT Total deductions. Add line 4 columns A throug V Unrelated Debt-Financed Incor Description of debt-financed property (street ac A B C D Gross income from or allocable to debt-financed property	h D. Enter here and on Part I, ne (see instructions) Idress, city, state, ZIP code). (line 6, column (B) Check if a dual-use. Se	e instructions.	3,831.
4 5 2 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT Total deductions. Add line 4 columns A throug V Unrelated Debt-Financed Incor Description of debt-financed property (street ac A	h D. Enter here and on Part I, ne (see instructions) Idress, city, state, ZIP code). C	line 6, column (B) Check if a dual-use. Se	e instructions.	3,831.
4 <u>5</u> 2 2 3	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT Total deductions. Add line 4 columns A throug V Unrelated Debt-Financed Incor Description of debt-financed property (street ac A	ne 3,831. h D. Enter here and on Part I, ne (see instructions) Idress, city, state, ZIP code). (line 6, column (B) Check if a dual-use. Se	e instructions.	3,831.
4 5 2000 1 2 3 3	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT Total deductions. Add line 4 columns A throug V Unrelated Debt-Financed Incor Description of debt-financed property (street ac A	ne 3,831. h D. Enter here and on Part I, ne (see instructions) Idress, city, state, ZIP code). (line 6, column (B) Check if a dual-use. Se	e instructions.	3,831.
4 5 Part 1 2 3 a b	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT Total deductions. Add line 4 columns A throug V Unrelated Debt-Financed Incor Description of debt-financed property (street ac A	A A A	line 6, column (B) Check if a dual-use. Se	e instructions.	3,831.
4 5 Part 1 2 3 a b	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT Total deductions. Add line 4 columns A throug V Unrelated Debt-Financed Incor Description of debt-financed property (street ac A	A A A A	line 6, column (B) Check if a dual-use. Se	e instructions.	3,831.
4 5 Part 1 2 3 a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT Total deductions. Add line 4 columns A throug Unrelated Debt-Financed Incor Description of debt-financed property (street ac A	Image: Second system 3,831. h D. Enter here and on Part I, ne (see instructions) Idress, city, state, ZIP code). (line 6, column (B) Check if a dual-use. Se	e instructions.	3,831.
4 5 Part 1 2 3 a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT Total deductions. Add line 4 columns A throug Unrelated Debt-Financed Incor Description of debt-financed property (street ac A	Image: Second system 3,831. h D. Enter here and on Part I, ne (see instructions) Idress, city, state, ZIP code). (line 6, column (B) Check if a dual-use. Se	e instructions.	3,831.
4 5 2 art 1 2 3 a b c 4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT Total deductions. Add line 4 columns A throug Unrelated Debt-Financed Incor Description of debt-financed property (street ac A	A A A A A A A A	line 6, column (B) Check if a dual-use. Se	e instructions.	3,831.
4 5 2 1 2 3 a b c 4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT Total deductions. Add line 4 columns A throug Unrelated Debt-Financed Incor Description of debt-financed property (street ac A	A A A A A A A	line 6, column (B) Check if a dual-use. Se	e instructions.	3,831. D
4 5 2 3 a b c 4 5 6	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT Total deductions. Add line 4 columns A throug V Unrelated Debt-Financed Incor Description of debt-financed property (street ad A	A	line 6, column (B) Check if a dual-use. Se B	e instructions.	3,831.
4 5 2 3 2 3 2 4 5 6 7	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT Total deductions. Add line 4 columns A throug V Unrelated Debt-Financed Incor Description of debt-financed property (street ad A	A B A B A B B B B B B B B B B B B B B B B <td< td=""><td>line 6, column (B) Check if a dual-use. Se B B</td><td>e instructions.</td><td>3,831. D</td></td<>	line 6, column (B) Check if a dual-use. Se B B	e instructions.	3,831. D
4 5 2 3 a b c 4 5 6	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT Total deductions. Add line 4 columns A throug V Unrelated Debt-Financed Incor Description of debt-financed property (street ad A	A B A B A B B B B B B B B B B B B B B B B <td< td=""><td>line 6, column (B) Check if a dual-use. Se B B</td><td>e instructions.</td><td>3,831. D</td></td<>	line 6, column (B) Check if a dual-use. Se B B	e instructions.	3,831. D
4 5 2 3 a b c 4 5 6 7 8	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT Total deductions. Add line 4 columns A throug Unrelated Debt-Financed Incor Description of debt-financed property (street ac A	A B A B A B B B B B B B B B B B B B B B <td< td=""><td>line 6, column (B) Check if a dual-use. Se B B</td><td>e instructions.</td><td>3,831. D</td></td<>	line 6, column (B) Check if a dual-use. Se B B	e instructions.	3,831. D
4 <u>5</u> <u>art</u> 1 2 3 a b c 4 5 6 7 8 9	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT Total deductions. Add line 4 columns A throug Unrelated Debt-Financed Incor Description of debt-financed property (street ac A	A B B B B B B B B B B B B B B B <td< td=""><td>line 6, column (B) Check if a dual-use. Se B B rt I, line 7, column (A)</td><td>e instructions.</td><td>3,831. D %</td></td<>	line 6, column (B) Check if a dual-use. Se B B rt I, line 7, column (A)	e instructions.	3,831. D %
4 5 2 3 a b c 4 5 6 7 8	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT Total deductions. Add line 4 columns A throug Unrelated Debt-Financed Incor Description of debt-financed property (street ac A	A A A A A A A A A A A A A A A A B A B <td< td=""><td>line 6, column (B) Check if a dual-use. Se B B rt I, line 7, column (A)</td><td>e instructions. C C % %</td><td>3,831. D</td></td<>	line 6, column (B) Check if a dual-use. Se B B rt I, line 7, column (A)	e instructions. C C % %	3,831. D

FORM 990-T (A) I	DEDUCTIONS	OUCTIONS CONNECTED WITH RENTAL INCOME		INCOME	STATEMENT	1	
DESCRIPTION			i	ACTIVITY NUMBER	AMOUNT	TOTAL	
PROPERTY TAXES		- SUBTOTAI	- L – J	1	3,831.	3,83	31.
TOTAL TO FORM 990-	-T, SCHEDUL	E A, PART	IV,	LINE 4		3,83	31.