** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

А	FOR LINE	e 2022 calendar year, or tax year beginning and	a enaing							
В	Check if applicabl	C Name of organization		D Employer identific	cation number					
	Addre chang	PROMISE LANDING FARM INC								
L	Name chang	Doing business as		83-10493	05					
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address) 16900 CLAGETT LANDING ROAD								
	return, termin ated			301-249-	518,46	9.				
	Amen			H(a) Is this a group re		.				
F	⊥return ∏Applic			for subordinates		Na				
	tiòn pendii	SAME AS C ABOVE		H(b) Are all subordinates in		No				
_	-		or 527	1 ' '		NO				
			01 327	1	list. See instructions					
	Websi		1	H(c) Group exemption		MD				
		<u> </u>	L Year	of formation: 2018 N	State of legal domicile:	МД				
P	art I	Summary	DOTTER	ANT THAT HAT	VE DIDING					
မွ	1	Briefly describe the organization's mission or most significant activities: ${ t TO}$ FEXPERIENCE BY OFFERING INTEGRATED THERAP	ROVIDE	AN INCLUSI	AE KIDING					
Jan										
ē		Check this box if the organization discontinued its operations or dispositions of the organization discontinued its operations or dispositions or dispositions are also as a second or disposition of the organization discontinued its operations or disposition of the organization discontinued its operation of the organization		1.1	ssets.	_				
်				3		<u>5</u> 0				
જ		Number of independent voting members of the governing body (Part VI, line 1b)				_				
ies		Total number of individuals employed in calendar year 2022 (Part V, line 2a)				21				
Activities & Governance		Total number of volunteers (estimate if necessary)				17				
Act				7a	1,20					
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11				0.				
Revenue				Prior Year	Current Year	_				
	8	Contributions and grants (Part VIII, line 1h)		532,959.	279,90					
	9	Program service revenue (Part VIII, line 2g)		58,044.	224,93	_				
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.		<u>0.</u>				
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,980.	13,63					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		598,983.	518,46	_				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.		<u>0.</u>				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.		0.				
Se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		291,596.	438,27					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.		0.				
ğ	b	Total fundraising expenses (Part IX, column (D), line 25)	<u>43.</u>							
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		165,009.	219,73					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		456,605.	658,00					
	19	Revenue less expenses. Subtract line 18 from line 12		142,378.	-139,53	9.				
20.0			Be	ginning of Current Year	End of Year					
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		304,206.	192,36					
LAS B	21	Total liabilities (Part X, line 26)		22,823.	50,51	7.				
E	22	Net assets or fund balances. Subtract line 21 from line 20		281,383.	141,84	4.				
P	art II	Signature Block								
Und	der pena	lties of perjury, I declare that I have examined this return, including accompanying schedul	es and statem	ents, and to the best of my	y knowledge and belief, it	is				
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.						
Sig	ın	Signature of officer		Date						
He		ROBERT TAISHOFF, CHAIR								
		Type or print name and title								
		Print/Type preparer's name Preparer's signature		Date Check	PTIN					
Pai	d	MEENA BISHNOI	Dist	9/20/2023 If self-employee	D01480769					
Pre	parer	Firm's name JM&M		Firm's EIN 5						
	Only	Firm's address 10500 LITTLE PATUXENT PARKWAY, S	UITE 7			—				
	•	COLUMBIA, MD 21044			0-884-0220					
Ma	v the II	RS discuss this return with the preparer shown above? See instructions		1		No				
. v . u	, .									

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Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: PROMISE LANDING FARM IS A CREATIVE ENGINE FOR INCLUSIVITY, ENGAGING
	COMMUNITY MEMBERS WITH AND WITHOUT DISABILITIES IN MEANINGFUL
	INTERACTIONS WITH EACH OTHER AND THEIR EQUINE PARTNERS TO FOSTER A
	COMMUNITY WHERE EVERYONE IS VALUED AND INCLUDED.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
•	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 428,172. including grants of \$) (Revenue \$ 190,922.)
	EQUINE-ASSISTED SERVICES - PROMISE LANDING FARM, INC. ("PLF") OFFERS
	INCLUSIVE AND ADAPTIVE HORSEBACK RIDING, GROUND-BASED HORSEMANSHIP
	LESSONS, AND OTHER EQUINE-ASSISTED SERVICES FOR INDIVIDUALS WITH AND
	WITHOUT DISABILITIES, BUILDING ON AN EDUCATIONAL AND RECREATIONAL
	FRAMEWORK WITH A FOCUS ON INCLUSION.
4b	(Code:) (Expenses \$
40	(Code:) (Expenses \$ 50,599. including grants of \$) (Revenue \$ 34,009.) BOARDING - PLF PROVIDES THE DAILY CARE OF HORSES OWNED BY INDIVIDUALS
	ENGAGING IN PLF'S INCLUSIVE COMMUNITY. THE HORSES ARE BOARDED AT THE
	UPPER MARLBORO FARM.
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 478,771.
	Form 990 (2022)

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Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			Х
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	-		
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	21	
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	1.15		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	X	
р	Was the organization included in consolidated, independent audited financial statements for the tax year?	401-		Х
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13 14a		14a		X
b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
~	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,			17
4.0	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	40		Х
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		├^
19		19		х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2022) PROMISE LANDING FA Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			Х
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete</i>			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		х
26	Schedule L, Part I	25b		
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		Х
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? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			37
	"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		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
<u> </u>	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			X
27	If "Yes," complete Schedule R, Part V, line 2	36		
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?	31		
00		38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 4			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77	
	(gambling) winnings to prize winners?	1c	Х	<u> </u>

022) PROMISE LANDING FARM INC Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No					
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 21								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Х						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
С	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?								
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		Х					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7с		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X					
f	3 7 3 7 71 7 7 3 7 1								
g									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8							
_	sponsoring organization have excess business holdings at any time during the year?								
9 Sponsoring organizations maintaining donor advised funds.									
_	a Did the sponsoring organization make any taxable distributions under section 4966?								
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?								
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a								
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders								
b b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
-	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans 13b								
С	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		X					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.								

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Form **990** (2022)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
~		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а		8a	Х	
b	The governing body? Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	- 00		
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
<u> </u>	tion D. Follows (This occum B requests information about policies not required by the internal revenue code.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
110		11a	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990.	па	21	
b 120		120	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X	
b		120	- 22	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-	Х	
40	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			v
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Λ
40	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only	availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	d finar	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 books and records			
	RACHEL NEFF - 301-249-2971			
	16900 CLAGETT LANDING ROAD, UPPER MARLBORO, MD 20774			

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

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

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

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

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

Check this box if neither the organization n	or any related	orga	aniza	ation	cor	npe	nsat	ed any current officer, o	director, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos			one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	k more than one person is both an director/trustee)			compensation	compensation	amount of
	week	<u> </u>	_	id a d	irecto	or/trus	itee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	96			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		g,	suadi		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tri	ional		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer			Organizations
(1) LYNDA COLBERT	10.00	=	드	0	¥	Ξē	T.			
TREASURER	30.00	x		x				0.	103,752.	5,909.
(2) RACHEL L. NEFF	40.00									
EXECUTIVE DIRECTOR				Х				99,800.	0.	5,283.
(3) CAPT ROBERT TAISHOFF, JAGC, USN	10.00							_		
CHAIR	30.00	X		Х				0.	70,000.	30,402.
(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	X		Х				0.	46,040.	0.
		1								
		_								
		1								
-										
		1								
		-								
							-			
						H				
				L		L				
	1	ı	1	I	ı	I	I	İ	l	

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	box,	not cl unles	ss pe	ition more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensatio from related	on	an	(F) stimate nount o other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	IISC/ from the			e ion ed
1b Subtotal c Total from continuation sheets to Part VI	I, Section A							99,800. 0.	325,8	0.		1,5	0.
d Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization								99,800. eceived more than \$100	325,8 0,000 of reportab		4	1,5	94. 0
3 Did the organization list any former officer,												Yes	No
line 1a? If "Yes," complete Schedule J for si For any individual listed on line 1a, is the su	ım of reportabl	e cc	mpe	ensa	ation	n and	d oth	her compensation from	the organization		3		X
 and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com 	accrue comper	nsati	on f	rom	any	unr unr	elat	ed organization or indivi	idual for services		5		X
Section B. Independent Contractors 1 Complete this table for your five highest contractors	mpensated inc	depe	ende	nt c	ontr	racto	ors t	hat received more than	\$100.000 of con	npens	ation f	rom	
the organization. Report compensation for t	the calendar y	ear e	endii	ng w	/ith	or w	ithir		year.			•	
(A) Name and business	address	NC	ONE	<u> </u>				(B) Description of s	ervices	С	ompe	nsation	1
Total number of independent contractors (ii \$100,000 of compensation from the organize)	-	ot lir	nite	d to		se lis)	sted	d above) who received m	nore than				

Form **990** (2022)

Form 990 (2022) PROMISE
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
		Check ii Concadie e contains a response	or riote to arry in	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
(0, (0, 1							560110115 3 12 - 3 14
발티	1 a	Federated campaigns 1a					
<u> </u>	b	Membership dues1b					
An An	С	Fundraising events 1c					
a jit	d	Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contributions) 1e	8,287.				
io S	f	All other contributions, gifts, grants, and					
돌림			271,618.				
[호텔	g	··· 4 h	6,044.				
泛티	_	Total. Add lines 1a-1f	. ,	279,905.			
- 1		Total. Add lines 1a 11	Business Code				
_	•	LESSON INCOME	900099	188,086.	188,086.		
<u>ş</u>	2 a	DOIDDING THOOMS	900099	34,009.	34,009.		
ne je	b		900099		2,836.		
n S	С	MERCHANDISE SALES	900099	2,836.	4,030.		
Re	d						
Program Service Revenue	е						
۱ ۵	f	All other program service revenue					
	g	Total. Add lines 2a-2f		224,931.			
	3	Investment income (including dividends, intere	est, and				
		other similar amounts)					
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	12 075	()				
	b						
				13,075.		1,200.	11,875.
		Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Oth or	13,073.		1,200.	11,075
	/ a	· · · · · · · · · · · · · · · · · · ·	(ii) Other				
		assets other than inventory 7a					
۰	b	Less: cost or other basis					
Revenue		and sales expenses 7b					
š		Gain or (loss) 7c					
ě		Net gain or (loss)					
ther	8 a	Gross income from fundraising events (not					
δ		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	b	Less: direct expenses 8b					
	С	Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
		Part IV, line 19 9a					
	h	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
	iu a						
		and allowances 10a					
		Less: cost of goods sold 10b					
_	С	Net income or (loss) from sales of inventory					
ရှု		DEELIND	Business Code	F F A			F F A
ē e	11 a	REFUNDS	900099	558.			558.
lan ent	b						
€ुंड	С						
Miscellaneous Revenue	d	All other revenue					
		Total. Add lines 11a-11d		558.			
	12	Total revenue. See instructions		518,469.	224,931.	1,200.	12,433.

Form **990** (2022) 232009 12-13-22

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).

Dο	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C) I	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	105,083.	75,693.	29,390.	
_	trustees, and key employees	103,063.	75,093.	29,390.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	258,632.	195 075	72,657.	
7	Other salaries and wages	450,034.	185,975.	14,001.	
8	Pension plan accruals and contributions (include				
^	section 401(k) and 403(b) employer contributions)	46,283.	34,428.	11,855.	
9	Other employee benefits	28,273.	20,451.	7,822.	
10	Payroll taxes	20,213.	40,4JI•	1,044.	
11	Fees for services (nonemployees):				
a	Management	220.		220.	
b	Legal	11,300.		11,300.	
C	S F	11,500.		11,500.	
d	B () 1() 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
e	Investment management fees				
f ~					
g	column (A), amount, list line 11g expenses on Sch 0.)	21,438.	2 318	61.	19,059
12	Advertising and promotion	4,423.	2,318. 2,193.	1,910.	320
13	Office expenses	16,635.	9,458.	6,600.	577
14	Information technology	10,033.	3,130.	0,000.	377
15	Royalties				
16	Occupancy	13,342.	7,741.	5,601.	
17		2,799.	1,457.	1,055.	287
18	Travel Payments of travel or entertainment expenses	27,334	2,13,1	2,0330	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,525.	10,420.	105.	
23		20,447.	10,903.	9,544.	
24	Other expenses. Itemize expenses not covered	= 3 1 = 2 7 4		- ,	
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	HORSE EXPENSES	97,228.	97,228.		
h	REPAIRS AND MAINTENANCE	18,342.	18,342.		
c	DUES AND SUBSCRIPTIONS	3,038.	2,164.	674.	200
d		,	, =		
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	658,008.	478,771.	158,794.	20,443
26	Joint costs. Complete this line only if the organization	.,	.,	,	- ,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2022)

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	112,433.	1	89,943.		
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net	158,545.	3	79,312.		
	4	Accounts receivable, net	5,932.	4	6,335.		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	contributor, or 35%				
		controlled entity or family member of any of the	hese pers	ons		5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri	bed in se	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Daniel de la companya de la factoria de la companya				9	
	10a	Land, buildings, and equipment: cost or othe	r				
		basis. Complete Part VI of Schedule D	10a	58,052.			
	b	Less: accumulated depreciation	10b	41,281.	27,296.	10c	16,771.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lir		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must e			304,206.	16	192,361.
	17	Accounts payable and accrued expenses			19,523.	17	28,162.
	18	Grants payable		18			
	19	Deferred revenue	3,300.	19	22,355.		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or for	ormer offi	cer, director,			
Liabilities		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
iab		controlled entity or family member of any of the	hese pers	ons		22	
_	23	Secured mortgages and notes payable to un	related th	ird parties		23	
	24	Unsecured notes and loans payable to unrela	ated third	parties		24	
	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on lin	nes 17-24). Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			22,823.	26	50,517.
ý		Organizations that follow FASB ASC 958, or	heck he	e X			
ည		and complete lines 27, 28, 32, and 33.			445 222		100 160
alai	27	Net assets without donor restrictions			117,302.	27	139,168.
Ö	28	Net assets with donor restrictions			164,081.	28	2,676.
Ĕ		Organizations that do not follow FASB ASC	C 958, ch	eck here			
F		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fun				29	
sse	30	Paid-in or capital surplus, or land, building, or				30	
ţ	31	Retained earnings, endowment, accumulated			001 000	31	4/4 0/1
Se	32	Total net assets or fund balances		281,383.	32	141,844.	
	33	Total liabilities and net assets/fund balances			304,206.	33	192,361.

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	51	8,4	69.			
2	Total expenses (must equal Part IX, column (A), line 25)	2			08. 39.			
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							
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	14	141,844				
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 O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х			
	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							
	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 th	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					

Form **990** (2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

PROMISE LANDING FARM INC

Employer identification number 83-1049305

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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	7.1	'	,					
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
	Gifts, grants, contributions, and	(-,	(-,	(-,	(-,	(-,	()		
	membership fees received. (Do not								
	include any "unusual grants.")	126,200.	292,116.	334,782.	532,959.	279,905.	1565962.		
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.	279,905.	1565962.		
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)						1160842.		
	Public support. Subtract line 5 from line 4.						405,120.		
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019 292,116.	(c) 2020 334, 782.	(d) 2021 532, 959.	(e) 2022 279, 905.	(f) Total 1565962.		
7	Amounts from line 4	126,200.	292,116.	334,782.	532,959.	279,905.	1565962.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	1,200.	4,200.	7,200.	2,000.	11,875.	26,475.		
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.	558.	5,338.		
11	Total support. Add lines 7 through 10						1597775.		
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	311,477.		
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)			
	organization, check this box and stop	here					X		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage						
14	Public support percentage for 2022 (line 6, column (f), d	livided by line 11,	column (f))		14	%		
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	%		
16a	33 1/3% support test - 2022. If the	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and		
	stop here. The organization qualifies	as a publicly supp	orted organization						
b	33 1/3% support test - 2021. If the	-							
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation					
17a	10% -facts-and-circumstances tes	t - 2022. If the org	anization did not c	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,		
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he i	r e. Explain in Part	VI how the organiz	ation		
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pu	ublicly supported o	organization				
b	10% -facts-and-circumstances tes	t - 2021. 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 the	ne facts-and-circun	nstances test, che	ck this box and st	op here. Explain ir	n Part VI how the			
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization	<u></u>		
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	ınd see instruction	s		
	Schodulo A (Form 000) 2022								

Schedule A (Form 990) 2022

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ĭ	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						
_	The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
_	· · · · · · · · · · · · · · · · · · ·						+
	Total. Add lines 1 through 5	<u> </u>			1		
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				1		1
r) Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						_
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						1
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
12	assets (Explain in Part VI.)				1		
	First 5 years. If the Form 990 is for the	o organization's f	iret cooped third	fourth or fifth to	Voor op a sootier	[501(a)(3)	L
14	_	-			•		.ion,
<u>S</u>	check this box and stop here ction C. Computation of Publ						
	Public support percentage for 2022 (column (fl)		15	
				column (t))			%
	Public support percentage from 2021					16	%
	ction D. Computation of Investment income paragraphs for 00					47	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the						1/ is not
	more than 33 1/3%, check this box a		-				
b	33 1/3% support tests - 2021. If the	-					
	line 18 is not more than 33 1/3%, che		_			_	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	nstructions	

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
01.		
3b		
3с		
30		
4a		
70		
4b		
4c		
5a		
5b		
5c		
6		
O		
7		
8		
9a		
9b		
9с		
10a		
401		
10b		

Par	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
_	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	140
-	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
	men 2 / / m		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	140
-	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			
J	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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)) <u> </u>		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
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.	3b		

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Sche	dule A (Form 990) 2022 PROMISE LANDING FARM I			83-1049305 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on N	Nov. 20, 1970 (explain	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ist complete	Sections A through E.	·
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		

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

Schedule A (Form 990) 2022

Enter 0.85 of line 1.

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

2

3

4 5

6

Fai	t v Type in Non-Functionally integrated 509	(a)(a) Supporting Orga	amzations (continu	<u>ued) </u>	
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 responsive	Э		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		r	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
<u>a</u>	From 2017				
<u>b</u>	From 2018				
c	From 2019				
<u>d</u>	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount				
<u>i</u>	Carryover from 2017 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8_	Breakdown of line 7:				
a	Excess from 2018				
<u>b</u>	Excess from 2019				
c	Excess from 2020				
d	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

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

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

Name of the organization

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

PROMISE LANDING FARM INC

83-1049305

Employer identification number

Organiz	ation type (check	one):					
Filers of	f:	Section:					
Form 99	0 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 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
	nly a section 501(c	is covered by the General Rule or a Special Rule . (2)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
X		on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or y one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
	sections 509(a)(1) contributor, during	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 g 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; Z, line 1. Complete Parts I and II.					
	contributor, during	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one g the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, ional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering b) instead of the contributor name and address), II, and III.					
	year, contribution is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the seculusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., emplete any of the parts unless the General Rule applies to this organization because it received nonexclusively le, etc., contributions totaling \$5,000 or more during the year\$					
answer '	"No" on Part IV, lin	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must e 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 certifying requirements of Schedule B (Form 990).					

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization Employer identification number PROMISE LANDING FARM INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

83-1049305

Schedule B (Form 990) (2022) Page **3**

Name of organization

Employer identification number

PROMISE LANDING FARM INC

83-1049305

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_			
	5-22		Schedule B (Form 990) (20

Schedule B (Form 990) (2022) **Employer identification number** Name of organization 83-1049305 PROMISE LANDING FARM INC Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 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, and 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, and ZIP + 4 Relationship of transferor to transferee

223454 11-15-22

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Inspection

Name of the organization

PROMISE LANDING FARM INC

Employer identification number 83-1049305

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other S	imilar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.		
		(a) Donor advised	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets he	ld in donor advised fur	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that gra	nt funds can be used	only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for an	y other purpose confe	rring
_	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes	" on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organizat			
	Preservation of land for public use (for example, recreated	ation or education) 🔲		orically important land area
	Protection of natural habitat		Preservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribu	ution in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
C	Number of conservation easements on a certified historic sti			2c
d	Number of conservation easements included in (c) acquired			
	historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, re-	eleased, extinguished, or t	erminated by the orgar	nization during the tax
_	year			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe	·		
6	violations, and enforcement of the conservation easements		d anforcing concernati	
6	Staff and volunteer hours devoted to monitoring, inspecting,	, nandling of violations, an	d emorcing conservati	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and en	forcing conservation e	ecements during the year
•	Amount of expenses incurred in monitoring, inspecting, name	alling of violations, and cir	ording conscivation ca	decinents during the year
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirement	s of section 170(h)(4)(F	3)(i)
•	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservat			
	balance sheet, and include, if applicable, the text of the foot		•	
	organization's accounting for conservation easements.	J		
Pai	t III Organizations Maintaining Collections o	of Art, Historical Tre	asures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its reve	enue statement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education,	or research in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that des	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue	statement and balanc	e sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or	research in furtherand	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical tree	easures, or other similar as	ssets for financial gain,	provide
	the following amounts required to be reported under FASB A	ASC 958 relating to these	items:	
а	Revenue included on Form 990, Part VIII, line 1			\$
				\$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Schedule D (Form 990) 2022

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)) (Form 990) 2022 PROMISE	LANDING F	ARM	INC			8	33-10	<u>4930</u>	5 Pa	age 2
collection items (check all that apply): Tubble exhibition	Pai	t III	Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, d	or Othe	r Simila	ar Asse	ts (contir	ued)	
a Public exhibition d	3	Using	g the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following tha	ıt make si	gnificant	use of its			
b Scholarly research c Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization collection? 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. Ia is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Ia is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Ia is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Ia is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Ia is the organization and part XIII and complete the following table:		collec	ction items (check all that apply):										
b Scholarly research e Other 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 to be sold to raise funds a familiarity and the organization of 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 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, line 21. 1b is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1c Beginning balance 1d Amount 1d Telephone Telephon	а		Public exhibition	(t	Loan 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 to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Excrow 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, custodial or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part XIII and complete the following table: Amount 1c	b		Scholarly research	•	•								
4. Provide a description of the organization's collections and explain how they further the organization's evempt purpose in Part XIII. 5. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of 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, line 21. 1b If Yes, "explain the arrangement in Part XIII and complete the following table:													
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Ves" on Form 990, Part IV. Ille 9, or reported an amount on Form 990, Part X, line 21. **Test		Provi	ŭ	ollections and expla	in how t	hev further t	he organizati	on's exen	nnt nurna	se in Par	+ XIII		
To be sold to raise funds rather than to be meintained as part of the organization s collection?			·	•		-	-			oo iii i ai	. ,		
Section 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. Tall is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Tall is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X In I I I I I I I I I	3										Vec] No
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? b If "Yes," explain the arrangement in Part XIII and complete the following table:	Pai									Dart IV			
1	<u>. u.</u>				ete ii tii	e organizatio	on answered	163 011	01111 990	, raitiv,	III IC 3, OI		
Forestable For	10	lo the			dian, for	, contribution	ac ar athar as	ooto not i	naludad				
b F F F F F F F F F	ıa										7 ٧		٦ ٨١٠
Amount											」 Yes		J NO
C Additions during the year 1d 1d 1d 1d 1d 1d 1d 1	D	IT "YE	es," explain the arrangement in Part XIII	and complete the fo	ollowing	table:					Amoun		
Additions during the year 1e 1c									<u> </u>		Amoun		
e Distributions during the year 1 Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2b Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2c Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2c Did the organization the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. 2c Describe in Part XIII the intended uses of the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 2d Grants or scholarships 2d Forwice the estimated percentage of the current year end balance (line 1g, column (a)) held as: 2d Forwice the estimated percentage of the current year end balance (line 1g, column (a)) held as: 2d Forwice the estimated percentages on lines 2a, 2b, and 2c should equal 100%. 2d The percentages on lines 2a, 2b, and 2c should equal 100%. 2d The percentages on lines 2a, 2b, and 2c should equal 100%. 2d The percentages on lines 2a, 2b, and 2c should equal 100%. 2d Grants or scholarships		•	•						•				
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 No 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 IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (e) Three years back (e) Four years back (e) Three years back (e) Four years bac	е												
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 IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years	f										1		1
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Call Current year (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years	2 a	Did th	he organization include an amount on F	orm 990, Part X, line	21, for	escrow or c	ustodial acco	unt liabili	ty?		」Yes		ا No
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years (e) Fou													
table Beginning of year balance	Pai	† V	Endowment Funds. Complete	if the organization ar									
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Permanent endowment % b Permanent endowment % c Term endowment modes and a programination by: 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 (iii) Related organizations (iv) Related organizations 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. Land B Buildings (ii) Cost or other basis (investment) Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation 1a Land b Buildings C Leasehold improvements d Equipment C Leasehold improvements d Equipment A 3, 819, 35,056, 8,763.				(a) Current year	(b) l	Prior year	(c) Two year	rs back (d) Three y	ears back	(e) Four	years	back
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs	1a	Begir	nning of year balance										
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs	b	Conti	ributions										
e Other expenditures for facilities 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													
e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment	d	Grant	ts or scholarships										
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	е	Othe											
f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment W West Wes		and p	orograms										
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Percentage of the current year end balance (line 1g, column (a)) held as: Percentage of the current year end balance (line 1g, column (a)) held as: Percentage of the current year end balance (line 1g, column (a)) held as: Percentage of the current year end balance (line 1g, column (a)) held as: Percentage of the current year end balance (line 1g, column (a)) held as: Percentage of the current year end balance (line 1g, column (a)) held as: Percentage of the current year end balance (line 1g, column (a)) held as: Percentage of the current year end balance (line 1g, column (a)) held as: Percentage of the current year end balance (line 1g, column (a)) held as: Percentage of the current year end balance (line 1g, column (a)) held as: Percentage of the current year end balance (line 1g, column (a)) held as: Percentage of the current year end balance (line 1g, column (a)) held as: Percentage of the current year end balance (line 1g, column (a)) held as: Percentage of the current year end balance (line 1g, column (a)) held as: Percentage of the current year end balance (line 1g, column (a)) held as: Percentage of the current year end balance (line 1g, column (a)) held as: Percentage of the current year end balance (line 1g, column (a)) held as: Percentage of the current year end balance (line 1g, column (a)) held as: Percentage of the current year end balance (line 1g, column (a)) held as: Percentage of the cendownent funds. Percentage of the cendownent funds. Percentage of the cendownent funds. Percentage of the cendownent funds and administered for the granization of the cendownent funds. Percentage of the cendownent funds.	f	Admi											
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Board designated or quasi-endowment	2		•	rent vear end baland	ce (line ⁻	1a. column (a	a)) held as:	I			ı		
b Permanent endowment				· ·	%	. 9,	-,,						
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 (iii) Related organizations (iii) Related organizations (iii) Related organizations (iv) Unservice 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 d Equipment d Equipment d Other Other Other Other 3a(i) Aga(i) Aga(ii) Aga(iii) Aga(· · · · · · · · · · · · · · · · · · ·										
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 (iii) Related organizations (iii) Related organizations (iii) Related organizations (iv) Unrelated organizations (iv) Unrelated organizations (iv) Related organizations (iv) 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 depreciation (c) Accumulated depreciation (d) Book value basis (other) (b) Buildings (c) Leasehold improvements (d) Book value basis (other) (e) Accumulated depreciation (f) Book value basis (other) (g) Accumulated depreciation (h) Cost or other basis (other) (h) Cost or other basis (other) (h) Cost or other depreciation (h) Cost or other depreciation (h) Book value basis (other) (h) Cost or other depreciation (h) Book value basis (other) (h) Cost or other depreciation (h) Book value basis (other) (h) Cost or other depreciation (h) Book value basis (other) (h) Book value basis (other) (h) Cost or other depreciation (h) Book value basis (other) (h) Bo													
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Ves No Ves	32		_	•	ation th	at are held s	and administs	ared for th	۵				
(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 (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation 1a Land b Buildings c Leasehold improvements d Equipment d Equipment other Other Other 43,819 35,056 8,763	Ou			ossion of the organiz	ation th	iat are riola c	and damminote	iou ioi ui	· ·		ſ	Yes	No
(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) basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value basis (other) basis (other) 4 Equipment 4 Equipment 4 Equipment 5 Other 4 3 , 819 . 35 , 056 . 8 , 763 .		0	,								3a(i)		
b If "Yes" on line 3a(ii), are the related organization's 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 (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value basis (other) b Buildings c Leasehold improvements d Equipment													
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) (c) Accumulated depreciation Land b Buildings c Leasehold improvements d Equipment 4 Equipment 5 Equipment 5 Equipment 6 Other 6 Othe	L	(11)	nelated organizations	ations listed as year		Cabadula D0							
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) Cost or other basis (other) (c) Accumulated depreciation (d) Book value basis (investment) b Buildings c Leasehold improvements d Equipment e Other 14,233. 6,225. 8,008. 8,763.											_ GD _		
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) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (e) Buildings (f) Equipment (g) Accumulated depreciation (h) Equipment (h) Cost or other basis (other) (h) Accumulated depreciation (h) Book value					owment	tunas.							
Description of property (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment e Other Other (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 14 Accumulated depreciation 14 Accumulated depreciation 15 Accumulated depreciation 16 Accumulated depreciation 17 Accumulated depreciation 18 Buildings 19 Buildings 10 Book value 10 Book value 10 Book value 11 Accumulated depreciation 11 Accumulated depreciation 12 Book value 13 Book value 14 Accumulated depreciation 16 Book value 17 Book value 18 Book value	Гаі	LVI			0 Bort I	\/ lino 110 9	Soo Form 000) Dort V	ina 10				
basis (investment) basis (other) depreciation 1a Land Suildings Current State of St						· · · · · · · · · · · · · · · · · · ·							
1a Land b Buildings c Leasehold improvements d Equipment 14,233. 6,225. 8,008. e Other 43,819. 35,056. 8,763.			Description of property	1 ''						a	(d) Boo	k valu	е
b Buildings c Leasehold improvements d Equipment 14,233. 6,225. 8,008. e Other 43,819. 35,056. 8,763.				<u> </u>	ment)	Dasis	(otner)	аер	eciation				
c Leasehold improvements 14,233. 6,225. 8,008. e Other 43,819. 35,056. 8,763.						 							
d Equipment 14,233. 6,225. 8,008. e Other 43,819. 35,056. 8,763.						1							
e Other 43,819. 35,056. 8,763.						 	4 000						^ ^
	d	Equip	oment										
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)						1			35,0	06.			
	Γotal	. Add	lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colu	mn (B), line	10c.)				1	5,7	71.

Schedule D (Form 990) 2022

	IDING FARM INC	2 83	-1049305 Page 3
Part VII Investments - Other Securities.	F 000 Dt IV II	. 11b. Co. Farma 000 Dest V line 10	
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d of year market value
	(b) Book value	(c) Wethod of Valuation. Cost of en	u-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other	 		
(A)			
(B)			
(C)	 		
(D)	 		
(E)	 		
(F)	 		
(G)			
(H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	 		
Part VIII Investments - Program Related.	<u> </u>		
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
	(b) Book value	(c) Wethod of Valuation. Cost of City	d of year market value
(1)	 		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	a 11d See Form 990 Part V line 15	
	Description	Tra. Gee Form 550, Fart X, line 10.	(b) Book value
	Boomption		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin			
Part X Other Liabilities.	le 15.)		
Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 11e or 11f. See Form 990. Part X. line 25	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			(-,
(2)			
(3)			
(4)			
• •			
(5)			
<u>(6)</u>			
<u>(7)</u>			
(8) (9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin			
i Giai. (Goldinii (b) mast equal i Giin 330, Falt A, GOI. (b) IIII	∪ <i>∟∪./</i>		i .

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X Schedule D (Form 990) 2022

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

	Complete if the organization answered "Yes" on Form 990, Part IV, I		1.1	518,469.
	otal revenue, gains, and other support per audited financial statements		1	310,409.
	amounts included on line 1 but not on Form 990, Part VIII, line 12:	اما		
	let unrealized gains (losses) on investments			
	onated services and use of facilities			
	decoveries of prior year grants			
	Other (Describe in Part XIII.)			0.
	add lines 2a through 2d			518,469
3 8	subtract line 2e from line 1		3	310,403
		1 45 1		
	nvestment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)		4.	0.
	dd lines 4a and 4b			518,469
	otal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 XII Reconciliation of Expenses per Audited Financial S			
i ait	Complete if the organization answered "Yes" on Form 990, Part IV, I		onses per neturn	•
1 T	otal expenses and losses per audited financial statements		1	658,008.
	mounts included on line 1 but not on Form 990, Part IX, line 25:			
	Ponated services and use of facilities	2a		
	Prior year adjustments			
	Other losses			
	Other (Describe in Part XIII.)			
	add lines 2a through 2d	· · · · · · · · · · · · · · · · · · ·	2e	0.
	Subtract line 2e from line 1			658,008.
	mounts included on Form 990, Part IX, line 25, but not on line 1:			
	nvestment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
	dd lines 4a and 4b	<u>-</u>	4c	0.
	otal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			658,008.
	XIII Supplemental Information.			<u>, </u>
lines 20	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and 4b. LINE 2:			
PLF	BELIEVES THAT IT HAS APPROPRIATE SUP	PORT FOR ANY T	AX POSITION	IS TAKEN,
AND	AS SUCH, DOES NOT HAVE ANY UNCERTAIN	TAX POSITIONS	THAT ARE M	MATERIAL
TO T	THE FINANCIAL STATEMENTS OR THAT WOULD	D HAVE AN EFFE	CT ON ITS T	AX-EXEMPT
STAT	CUS. THERE WERE NO UNRECOGNIZED TAX B	ENEFITS OR LIA	BILITIES TH	IAT NEEDED
TO E	BE RECORDED.			

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SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Earm 990 or 990-EZ or to provide any additional information

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

PROMISE LANDING FARM INC

Employer identification number 83-1049305

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) 2022

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Name of the organization

Department of the Treasury Internal Revenue Service

PROMISE LANDIN	NG FARM INC					83-10493	05		
Part I Identification of Disregarded Entities. Complete	te if the organization answered "Yes'	on Form 990, Part IV, line 3	3.						
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) (c) (d) (e) Primary activity Legal domicile (state or foreign country) Total income End-of-year ass					Direct co	(f) Direct controlling entity		
	_								
	_								
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990	0, Part IV, line 34, I	pecause it had one	e or more	related tax-exe	mpt		
(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))	Dired	(f) et controlling entity	Section 5 contra	olled	
TAISHOFF FAMILY FOUNDATION, INC 26-3582609, 5025 CASTELLO DRIVE, STE. 203, NAPLES, FL 34103	GRANTS	FLORIDA	501(C)(3)		N/A		163	X	
	-								
	<u>-</u> -								

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

Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

	I		T	T			1		1		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate itions?	amount in box	Genera manag partn	Percentage ing ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10
										+	

Part IV ldentification 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	i) tion o)(13) rolled ity?
		24						

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

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

1	During the tax year, did the organization engage in any of the following transactions with one of	or more i	related organizations listed	l in Parts II-IV	?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity					1a		Х
b	Gift, grant, or capital contribution to related organization(s)					1b		Х
С	Gift, grant, or capital contribution from related organization(s)					1c	Х	
d	Loans or loan guarantees to or for related organization(s)					1d		Х
	Loans or loan guarantees by related organization(s)					1e		Х
f	Dividends from related organization(s)					1f		Х
g	Sale of assets to related organization(s)					1g		Х
	Purchase of assets from related organization(s)					1h		Х
i	Exchange of assets with related organization(s)					1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)					1j		Х
	Lease of facilities, equipment, or other assets from related organization(s)					1k	Х	
	Performance of services or membership or fundraising solicitations for related organization(s)					11		Х
	n Performance of services or membership or fundraising solicitations by related organization(s)					1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)					1n		Х
	Sharing of paid employees with related organization(s)					10		Х
р	Reimbursement paid to related organization(s) for expenses					1p		Х
q	Reimbursement paid by related organization(s) for expenses					1q		Х
r	Other transfer of cash or property to related organization(s)					1r		Х
	Other transfer of cash or property from related organization(s)					1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must co	omplete t	this line, including covered	relationship	and transaction thresholds.			
	(a) (b) Name of related organization Transact type (a)	ction	(c) Amount involved		(d) Method of determining amount inv	olved		
(1)	TAISHOFF FAMILY FOUNDATION, INC. C		227,070.	CASH				
2)								
(3)								
(4)								
<u>., </u>								
(5)								
6)		2.0						
3216	63 09-14-22	32			Schedule F	R (For	n 990)	2022

Schedule R (Form 990) 2022

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners s 501(c)(3 orgs.? Yes N	(f) Share of total income	(g) Share of end-of-year assets	(h Dispro tions allocati Yes	por- ite ons?	of Schedule K-1	Gener mana partn Yes	al or Figing her?	(k) Percentage ownership

THIS IS NOT A FILEABLE COPY *****

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning , 2022, and ending

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Form 8879-TF

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information. EIN or SSN Name of filer PROMISE LANDING FARM INC 83-1049305 ROBERT TAISHOFF Name and title of officer or person subject to tax CHAIR Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) Form 990 check here 1a Form 990-EZ check here 2a **b Total revenue,** if any (Form 990-EZ, line 9) 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3b b Tax based on investment income (Form 990-PF, Part V, line 5) 4b Form 990-PF check here 4a Form 8868 check here b Balance due (Form 8868, line 3c) 5b 5a **b Total tax** (Form 990-T, Part III, line 4) _______6b Form 990-T check here 6a 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) 8a Form 5227 check here **b FMV of assets at end of tax year** (Form 5227, Item D) Form 5330 check here **b** Tax due (Form 5330, Part II, line 19) 9b 9a **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Form 8038-CP check here **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that 🗓 I am an officer of the above entity or 📖 I am a person subject to tax with respect to (name of entity) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information processary to answer inquiries and resolve issues related to the payment. I have selected a payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only 20774 X lauthorize JM&M to enter my PIN ERO firm name Enter five numbers, but do not enter all zeros as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. 🛘 As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. **** THIS IS NOT A FILEABLE COPY **** **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 54807621044 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So Form **8879-TE** (2022)

202521 12-16-22

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

EXTENDED TO NOVEMBER 15, 2023

Form	990-T	E	Exempt Organization Business Income Tax Returnation (and proxy tax under section 6033(e))	rn	OMB No. 1545-0047
		Fax 00	• • •		2022
		For ca	, , , , , , , , , , , , , , , , , , , ,	—·	LULL
	tment of the Treasury al Revenue Service	I	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
A	Check box if address changed.		Name of organization (Check box if name changed and see instructions.)	DEmpl	loyer identification number
B E:	xempt under section	Print	PROMISE LANDING FARM INC	8	3-1049305
X] 501(c)(3)	or	Number, street, and room or suite no. If a P.O. box, see instructions.		p exemption number instructions)
	408(e) 220(e)	Туре	16900 CLAGETT LANDING ROAD	(000)	
	408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code		
] 529(a)529A		UPPER MARLBORO, MD 20774	F	Check box if
		С Во	ok value of all assets at end of year 192, 361.		an amended return.
G	Check organization	type	X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	college/university
<u>H (</u>	Check if filing only to	0	Claim credit from Form 8941 Claim a refund shown on Form 2439		
	Check if a 501(c)(3)	organiz	zation filing a consolidated return with a 501(c)(2) titleholding corporation	<u></u>	<u></u>
			ed Schedules A (Form 990-T)		1
			e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	L	Yes X No
			d identifying number of the parent corporation.		0.40 0.00
			RACHEL NEFF Telephone number	301-	249-2971
Ра			d Business Taxable Income		1
1		busine	ss taxable income computed from all unrelated trades or businesses (see		
					0.
2					
3	Add lines 1 and 2				
4			(see instructions for limitation rules)		0.
5			taxable income before net operating losses. Subtract line 4 from line 3		
6			ing loss. See instructions	6	
7			ss taxable income before specific deduction and section 199A deduction.		
	Subtract line 6 fro				1,000.
8			erally \$1,000, but see instructions for exceptions)		1,000.
9			duction. See instructions	l	1,000.
10	Total deductions			10	1,000.
11		ess tax	able income. Subtract line 10 from line 7. If line 10 is greater than line 7,		0.
Pa	rt II Tax Com	nutat	ion	11	<u> </u>
		-	s corporations. Multiply Part I, line 11 by 21% (0.21)	1	1 0.
1 2			rates. See instructions for tax computation. Income tax on the amount on	·· - '-	<u>``</u>
2	Part I, line 11 from			2	
3	Proxy tax. See ins		, , , , , , , , , , , , , , , , , , , ,	. 2	
3 4	Other tax amounts			. 4	
5	Alternative minimu			5	
6			cility income. See instructions	·· 🗕	
7			h 6 to line 1 or 2, whichever applies	. 7	0.
<u>.</u> LHA			ion Act Notice, see instructions.	,	Form 990-T (2022)

Form 990-T (2022) Page

Port	<u>`</u>	,						age 2
		Tax and Payments	Т.	T				
1a		gn tax credit (corporations attach Form 1118; trusts attach Form 1116)			4			
b		credits (see instructions)			4			
C		ral business credit. Attach Form 3800 (see instructions)			4			
d		t for prior year minimum tax (attach Form 8801 or 8827)			۱	1		
e		credits. Add lines 1a through 1d			1e			0.
2		act line 1e from Part II, line 7 amounts due. Check if from: Form 4255 Form 8611 Form			2	 		<u> </u>
3	Other				3			
4	Total	tax. Add lines 2 and 3 (see instructions). Check if includes tax prev		loforrod under	•			
4					4			0.
5		on 1294. Enter tax amount here nt net 965 tax liability paid from Form 965-A, Part II, column (k)			5			0.
6a		ents: A 2021 overpayment credited to 2022			<u> </u>			
b		estimated tax payments. Check if section 643(g) election applies	~ 		1			
c		eposited with Form 8868			1			
d		gn organizations: Tax paid or withheld at source (see instructions)	·		1			
e		up withholding (see instructions)			1			
f	Credit	t for small employer health insurance premiums (attach Form 8941)	6f		1			
g		credits, adjustments, and payments: Form 2439			1			
J		Form 4136 Other Tota	- l 6g					
7		payments. Add lines 6a through 6g		<u> </u>	7			
8		ated tax penalty (see instructions). Check if Form 2220 is attached			8			
9		lue. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed			9			
10		payment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount over			10			
11		the amount of line 10 you want: Credited to 2023 estimated tax		Refunded	11			
Part	IV S	Statements Regarding Certain Activities and Other Informa	tion (se	ee instructions)				
1	At any	y time during the 2022 calendar year, did the organization have an interest in o	r a signa	ature or other authority			Yes	No
	over a	a financial account (bank, securities, or other) in a foreign country? If "Yes," the	e organiz	zation may have to file				
	FinCE	N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter th	ne name	of the foreign country				
	here							<u>X</u>
2	7	g the tax year, did the organization receive a distribution from, or was it the gra						
		n trust?						X
_		s," see instructions for other forms the organization may have to file.		•				
3		the amount of tax-exempt interest received or accrued during the tax year						
4		available pre-2018 NOL carryovers here \$ Do not				1		
_		n on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by				e 6.		
5		2017 NOL carryovers. Enter the Business Activity Code and available post-201						
	tne ar	mounts shown below by any NOL claimed on any Schedule A, Part II, line 17 fo						
		Business Activity Code 531190		ilable post-2017 NOL o		631.		
			<u>\$ </u>		٠,	031.		
6a	Did th	ne organization change its method of accounting? (see instructions)	Φ					Х
		s "Yes," has the organization described the change on Form 990, 990-EZ, 990-	PF or F	form 11282 If "No."				71
D		in in Part V	·	OIIII 1120: II 140,				
Part		Supplemental Information						
		xplanation required by Part IV, line 6b. Also, provide any other additional inform	nation S	See instructions				
	, 1110 0,	April 100 17 oquilou 27 Turchi, ililo 3217 1005, promot arry 31101 additional ililoni						
		nder penalties of perjury, I declare that I have examined this return, including accompanying schedules ar vrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which pre			wledge a	ınd belief, it is	true,	
Sign	"	,	paror rido c		av the IF	RS discuss this	s return v	with
Here	_	CHAIR		th	e prepar	er shown belo	w (see	_
	Si	gnature of officer Date Title		in	_	ıs)? X Ye	s	No
		Print/Type preparer's name Preparer's signature	Date		f PT	.N		
Paid		L		self- employed	_	04.40-	- c c	
Prepa	rer	MEENA BISHNOI				01480		
Use C		Firm's name JM&M	, ~	Firm's EIN	5	2-185	393	<u>პ</u>
		10500 LITTLE PATUXENT PARKWAY	:, SC		1.0	004 0	222	
		Firm's address COLUMBIA, MD 21044		Phone no. 4	: T U –	<u> </u>	<u> 440</u>	

223711 01-16-23

Form **990-T** (2022)

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2022

Department of the Treasury Internal 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

	Name of the organization PROMISE LANDING FARM INC	83-1	nployer identification number $3-1049305$					
<u>C</u>	Unrelated business activity code (see instructions) 53119	0			D Sequen	ce:	1 of	1
=	Describe the unrelated trade or business FARM RENTAL							
Pa	rt I Unrelated Trade or Business Income		(A) Income		(B) Expens	ses	(C) Net
1 a	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						
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form							
	1120)). See instructions	4a						
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b						
_ C	Capital loss deduction for trusts	4c						
5	Income (loss) from a partnership or an S corporation (attach	_						
_	statement)	5	1,200		2	864.		-2,664.
6	Rent income (Part IV)	6	1,200	+	٥,	004.		-2,004.
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) Exploited exempt activity income (Part VIII)	9 10		+				
	Exploited exempt activity income (Part VIII)	1 10 1		- 1				
				\top				
11	Advertising income (Part IX)	11						
11 12			1,200	•	3,	864.	-	-2,664.
10 11 12 13 Pa	Advertising income (Part IX) Other income (see instructions; attach statement) Total. Combine lines 3 through 12 rt II Deductions Not Taken Elsewhere See instructions	11 12 13 ons for	<u> </u>		·			
11 12 13 Pa	Advertising income (Part IX) Other income (see instructions; attach statement) Total. Combine lines 3 through 12 Tt II Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in	11 12 13 ons for	r limitations on d	edu	ctions. Dec	duction		
11 12 13 Pa	Advertising income (Part IX) Other income (see instructions; attach statement) Total. Combine lines 3 through 12 In the compensation of officers, directors, and trustees (Part X)	11 12 13 ons for	r limitations on d	edu	ctions. Dec	duction		
11 12 13 Pa 1	Advertising income (Part IX) Other income (see instructions; attach statement) Total. Combine lines 3 through 12 Pt II Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages	11 12 13 ons for	r limitations on d	edu	ctions. Dec	duction		
11 12 13 Pa 1 2	Advertising income (Part IX) Other income (see instructions; attach statement) Total. Combine lines 3 through 12 In the compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance	11 12 13 ons for	r limitations on d	edu	ctions. Dec	duction		
11 12 13 Pa 1 2 3 4	Advertising income (Part IX) Other income (see instructions; attach statement) Total. Combine lines 3 through 12 rt II Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts	11 12 13 ons for acome	r limitations on d	edu	ctions. Dec	duction 1 2 3 4		
11 12 13 Pa 1 2 3 4 5	Advertising income (Part IX) Other income (see instructions; attach statement) Total. Combine lines 3 through 12 IT II Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions	11 12 13 oons for acome	r limitations on d	edu	ctions. Dec	duction 1 2 3 4 5		
11 12 13 Pa 1 2 3 4 5 6	Advertising income (Part IX) Other income (see instructions; attach statement) Total. Combine lines 3 through 12 Pt II Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Taxes and licenses	11 12 13 oons for acome	r limitations on d	edu	ctions. Dec	duction 1 2 3 4 5		
11 12 13 Pa 1 2 3 4 5 6 7	Advertising income (Part IX) Other income (see instructions; attach statement) Total. Combine lines 3 through 12 Pt II Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Taxes and licenses Depreciation (attach Form 4562). See instructions	11 12 13 ons for acome	r limitations on d	edu	ctions. Dec	1 2 3 4 5 6		
11 12 13 Pa 1 2 3 4 5 6 7 8	Advertising income (Part IX) Other income (see instructions; attach statement) Total. Combine lines 3 through 12 In the compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Taxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return	11 12 13 ons for acome	r limitations on d	edu	ctions. Dec	1 2 3 4 5 6 8b		
11 12 13 Pa 1 2 3 4 5 6 7 8 9	Advertising income (Part IX) Other income (see instructions; attach statement) Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Taxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion	11 12 13 13 ons for acome	r limitations on d	edu	ctions. Dec	1 2 3 4 5 6 8b 9		
11 12 13 Pa 1 2 3 4 5 6 7 8 9	Advertising income (Part IX) Other income (see instructions; attach statement) Total. Combine lines 3 through 12 rt II Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Taxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans	11 12 13 cons for acome	r limitations on d	edu	ctions. Dec	1 2 3 4 5 6 8b 9 10		
11 12 13 Pa 1 2 3 4 5 6 7 8 9 10	Advertising income (Part IX) Other income (see instructions; attach statement) Total. Combine lines 3 through 12 rt II Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Taxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs	11 12 13 ons for acome	r limitations on d	edu	ctions. Dec	1 2 3 4 5 6 8b 9 10 11		
11 12 13 Pa 1 2 3 4 5 6 7 8 9 10 11	Advertising income (Part IX) Other income (see instructions; attach statement) Total. Combine lines 3 through 12 It II Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Taxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII)	11 12 13 ons for acome	r limitations on d	edu	ctions. Dec	1 2 3 4 5 6 8b 9 10 11 12		
11 12 13 1 2 3 4 5 6 7 8 9 10 11 12	Advertising income (Part IX) Other income (see instructions; attach statement) Total. Combine lines 3 through 12 It II Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Taxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII) Excess readership costs (Part IX)	11 12 13 ons for acome	r limitations on d	edu	ctions. Dec	1 2 3 4 5 6 8b 9 10 11 12 13 3		
11 12 13 Pa 1 2 3 4 5 6 7 8 9 10 11 12 13	Advertising income (Part IX) Other income (see instructions; attach statement) Total. Combine lines 3 through 12 In the properties of the programs of the programs Total. Combine lines 3 through 12 Total. Combine lines 3 through 12 In the properties of the programs o	11 12 13 cons for come	r limitations on d	edu	ctions. Dec	1 2 3 4 5 6 8b 9 10 11 12 13 14 14		De la
11 12 13 Pa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	Advertising income (Part IX) Other income (see instructions; attach statement) Total. Combine lines 3 through 12 In the compensation of officers and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Taxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII) Excess readership costs (Part IX) Other deductions (attach statement)	11 12 13 ons for acome	r limitations on d	edu	ctions. Dec	1 2 3 4 5 6 8b 9 10 11 12 13 14 14		De la
11 12 13 Pa 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	Advertising income (Part IX) Other income (see instructions; attach statement) Total. Combine lines 3 through 12 Pert III Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Taxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII) Excess readership costs (Part IX) Other deductions. Add lines 1 through 14	11 12 13 cons for accome	r limitations on d	edu	ctions. Dec	1 2 3 4 5 6 8b 9 10 11 12 13 14 15	s must b	De .
11 12 13 Pa 1 2 3 4 5 6 7 8	Advertising income (Part IX) Other income (see instructions; attach statement) Total. Combine lines 3 through 12 IT II Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Taxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII) Excess readership costs (Part IX) Other deductions (attach statement) Total deductions. Add lines 1 through 14 Unrelated business income before net operating loss deduction. See instructions In It II	11 12 13 cons for accome	r limitations on d	edu	ctions. Dec	1 2 3 4 5 6 8b 9 10 11 12 13 14 15 16	s must b	0.

III Cost of Goods Sold Enter meth	nod of inventory valuat	ion		
Inventory at beginning of year			1	
Purchases			2	
Cost of labor			3	
Additional section 263A costs (attach statement)			4	
Other costs (attach statement)			5	
Total. Add lines 1 through 5			6	
Inventory at end of year				
Cost of goods sold. Subtract line 7 from line 6. Enter h	nere and in Part I, line 2	2	8	
		-		
	16900	CLAGETT LAN	DING ROAD,	UPPER MARLBOR
В				
c				
D	· · · · · · · · · · · · · · · · · · ·			
	Α	В	С	D
Rent received or accrued				
From personal property (if the percentage of				
but not more than 50%)	0.			
From real and personal property (if the				
percentage of rent for personal property exceeds				
50% or if the rent is based on profit or income)	1,200.			
Total rents received or accrued by property.				
Add lines 2a and 2b, columns A through D	1,200.			
Total rents received or accrued. Add line 2c columns A	through D. Enter here	and on Part I, line 6,	column (A)	1,200.
Deductions directly connected with the income				
in lines 2(a) and 2(b) (attach statement) STMT 2	3,864.			_
in lines 2(a) and 2(b) (attach statement) STMT 2	3,864.			
Total deductions. Add line 4 columns A through D. En	ter here and on Part I,	line 6, column (B)		3,864.
Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (se	ter here and on Part I, ee instructions)			3,864.
Total deductions. Add line 4 columns A through D. En	ter here and on Part I, ee instructions)			3,864.
Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (se	ter here and on Part I, ee instructions)			3,864.
Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, of	ter here and on Part I, ee instructions)			3,864.
Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, of A	ter here and on Part I, ee instructions)			3,864.
Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, of A B B B B B B B B B B B B B B B B B B	ter here and on Part I, ee instructions)			3,864.
Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, of a B C	ter here and on Part I, ee instructions)			3,864. D
Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, of a B C	ter here and on Part I, se instructions) city, state, ZIP code). (Check if a dual-use. Se	ee instructions.	
Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, of a	ter here and on Part I, se instructions) city, state, ZIP code). (Check if a dual-use. Se	ee instructions.	
Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, of A	ter here and on Part I, se instructions) city, state, ZIP code). (Check if a dual-use. Se	ee instructions.	
Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, of a	ter here and on Part I, se instructions) city, state, ZIP code). (Check if a dual-use. Se	ee instructions.	
Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, of A	ter here and on Part I, se instructions) city, state, ZIP code). (Check if a dual-use. Se	ee instructions.	
Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, of A	ter here and on Part I, se instructions) city, state, ZIP code). (Check if a dual-use. Se	ee instructions.	
Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, of A	ter here and on Part I, se instructions) city, state, ZIP code). (Check if a dual-use. Se	ee instructions.	
Total deductions. Add line 4 columns A through D. En V	ter here and on Part I, se instructions) city, state, ZIP code). (Check if a dual-use. Se	ee instructions.	
Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, of A	ter here and on Part I, se instructions) city, state, ZIP code). (Check if a dual-use. Se	ee instructions.	
Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, or A	ter here and on Part I, se instructions) city, state, ZIP code). (Check if a dual-use. Se	ee instructions.	
Total deductions. Add line 4 columns A through D. En V	ter here and on Part I, se instructions) city, state, ZIP code). (Check if a dual-use. Se	ee instructions.	
Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, of A	ter here and on Part I, se instructions) city, state, ZIP code). (Check if a dual-use. Se	ee instructions.	
Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, of A	ter here and on Part I, se instructions) city, state, ZIP code). (Check if a dual-use. Se	c C	D
Total deductions. Add line 4 columns A through D. En V	ter here and on Part I, se instructions) city, state, ZIP code). (B	c C	D
Total deductions. Add line 4 columns A through D. En V	ter here and on Part I, se instructions) city, state, ZIP code). (B B	c C	D %
Total deductions. Add line 4 columns A through D. En V	ter here and on Part I, se instructions) city, state, ZIP code). (B B	c C	D %
Total deductions. Add line 4 columns A through D. En V	ter here and on Part I, se instructions) city, state, ZIP code). (B B	c C	D %
	Purchases Cost of labor Additional section 263A costs (attach statement) Other costs (attach statement) Total. Add lines 1 through 5 Inventory at end of year Cost of goods sold. Subtract line 7 from line 6. Enter in Do the rules of section 263A (with respect to property in it is in in it is in in it is in in it is in it in it is in it in it is in it is in it in in it is in it in it in it in it in it is in it in in it in in it	Purchases Cost of labor Additional section 263A costs (attach statement) Other costs (attach statement) Total. Add lines 1 through 5 Inventory at end of year Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 Do the rules of section 263A (with respect to property produced or acquired V Rent Income (From Real Property and Personal Prope Description of property (property street address, city, state, ZIP code). Check A FARM 16900 B C D D A Rent received or accrued From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) Total rents received or accrued by property. Add lines 2a and 2b, columns A through D Total rents received or accrued. Add line 2c columns A through D. Enter here Deductions directly connected with the income	Purchases Cost of labor Additional section 263A costs (attach statement) Other costs (attach statement) Total. Add lines 1 through 5 Inventory at end of year Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the IV Rent Income (From Real Property and Personal Property Leased with ID Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instance in FARM 16900 CLAGETT LAN 16900	Purchases Cost of labor Additional section 263A costs (attach statement) Other costs (attach statement) Total. Add lines 1 through 5 Inventory at end of year Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 B Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? W Rent Income (From Real Property and Personal Property Leased with Real Property) Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A FARM 16900 CLAGETT LANDING ROAD, B C C C C C C C C C C C C C C C C C C

Part	VI Interest, Annu	ıities, R	oyalties, and R	ents fro	m Contro	lled O	rganization	າຣ (see instru	ctions)	
						Е	xempt Contro	lled Organizatio	ns	
	1. Name of controlled	b	2. Employer	3. Net	unrelated	4. Tota	al of specified	5. Part of col		6. Deductions directly
	organization		identification	incon	ne (loss)	payn	nents made	that is included controlling org		connected with
			number	(see ins	structions)			tion's gross in	ncome	income in column 5
(1)										
(2)										
(3)										
(4)										
			Noi	nexempt (Controlled O	rganizati	ions			
7	. Taxable Income	8.1	Net unrelated	9. To	Total of specified 10. Part of column 9			11.	Deductions directly	
		in	ncome (loss)	pa	yments mad	е		luded in the organization's		connected with
		(see	e instructions)					income	inc	come in column 10
(1)										
(2)										
(3)										
(4)										
							Add colum	nns 5 and 10.		l columns 6 and 11.
								and on Part I,		r here and on Part I,
							line 8, c	column (A)	"	ine 8, column (B)
Totals								0	•	0.
Part	VII Investment	ncome	of a Section 50	1(c)(7),	(9), or (17)) Orga	nization (s	ee instructions)	
	1. Desc	ription of	income		2. Amou		3. Deduction	ons 4. Se	t-asides	5. Total deductions
					incon				statemer	and set-asides (add cols 3 and 4)
							(attach state	ment)		(ddd oolo o drid 4)
(1)										
(2) (3)										
(3)										
(4)										
					Add amou					Add amounts in column 5. Enter
					here and or					here and on Part I,
					line 9, colu	ımn (A)				line 9, column (B)
Totals	\$ 7111					0.				0.
Part	VIII Exploited E	xempt A	Activity Income	, Other	Than Adv	ertisir	ng Income (see instruction	s)	
1	Description of exploite	d activity:								
2	Gross unrelated busin	ess incom	ne from trade or busi	ness. Ente	er here and c	n Part I,	, line 10, colum	nn (A)	2	
3	Expenses directly con	nected wit	th production of unr	elated bus	siness incom	e. Enter	here and on F	art I,		
									3	
4	Net income (loss) from	unrelated	trade or business.	Subtract li	ine 3 from lin	e 2. If a	gain, complete	Э		
5	Gross income from ac	tivity that	is not unrelated busi	iness inco	me				5	
6										
7	Excess exempt expen-	ses. Subtr	act line 5 from line 6	6, but do n	ot enter mor	e than t	he amount on	line		
	4. Enter here and on P	art II, line	12						7	

Schedule A (Form 990-T) 2022

	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reportin	g two or more periodicals on a	consolidated basi	S.	
	A 🔛				
	в 🔛				
	c 🗀				
	D				
Enter a	amounts for each periodical listed above in the	corresponding column.			
		Α	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and on	Part I, line 11, column (A)			0.
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on	Part I, line 11, column (B)			0.
		<u> </u>			
4	Advertising gain (loss). Subtract line 3 from lin	e			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete	•			
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is les	I			
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain o				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the gro	eater of the line 8a, columns tot	al or zero here an	d on	0
Part	X Compensation of Officers, Dir	roctors and Trustoss (0.
ra::	A Compensation of Officers, Dir	ectors, and musices (se	e instructions)	-	
		,		2 Doroontogo	1 Componentian
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				of time devoted to business	
<u>(1)</u>				of time devoted to business %	attributable to
(1) (2)				of time devoted to business %	attributable to
(1) (2) (3)				of time devoted to business %	attributable to
(1) (2)				of time devoted to business %	attributable to
(1) (2) (3) (4)	1. Name			of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	1. Name Lenter here and on Part II, line 1	2. Title		of time devoted to business %	attributable to
(1) (2) (3) (4)	1. Name 1. Name	2. Title		of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	1. Name Lenter here and on Part II, line 1	2. Title		of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	1. Name Lenter here and on Part II, line 1	2. Title		of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	1. Name Lenter here and on Part II, line 1	2. Title		of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	1. Name Lenter here and on Part II, line 1	2. Title		of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	1. Name Lenter here and on Part II, line 1	2. Title		of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	1. Name Lenter here and on Part II, line 1	2. Title		of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	1. Name Lenter here and on Part II, line 1	2. Title		of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	1. Name Lenter here and on Part II, line 1	2. Title		of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	1. Name Lenter here and on Part II, line 1	2. Title		of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	1. Name Lenter here and on Part II, line 1	2. Title		of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	1. Name Lenter here and on Part II, line 1	2. Title		of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	1. Name Lenter here and on Part II, line 1	2. Title		of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	1. Name Lenter here and on Part II, line 1	2. Title		of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	1. Name Lenter here and on Part II, line 1	2. Title		of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	1. Name Lenter here and on Part II, line 1	2. Title		of time devoted to business %	attributable to unrelated business

990-T SCH A	POST-201	17 NET OPERATING	LOSS DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/21	2,631.	0.	2,631.	2,631.
NOL CARRYOV	ER AVAILABLE THIS	2,631.	2,631.	

FORM 990-T (A)	DEDUCTIONS	CONNECTED	WITH RENTAL	INCOME	STATEMENT	2
DESCRIPTION			ACTIVITY NUMBER	AMOUNT	TOTAL	
PROPERTY TAXES		- SUBTOTAI	 1	3,864.	3,864	- :•
TOTAL TO FORM 99	0-т, schedui	LE A, PART	IV, LINE 4		3,864	