TAX RETURN FILING FORM 990 FOR THE YEAR ENDING DECEMBER 31, 2022

PREPARED FOR:

AGRARIAN LAND TRUST PO Box 86362 Portland, OR 97286

PREPARED BY:

APRIO, LLP 111 ROCKVILLE PIKE SUITE 600 ROCKVILLE, MD 20850 Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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



Inter	nal Reve	nue Service Go to www.ii3.gov/1 of ii350 to ii151 detions and the	e latest li		Inspection
AI	or the	e 2022 calendar year, or tax year beginning and en	nding		
Β	Check if applicabl	c Name of organization		D Employer identified	cation number
	Addre chang	AGRARIAN LAND TRUST			
	Name chang			47-55080	54
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Ro	oom/suite	E Telephone number	ſ
	Final return	· · · · · · · · · · · · · · · · · · ·		630-801-	3120
	termin	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	901,644.
	Amen			H(a) Is this a group re	
	Applic	a- F Name and address of principal officer: JEAN THERON WILLOUGH	IBY	for subordinates	
	pendi	¹⁹ SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: $X = 501(c)(3) = 501(c) () (insert no.) = 4947(a)(1) or$	527	1	list. See instructions
	Nebsi		521	H(c) Group exemption	
		organization: X Corporation Trust Association Other	I Voor		A State of legal domicile: CA
	art I	Summary			State of legal dominine. CA
		Briefly describe the organization's mission or most significant activities: OUR MI	TCCTO	א דכ דר כווסו	
e	'	TRUSTS THAT FOCUS ON FARMLAND CONSERVATION			
Activities & Governance					
ern	2	Check this box if the organization discontinued its operations or disposed		_	
õ	3				4
ٽ ھ	4	Number of independent voting members of the governing body (Part VI, line 1b)			13
ies	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			
ivit	6	Total number of volunteers (estimate if necessary)		I_ I	4
Act	7a				0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		2,887,054.	891,769.
en	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		27,336.	687.
	11	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,200.	9,188.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,915,590.	901,644.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	3,904.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		189,666.	409,274.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
g	b	Total fundraising expenses (Part IX, column (D), line 25) 60,414	4.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		332,108.	432,241.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		521,774.	845,419.
	19	Revenue less expenses. Subtract line 18 from line 12		2,393,816.	56,225.
OC			Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		3,433,312.	3,583,547.
As	21	Total liabilities (Part X, line 26)		124,134.	182,183.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		3,309,178.	3,401,364.
Pa	art II	Signature Block			
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules an	ind stateme	ents, and to the best of my	knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	h preparer	has any knowledge.	
		Jean Theron Willoughby		09/	19/2023
Sig	n	Signature of officer		Date	•
Her	е	JEAN THERÓN WILLOUGHBY, INTERIM CO-DIRECTO	R		
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	i	STACY CULLEN STACY CULLEN	0	9/19/23 ^{if} self-employ	ed P00974308
Pre	barer	Firm's name APRIO, LLP	I	Firm's EIN 5	7-1157523
	Only	Firm's address 111 ROCKVILLE PIKE SUITE 600			
	-	ROCKVILLE, MD 20850		Phone no. (3	01) 231-6200

May the IRS dis	scuss this return with the preparer shown above? See instructions	X Yes	No
232001 12-13-22	LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 99	0 (2022)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2022) AGRARIAN LAND TRUST	47-5508054 F	Page 2
Par	rt III 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: AGRARIAN TRUST'S MISSION IS TO SUPPORT LAND ACCESS FO FARMERS	<u>)R NEXT-GENERATION</u>	N
2	Did the organization undertake any significant program services during the year which were not listed on prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program server If "Yes," describe these changes on Schedule O.	vices?Yes 🖸	XNo
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to revenue, if any, for each program service reported.	o others, the total expenses, and	
4a	(Code:) (Expenses \$ 516,868.including grants of \$ 3,904.AGRARIANCOMMONS - THE AGRARIAN TRUSTLAUNCHED THE AGRMODELANDBEGANUSING THE WORK OF THE COMMITTEE TO CHAGRARIANCOMMONSACROSSTHE COUNTRY.	RARIAN COMMONS	00.
	TO ACQUIRE FARMLAND TO PROTECT IT FOR AGRICULTURAL US		2
	ACCESS, TENURE, AND EQUITY TO NEXT-GENERATION FARMERS		_
4b		(Revenue \$	
	FAITHLANDS - THIS YEAR THE FAITHLANDS INITIATIVE INCL		
	OUTREACH THROUGH OUR EXISTING WEBSITE CONTENT AND OTH	ERWISE WAS ON	
	HIATUS.		
4c	(Code:) (Expenses \$ including grants of \$)	(Revenue \$	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses516,868.		
		Form 990	J (2022
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 Form 990 (2022)
 AGRARIAN
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 Part IV
 Checklist of Required Schedules
 Checklist
 Checklist

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
••	as applicable.			
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
a		11a	х	
h	Part VI			
U		11b		x
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
h	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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			
a		444		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		x
	Schedule D, Parts XI and XII	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	10		v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	120		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
<i>.</i> -	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
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			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X 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 X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	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		<u> </u>
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
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Par	t IV Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05		v
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	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? <i>If</i> "Yes," <i>complete</i>			
		25h		x
6	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
7	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		x
8	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 X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			77
_	Schedule N, Part II	32		X
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	04		v
E o	Part V, line 1	34 35a		X X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	358		
D		35b		
6	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	000		
	If "Yes," complete Schedule R, Part V, line 2	36		x
	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
8	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	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 40	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		L
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				M.	N.
20	Enter the number of employees reported on Form $W/2$. Transmittel of W/a and Tay Statements		l		Yes	No
Za	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	13			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax return	· · · ·		2b	х	
3a				<u>3a</u>		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ſ			
	financial account in a foreign country (such as a bank account, securities account, or other financial a			4a		Х
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 Ad	ccounts (FBA	NR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		r	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			•		v
	any contributions that were not tax deductible as charitable contributions?			6a		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribution upon a statement that such contribution			Ch.		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			6b		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided	to the navor?	7a		х
				7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	ns required		10		
•	to file Form 8282?	lo roquirou		7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as r	equired?	7g	N/	A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a For	m 1098-C?	7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the				
	sponsoring organization have excess business holdings at any time during the year?		N/A	8		
9	Sponsoring organizations maintaining donor advised funds.					
а			N/A	9a		
b			N/A	9b		
10	Section 501(c)(7) organizations. Enter:					
a b	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b				
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders N/A	11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against					
-	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
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?		N/A	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				
	Enter the amount of reserves on hand	13c				v
14a				14a		<u>X</u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year?			15		х
	excess parachute payment(s) during the year?			15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?		16		х
	If "Yes," complete Form 4720, Schedule O.			10		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities				
-	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		N/A	17		
	If "Yes," complete Form 6069.					
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Form 990	(2022)
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AGRARIAN LAND TRUST

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	
Check if Schedule O contains a response of hote to any line in this Part Vi	

X

Sec	tion A. Governing Body and Management					
10	Enter the number of voting members of the governing body at the and of the tax voer	10	.	4	Yes	No
id	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	· · · ·	-		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the					
				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9					X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	tockho	lders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		0			
а	The governing body?			8a	X	
b	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 read					<u>-</u> -
<u></u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	No X
	Did the organization have local chapters, branches, or affiliates?			10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	•		101		
			ra filing the form 0	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body. Describe on Schedule O the process, if any, used by the organization to review this Form 990.	y belo		11a		
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		x
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12a		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "			120		
U	on Schedule O how this was done	,		12c		
13	Did the organization have a written whistleblower policy?			13		x
14	Did the organization have a written document retention and destruction policy?			14		x
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,				
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		X
	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 arrangem	nent v	vith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	te its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization	ı's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed <u>CA</u>					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990)-T (section 501(c)(3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict	of interest policy, ar	nd finar	icial	
	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 boo $\Pi \Pi \Pi = \Pi \Pi$	oks an	a records			
	<u>THE CHARITY CFO - (314) 390-0220</u> 1310 PAPIN ST., ST. LOUIS, MO 63103					
00000				Earr	n 990	(2000
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	ompensated	
-	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		
• List a	ete this table for all persons required to be listed. Report compensation for the calendar year ending Il of the organization's current officers, directors, trustees (whether individuals or organizations), rec columns (D), (E), and (F) if no compensation was paid.	9	,

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Page **7**

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

AGRARIAN LAND TRUST

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

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

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

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

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

(A) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			than o s both	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) IAN MCSWEENEY	40.00									
DIRECTOR				Х				79,086.	0.	0.
(2) ZOEY FINK	2.00									
SECRETARY		Х		Х				0.	0.	0.
(3) SEVERINE VT FLEMING	5.00									
CHAIR		Х		Х				0.	0.	0.
(4) ALEX JENSEN	2.00									_
TREASURER		Х		X				0.	0.	0.
		-								
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	n 990 (2022) AGRARIAN LAND TRUST 47-5508054 Page 8									8		
Par	art VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
	(A) Name and title	(B) Average hours per week	Average hours per (do n box, u			(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
		(list any horns tou related ordiauitational trustee pelow line) Inter Pormer Po				Highest com pensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations		
							-					_
												_
												_
												_
									70.000			
с	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	, Section A							79,086. 0. 79,086.	0 0 0	. 0	•
2	Total number of individuals (including but n compensation from the organization										-	0
3	Did the organization list any former officer,	director, truste	e, k	key e	mpl	oye	e, or	hig	hest compensated emp	loyee on	Yes No	
4	line 1a? If "Yes," complete Schedule J for se For any individual listed on line 1a, is the su	m of reportable	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization	3 X	
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	ccrue compen	sati	on fr	om	any	unre	late	ed organization or individ	dual for services	4 X 5 X	
Sec	rendered to the organization? <i>If</i> "Yes." com tion B. Independent Contractors	plete Schedule	JTO	or sl	icn į	bers	on .				5 21	_
1	Complete this table for your five highest con the organization. Report compensation for t	•	•							•	ation from	
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	(C) Compensation	
												_
2	Total number of independent contractors (ir \$100,000 of compensation from the organized states and the organized states a	0	ot lin	nitec	to	thos (ted	above) who received mo	ore than		
	· · · · · · · · · · · · · · · · · · ·										Form 990 (2022	2)

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Pai	rt VIII	Statement of Rev	/enue						
		Check if Schedule O c	ontains a respo	onse or	note to any line		(5)	(<u>)</u>	
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d f f <u>g</u> h	Fundraising events	1b 1c 1d butions) 1e grants, and above 1f ines 1a-1f 1g \$	8 \$	10,530. 81,239. Business Code	891,769.			sections 512 - 514
Bev	d								
Pro	e f	All other program service r	evenue						
		Total. Add lines 2a-2f							
	3 4	Investment income (includ other similar amounts)	ing dividends, ir f tax-exempt bo	nterest ond pro	, and	687.			687.
	5	Royalties	(i) Real		(ii) Personal				
	6 a b c	Gross rents 6a Less: rental expenses 6b							
	7 a	Gross amount from sales of assets other than inventory	(i) Securit	lies	(ii) Other				
ne	b	Less: cost or other basis	7b						
Revenue		()	7c						
Other Re		Net gain or (loss) Gross income from fundraisin including \$ contributions reported on I Part IV, line 18	g events (not of line 1c). See						
	b	Less: direct expenses		8b					
		Net income or (loss) from f							
	9 a	Gross income from gaming							
	h	Part IV, line 19 Less: direct expenses		9a 9b					
		Net income or (loss) from g							
		Gross sales of inventory, le							
		and allowances			4,000.				
		Less: cost of goods sold		10b	0.	4 000	4 000		
	с	Net income or (loss) from s	sales of inventor		Business Code	4,000.	4,000.		
Miscellaneous Revenue	11 a b	OTHER REVENUE			900099	5,188.			5,188.
ella evei	c								
Misc	d	All other revenue							
2	е	Total. Add lines 11a-11d				5,188.	4 000		E 075
	12	Total revenue. See instruction	ns			901,644.	4,000.	0.	5,875. Form 990 (2022)

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Check here

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educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

orm Pa i	AGRARIAN LAN			47-55	08054 Page 1
_	ion 501(c)(3) and 501(c)(4) organizations must complete		r organizations must con	nplete column (A).	
	Check if Schedule O contains a respons	e or note to any line in t	his Part IX		X
Го Г	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,904.	3,904.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors,				
-	trustees, and key employees	79,086.	46,771.	22,011.	10,304
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	persons described in section 4958(c)(3)(B) Other salaries and wages	295,740.	174,899.	82,308.	38,533
8	Pension plan accruals and contributions (include	25577100	1/1/0550	02/5001	
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	1,224.	724.	341.	159
0	Payroll taxes	33,224.	19,685.	9,018.	4,521
1	Fees for services (nonemployees):				
а	Management				
b		31,578.	30,680.	898.	
	• • • • • • • • • • • • • • • • • • •	21,150.		21,150.	
	Lobbying				
e f	Professional fundraising services. See Part IV, line 17 Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch O.)	139,300.	134,051.	4,679.	570
2	Advertising and promotion	23,946.	14,213.	9,733.	
3	Office expenses	34,629.	6,197.	28,212.	220
4	Information technology	9,298.	201.	9,097.	
5	Royalties	00 44 5	1	10.001	
6		28,417.	17,693.	10,301.	423
7		12,164.	6,794.	4,792.	578
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
9 0	Interest	8,900.		8,900.	
1	Payments to affiliates	· · · ·		·	
2	Depreciation, depletion, and amortization	10,161.	6,009.	2,828.	1,324
3	Insurance	9,899.	5,854.	2,755.	1,290
1	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	TAXES & LICENSES	71,187.	30,177.	41,010.	
b	EVENT EXPENSES	9,600.	9,600.		
С	REPAIRS AND MAINTENANCE	6,519.	6,519.		
d	PAYROLL SERVICE FEES	5,004.	2 0 0 7	5,004.	2 400
	All other expenses	10,489. 845,419.	2,897. 516,868.	<u>5,100.</u> 268,137.	<u>2,492</u> 60,414
5 e	Total functional expenses. Add lines 1 through 24e	045,419.	JI0,000.	200,13/.	00,414
6	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

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Form 990 (2022)

AGRARIAN LAND TRUST Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of ye 1 Cash - non-interest-bearing 708,8	ear 317.1 2	(B) End of year 337,541.
	2	337 5/1
2 Savings and temporary cash investments		
3 Pledges and grants receivable, net	3	
4 Accounts receivable, net	4	4,858.
5 Loans and other receivables from any current or former officer, director,		
trustee, key employee, creator or founder, substantial contributor, or 35%		
controlled entity or family member of any of these persons	5	
6 Loans and other receivables from other disqualified persons (as defined		
under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	6	
	7	
7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prenaid expenses and deferred charges 10.7	8	
9 Prepaid expenses and deferred charges 10, 7	714. 9	19,040.
10a Land, buildings, and equipment: cost or other		
basis. Complete Part VI of Schedule D10a3,242,631.b Less: accumulated depreciation10b24,957.2,708,8		
b Less: accumulated depreciation	353. 10c	3,217,674.
11 Investments - publicly traded securities	11	
12 Investments - other securities. See Part IV, line 11	12	
13 Investments - program-related. See Part IV, line 11	13	
14 Intangible assets	14	
	928. 15	4,434.
16 Total assets. Add lines 1 through 15 (must equal line 33)		3,583,547.
17 Accounts payable and accrued expenses 4,1	134. <u>17</u>	29,783.
18 Grants payable	18	
19 Deferred revenue	19	
20 Tax-exempt bond liabilities	20	
21 Escrow or custodial account liability. Complete Part IV of Schedule D	21	
22 Loans and other payables to any current or former officer, director,		
 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured motocage and pates peychle to unrelated third parties 		
controlled entity or family member of any of these persons	22	150,400
23 Secured mongages and notes payable to unrelated third parties		152,400.
24 Unsecured notes and loans payable to unrelated third parties	24	
25 Other liabilities (including federal income tax, payables to related third		
parties, and other liabilities not included on lines 17-24). Complete Part X		
of Schedule D	25	100 100
26 Total liabilities. Add lines 17 through 25 124, 1	134. 26	182,183.
Organizations that follow FASB ASC 958, check here		
ö g Eand complete lines 27, 28, 32, and 33.E E27Net assets without donor restrictions3, 309, 1	178 07	2 572 504
E 27 Net assets without donor restrictions 3,309,1	178. 27 28	2,572,504. 828,860.
28 Net assets with donor restrictions	20	020,000.
Organizations that do not follow FASB ASC 958, check here		
and complete lines 29 through 33. b g 29 Capital stock or trust principal, or current funds	29	
g 30 Paid-in or capital surplus, or land, building, or equipment fund	30	<u> </u>
and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances	31	
32 Total net assets or fund balances 3,309,1		3,401,364.
33 Total liabilities and net assets/fund balances		3,583,547.

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Form **990** (2022)

Form	990 (2022) AGRARIAN LAND TRUST	47-550	8054	Pad	_{ae} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	901	.,64	44.
2	Total expenses (must equal Part IX, column (A), line 25)	2	845	5,4	19.
3	Revenue less expenses. Subtract line 2 from line 1	3	56	5,22	25.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,309),1'	78.
5	Net unrealized gains (losses) on investments	5		-4	94.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	36	5,4	55.
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	<u>3,401</u>	.,3	64.
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	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	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 requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	·····	3b	000	<u> </u>

Form **990** (2022)