

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print 46-0457858 NORTHERN PRAIRIES LAND TRUST File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 200 E 10TH ST, 202 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions 57104 SIOUX FALLS, SD Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) STEVEN W. SANFORD The books are in the care of ► 200 E. 10TH STREET, SUITE 202 - SIOUX FALLS, SD 57104 Telephone No. ► 605-336-0828 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. JULY 15, 2024 _____, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or $\underline{\hspace{0.5cm}}$, and ending $\underline{\hspace{0.5cm}}$ AUG $\hspace{0.5cm}$ 31 , $\hspace{0.5cm}$ 2023 ► X tax year beginning SEP 1, 2022 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

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

Form 8868 (Rev. 1-2022)

PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Open to Public

OMB No. 1545-0047

Department of the Treasury

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

2023 A For the 2022 calendar year, or tax year beginning SEP 2022 and ending AUG Check if applicable C Name of organization D Employer identification number Address change NORTHERN PRAIRIES LAND TRUST Name change 46-0457858 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 200 E 10TH ST 605-339-3184 202 563,527. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended SIOUX FALLS, SD 57104 H(a) Is this a group return return
Application
pending F Name and address of principal officer: STEVEN W. SANFORD Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions WWW.NORTHERNPRAIRIES.ORG H(c) Group exemption number **K** Form of organization: X Corporation Other Year of formation: 2000 **M** State of legal domicile: SD Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: WORKING WITH INDIVIDUALS AND **Activities & Governance** ORGANIZATIONS TO OBTAIN VOLUNTARY LAND CONSERVATION AGREEMENTS. 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 6 Number of independent voting members of the governing body (Part VI, line 1b) 4 8 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 8 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 7,330. 45,025. Contributions and grants (Part VIII, line 1h) 8 426,394. 497,029. Program service revenue (Part VIII, line 2g) 102. 10,580. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 4,600. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 10,893. 11 438,426. 563,527. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 428,841. 475,146. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 59,837. 69,799. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 488,678.544,945. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -50,252. 18,582. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 400,136. 412,239. Total assets (Part X, line 16) 16,054. 13,474 21 Total liabilities (Part X, line 26) 三年 384,082. 398,765 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 12/22/23 /s/ Steven W. Sanford Signature of officer Date Sign STEVEN W. SANFORD, PRESIDENT Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature 12/22/23 P00851848 LAURIE HANSON, CPA LAURIE HANSON, CPA Paid self-employed Firm's name EIDE BAILLY LLP Firm's EIN 45-0250958 Preparer Firm's address 345 N. REID PL., STE. 400 Use Only Phone no. 605-339-1999 SIOUX FALLS, SD 57103-7034 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

	Chack if School to Cooptains a vacanance as note to any line in this Bost III	
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	
•	NORTHERN PRAIRIES LAND TRUST ASSISTS PRIVATE, CONSERVATION-MINDE	D
	LANDOWNERS IN ACHIEVING THEIR CONSERVATION GOALS, AND ENCOURAGES	
	LAND-USE DECISIONS THAT ARE CONSISTENT WITH SURVIVAL AND SUSTENA	NCE OF
	THE NORTHERN PRAIRIES ECOSYSTEM.	
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 ex	oenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expe	nses, and
	revenue, if any, for each program service reported.	·
4a		507,922. ₎
	PROMOTION OF LAND PRESERVATION THROUGH WORKING WITH INDIVIDUALS A	AND
	ORGANIZATIONS TO OBTAIN VOLUNTARY LAND CONSERVATION AGREEMENTS.	
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
	Other program convices (Describe on Schodule O.)	
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$	
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 488,045.	1
-10	Total program out 100 orporation	Form 990 (2022)

Page 3

Form 990 (2022) NORTHERN PRAIRIES LAND TRUST 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_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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			
	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,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	<u> </u>
	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			l
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			,,
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			1 37
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	146		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		 ^ `
13	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	13		
.0	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	٠.٠		
••	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	_ _		<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	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		Х

Form 990 (2022) NORTHERN PRAIRIES LAND TRUST
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			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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		
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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
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		X
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			v
	"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		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	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?			
07	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			х
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	30		
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
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	l

Form 990 (2022) NORTHERN PRAIRIES LAND TRUST

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

			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		37	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4.		x
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
D	If "Yes," enter the name of the foreign country See instructions for filing requirements for Fig.CFN Form 114. Beneat of Foreign Bank and Figure 1940 Associate (FRAR)			
5 0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
oa	any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Ou		
~	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
	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		Х
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		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
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			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 Consequence in the shoulded on Forms 2000 Part VIII, line 10 for multilinear of the familiary and th			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
b	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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
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	4-		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form 990 (2022) NORTHERN PRAIRIES LAND TRUST 46-0457858 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response Page 6

	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		T	
	1 1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	4		
	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	4		
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			٠,,
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			.,
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	l		₩.
_	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		Х	
	The governing body?	8a		v
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 reached at the			х
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Λ
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes." <i>describe</i>			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	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			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedNONE			
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)	availal	ole
	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, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	STEVEN W. SANFORD - 605-336-0828			
	200 E. 10TH STREET, SUITE 202, SIOUX FALLS, SD 57104			

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week	(do not check box, unless p			Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an			(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations		
(1) TRAVIS ENTENMAN BOARD MEMBER EXECUTIVE DIRECTOR	25.00	х		Х				75,598.	0.	0.		
(2) STEVEN W. SANFORD	5.00							7373300	0.1			
BOARD MEMBER, PRESIDENT/TREASURER		Х		х				0.	0.	0.		
(3) GREGG GREENFIELD	1.00								_	_		
BOARD MEMBER, VICE PRESIDENT		Х		Х				0.	0.	0.		
(4) JAMES ROGERS	1.00								•	•		
BOARD MEMBER, SECRETARY	1 00	Х		Х				0.	0.	0.		
(5) RYAN DONOVAN BOARD MEMBER, VICE PRESIDENT	1.00	Х		х				0.	0.	0.		
(6) ROSS WRIGHT	1.00								<u> </u>			
BOARD MEMBER		Х						0.	0.	0.		
(7) BRIAN MEIERS	1.00											
BOARD MEMBER		Х						0.	0.	0.		
		-										
		-										

232007 12-13-22 Form **990** (2022)

Pai	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	d Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)			_ (0				(D)	(E)			(F)	
	Name and title	Average	(do		Pos heck		າ than ເ	one	Reportable	Reportable		Es	stimate	ed
		hours per	box	, unle	ss per	rson i	is both	n an	compensation	compensatio	n	ar	nount	of
		week		Cerar	ia a a	recio	or/trus	iee)	from	from related	- 1		other	
		(list any	recto						the	organizations			pensa	
		hours for related	or di	9			ated		organization	(W-2/1099-MIS				
		organizations	ustee	trust		96	ubeus		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organizatior and related			
		below	dual tr	tional	١.	yoldı	st con	_	1033-1120)				anizati	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				o.g.	annean	0110
			_	_		×	1							
			•											
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									75 500		$\overline{}$			
1b	Subtotal								75,598.		0.			0.
С	Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
d	Total (add lines 1b and 1c)								75,598.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable)			•
	compensation from the organization													0
											,		Yes	No
3	Did the organization list any former officer,	director, truste	ee, k	кеу е	empl	oye	e, or	hig	hest compensated emp	loyee on				
	line 1a? If "Yes," complete Schedule J for se											3		X
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	Jf	or such individual			4		X
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes," com	plete Schedule	e J f	or su	ıch <u>ı</u>	oers	on				<u></u>	5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest con	mpensated ind	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	ensat	tion fro	om	
	the organization. Report compensation for t	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
	(A)								(B)			(0		
	Name and business	address	N	INC	3				Description of s	ervices	C	ompe	nsatio	n
								\sqcap						
2	Total number of independent contractors (in	ncludina but na	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than				
_	\$100,000 of compensation from the organization					(-	,					

46-0457858

Form 990 (2022) NORTHER
Part VIII Statement of Revenue

		Check if Schedule O contains a response	e or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					lunction revenue	business revenue	sections 512 - 514
S S	1 a	Federated campaigns 1a					
au au							
⊋ ह		Fundraising events 1c					
ifts Ir A		Related organizations 1d					
nii G		Government grants (contributions) 1e	8,600.				
Sir		All other contributions, gifts, grants, and	•				
le it	•	similar amounts not included above 1f	36,425.				
ᅙ럁	g						
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f		45,025.			
			Business Code	, , ,			
o o	2 a	FEE FOR SERVICE	900099	497,029.	497,029.		
ķ	b						
Ser	c						
E S	d						
gra Re	۰ و						
Program Service Revenue	f	All other program service revenue					
		Total. Add lines 2a-2f		497,029.			
	3	Investment income (including dividends, inter					
	_	other similar amounts)		7,867.			7,867.
	4	Income from investment of tax-exempt bond		,			,
	5	Royalties	•				
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 2,713					
	b	Less: cost or other basis					
ē		and sales expenses 7b 0					
Revenue	С	Gain or (loss) 7c 2,713					
Je.		Net gain or (loss)	•	2,713.			2,713.
ther		Gross income from fundraising events (not		,			,
퉏	-	including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	a				
	b	Less: direct expenses 8					
		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
		Part IV, line 19	а				
	b	Less: direct expenses 9					
		Net income or (loss) from gaming activities_					
	10 a	Gross sales of inventory, less returns					
		and allowances 10)a				
	b	Less: cost of goods sold10)b				
	С	Net income or (loss) from sales of inventory					
ω			Business Code				
o o	11 a						
Miscellaneous Revenue	b						
Sell	С						
Alis	d	All other revenue	900099	10,893.	10,893.		
	е	Total. Add lines 11a-11d		10,893.			
	12	Total revenue. See instructions		563,527.	507,922.	0.	10,580.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 77,746. 77,746. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 353,608. 353,608. Other salaries and wages 7 Pension plan accruals and contributions (include 10,650. 10,650. section 401(k) and 403(b) employer contributions) Other employee benefits 9 33,142. 33,142. 10 Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 19,278. 1,353. 17,925. Office expenses 13 3,377. 2,359. 1,018. Information technology 14 15 Royalties 14,233. 14,233. 16 Occupancy 4,456. 4,456. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 6,394. 2,887. 3,507. Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 Depreciation, depletion, and amortization 22 11,679. 11,679. 23 Other expenses. Itemize expenses not covered 24 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 O.) 6,300. 6,300. PROJECT EXPENSE DUES 4,082. 4,082. С d All other expenses 544,945. 488,045. 56,900. 0. Total functional expenses. Add lines 1 through 24e 25 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)
Part X Balance Sheet

Pai	<u> t X</u>	Balance Sheet					
		Check if Schedule O contains a response or	note to any li	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			174,730.	1	176,720.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			14,641.	3	13,044.
	4	Accounts receivable, net	50,765.	4	56,282.		
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	tributor, or 35%				
		controlled entity or family member of any of		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri	bed in section	n 4958(c)(3)(B)		6	
ιχ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	24,239.			
	b	Less: accumulated depreciation		24,239.	0.	10c	0.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			160,000.	15	166,193.
	16	Total assets. Add lines 1 through 15 (must e			400,136.	16	412,239.
	17	Accounts payable and accrued expenses			16,054.	17	13,474.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple			21		
S	22	Loans and other payables to any current or f	ormer officer,	director,			
Liabilities		trustee, key employee, creator or founder, su	ıbstantial con	tributor, or 35%			
iabi		controlled entity or family member of any of	hese persons	s		22	
	23	Secured mortgages and notes payable to un	related third p	oarties		23	
	24	Unsecured notes and loans payable to unrela	ated third par	ties		24	
	25	Other liabilities (including federal income tax	payables to	related third			
		parties, and other liabilities not included on li	nes 17-24). C	complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			16,054.	26	13,474.
"		Organizations that follow FASB ASC 958,	check here	X			
Ses		and complete lines 27, 28, 32, and 33.			224 222		222 757
lan	27	Net assets without donor restrictions			384,082.	27	398,765.
Ba	28	Net assets with donor restrictions				28	
ů		Organizations that do not follow FASB AS	C 958, check	here			
Ē		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fur				29	
Sel	30	Paid-in or capital surplus, or land, building, o				30	
tΑ	31	Retained earnings, endowment, accumulated			204 222	31	200 565
S	32	Total net assets or fund balances			384,082.	32	398,765.
	33	Total liabilities and net assets/fund balances			400,136.	33	412,239.

Form **990** (2022)

Form	990 (2022) NORTHERN PRAIRIES LAND TRUST	46-	0457858	Pad	_{qe} 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	563		
2	Total expenses (must equal Part IX, column (A), line 25)	2	544	, 9	45.
3	Revenue less expenses. Subtract line 2 from line 1	3	18	, 5	82.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	384	, 0	82.
5	Net unrealized gains (losses) on investments	5	- 3	, 8	99.
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	398	, 7	65.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			1
	review, or compilation of its financial statements and selection of an independent accountant?		2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule 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		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		1

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.

Attach to Form 990 or Form 990-EZ.

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

ZUZZ

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization NORTHERN PRAIRIES LAND TRUST 46-0457858 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 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.")	52,260.	85,730.	67,621.	7,330.	55,025.	267,966.
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	52,260.	85,730.	67,621.	7,330.	55,025.	267,966.
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)						
	Public support. Subtract line 5 from line 4.						267,966.
Sec	tion B. Total Support		_				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	52,260.	85,730.	67,621.	7,330.	55,025.	267,966.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	729.	1,803.	129.	102.	7,867.	10,630.
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.)				4,600.	10,893.	15,493.
11	Total support. Add lines 7 through 10						294,089.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12 2	,232,307.
13	First 5 years. If the Form 990 is for the	•				. , . ,	
_	organization, check this box and stor						
	ction C. Computation of Publi						01 10
	Public support percentage for 2022 (I					14	91.12 %
	Public support percentage from 2021					15	96.59 %
16a	33 1/3% support test - 2022. If the c						
	stop here. The organization qualifies						
D	33 1/3% support test - 2021. If the condition have						
17~	and stop here. The organization qual						
1/a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact- meets the facts-and-circumstances te					_	
L	10% -facts-and-circumstances test	•	•			7a and line 15 is:	
ú	more, and if the organization meets the	-					10/0 UI
	organization meets the facts-and-circu				-		
10	Private foundation. If the organization		-	•			
18	i iivate iouiidatioii. Ii tile organizatio	in alla fiot crieck a l	50 A OIT III 16 13, 10a	i, 100, 17a, 01 170	, oriect trile box al	ia see iristructions	·

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	ļ					
	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	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses	ļ					
	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						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	year as a section 5	01(c)(3) organization	on,
	ction C. Computation of Publi						
	Public support percentage for 2022 (I			olumn (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves					T .= I	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from			Para et 4		0.1/00/	%
19a	33 1/3% support tests - 2022. If the						/ is not
-	more than 33 1/3%, check this box ar						L
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, 19a	a, or 19b, check th	ns box and see ins	tructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Vss	N-
		Yes	No
	1		
	2		
	3a		
	3b		
	3c		
	4a		
	4b		
	TU		
	4c		
	5a		
	5b 5c		
	JC		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
مارر	10b A (Forn	n gan	2022
uie	- A (FUIT	いっつつい	24//

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described on line 11a above?	11b		
С	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part \	11 how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	super	vised, or controlled the supporting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
Sac-	the su	pported organization(s). D. All Type III Supporting Organizations	1		
Sec	LIOIT L	5. All Type III Supporting Organizations			l
_	D: Lu			Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	-	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	•	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
2	-	ization's governing documents in effect on the date of notification, to the extent not previously provided?	_		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
3	,	ganization maintained a close and continuous working relationship with the supported organization(s). ason of the relationship described on line 2, above, did the organization's supported organizations have a			
Ū	•	cant voice in the organization's investment policies and in directing the use of the organization's			
	•	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec	tion E	Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s).	
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported 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 ti	he organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
b		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one o	r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part \	Ithe reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
а		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did th	e 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.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ing Organ	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
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		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting orga	nization (see

Schedule A (Form 990) 2022

instructions).

Schedule A (Form 990) 2022

e Excess from 2022

Part 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)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization Employer identification number NORTHERN PRAIRIES LAND TRUST 46-0457858

Organization type (check one):

Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or ny one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a)(contributor, duri	X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
contributor, duri literary, or educa	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ng the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, ational 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.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year\$						
answer "No" on Part IV, li	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must ne 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify ling 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)

Name of organization Employer identification number

NORTHERN PRAIRIES LAND TRUST

46-0457858

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1		\$5,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2		\$5,000	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3		\$20,000.	Person X Payroll			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions - \$	Person Payroll Complete Part II for noncash contributions.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
			Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
			Person Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization Employer identification number

NORTHERN PRAIRIES LAND TRUST

46-0457858

Part II	Noncash Property (see instructions). Use duplicate copies of Part 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		
		\$			

Name of organization Employer identification number

	ERN PRAIRIES LAND TRUST		46-0457858
rt III	Exclusively religious, charitable, etc., contribut	ions to organizations described in sec	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,) through (e) and the following line entry	/. For organizations
	Use duplicate copies of Part III if additional	space is needed.	of the year. (Effect this line, office.)
No.			
No. om	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
rt I			
H		(a) Tools of all (a)	I
		(e) Transfer of gift	
L	Transferee's name, address, a	ind ZIP + 4	Relationship of transferor to transferee
No. om	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
rt I	(b) Purpose or gift	(c) use of gift	(a) Description of now gift is field
Ļ			
		(e) Transfer of gift	
		-	
	Transferee's name, address, a	and ZID + 4	Relationship of transferor to transferee
-	Transieree's name, address, a	IIIU ZIF + 4	Helationship of transferor to transferee
No. om			
rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
111			
		•	•
F		(a) Transfer of gift	
-		(e) Transfer of gift	
-		.,	
	Transferee's name, address, a	.,	Relationship of transferor to transferee
	Transferee's name, address, a	.,	
	Transferee's name, address, a	.,	
-	Transferee's name, address, a	.,	
-	Transferee's name, address, a	.,	
-	Transferee's name, address, a	.,	
No.		and ZIP + 4	Relationship of transferor to transferee
No. m	Transferee's name, address, a	.,	
No.		and ZIP + 4	Relationship of transferor to transferee
No.		and ZIP + 4	Relationship of transferor to transferee
No. om rt I		and ZIP + 4	Relationship of transferor to transferee
No. m t I		and ZIP + 4	Relationship of transferor to transferee
No. om rt I		(c) Use of gift	(d) Description of how gift is held
No.		and ZIP + 4	(d) Description of how gift is held
No. m tl		(c) Use of gift	(d) Description of how gift is held
No. m t I		(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held

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

NORTHERN PRAIRIES LAND TRUST

Employer identification number 46-0457858

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin		er Similar Funds	or Accour	nts. Complete if the
	organization answered Tes on Form 556, Fart IV, III		dvised funds	(b) Fur	nds 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 v		ts held in donor advi	sed funds	
	are the organization's property, subject to the organization's	-			Yes No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor of				
	impermissible private benefit?				
Pai	t II Conservation Easements. Complete if the org	ganization answered	"Yes" on Form 990,	Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization	on (check all that ap	ply).		
	X Preservation of land for public use (for example, recreated	tion or education)	X Preservation	of a historically	important land area
	Yrotection of natural habitat		Preservation of	of a certified hi	storic structure
	X Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation co	ntribution in the form	of a conserva	
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			2a	37
b	-				7,332.00
С	Number of conservation easements on a certified historic stru			2c	
d	Number of conservation easements included in (c) acquired a				
	historic structure listed in the National Register				
3	Number of conservation easements modified, transferred, rele	eased, extinguished	, or terminated by th	e organization	during the tax
	year		2		
4	Number of states where property subject to conservation eas			-	
5	Does the organization have a written policy regarding the per				X Yes No
•	violations, and enforcement of the conservation easements it		o and antaraina con		
6	Staff and volunteer hours devoted to monitoring, inspecting, 8 3	nandling of violation	is, and emorcing cor	iservation ease	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violetions, on	d onforcing concer	ation accomon	to during the year
′	7,006.	alling of violations, an	d emorcing conserv	ation easemen	its during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the require	ments of section 170	(h)(4)(B)(i)	
Ü	and section 170(h)(4)(B)(ii)?	•			X Yes No
9	In Part XIII, describe how the organization reports conservation				······· — —
Ū	balance sheet, and include, if applicable, the text of the footn				
	organization's accounting for conservation easements.	ioto to trio organizat		ionio inal doo	
Pai	t III Organizations Maintaining Collections of	Art, Historical	Treasures, or O	ther Simila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its	revenue statement	and balance s	heet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, educa	ation, or research in f	urtherance of	public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that	describes these iter	ns.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its rev	enue statement and	balance sheet	t works of
	art, historical treasures, or other similar assets held for public	exhibition, education	on, or research in fur	herance of pu	blic 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 treat	asures, or other simi	lar assets for financi	al gain, provide	e
	the following amounts required to be reported under FASB A	SC 958 relating to the	nese items:		
а	Revenue included on Form 990, Part VIII, line 1				\$
b	Assets included in Form 990, Part X				\$

	t III Organizations Maintaining C	ollections of Art			Other S		ets (cont		age Z
3	Using the organization's acquisition, accession							<u>nueu)</u>	
Ü	collection items (check all that apply):	on, and other records	s, criccit arry or the	ionowing that	make sign	moant asc of	113		
а	Public exhibition	d	I Dan or evo	change progra	ım				
b	Scholarly research	e		nange progra	1111				
C	Preservation for future generations	C	Other						
4	Provide a description of the organization's co	lloctions and ovalair	how thoy further th	o organizatio	n'e ovomn	t nurnoso in E	Part VIII		
							art Alli.		
5	During the year, did the organization solicit o						Yes		٦ ٨١٥
Par	to be sold to raise funds rather than to be material Escrow and Custodial Arrangement								_ No
ı aı	reported an amount on Form 990, Par		ete ii trie organizatio	n answered	res on Fo	omi 990, Pari	iv, line 9, o	ı	
	<u> </u>		ion, for contribution	0 0x 0th0x 000	oto not inc	ludad			
та	Is the organization an agent, trustee, custodi		•						٦ ٨
	on Form 990, Part X?						Yes		_ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:				Amoun		
							Amour	<u>п</u>	
	Beginning balance					1c			
	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on Fo				•	?	Yes	느	_ No
	If "Yes," explain the arrangement in Part XIII.							<u>. L</u>	
Par	t V Endowment Funds. Complete i		swered "Yes" on Fo						
		(a) Current year	(b) Prior year	(c) Two year	s back (d) Three years b	ack (e) Fou	ır years	back
1a	Beginning of year balance								
	Contributions		160,000.						
	Net investment earnings, gains, and losses	6,193.							
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g g	End of year balance	6,193.	160,000.						
2	Provide the estimated percentage of the curr	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·)) held se.	I				
	Board designated or quasi-endowment	3.7300	%)) Held as.					
a	Permanent endowment 96.2700	%							
С									
	The percentages on lines 2a, 2b, and 2c short	•							
За	Are there endowment funds not in the posses	ssion of the organiza	ition that are held a	nd administer	ed for the			V	
	organization by:							Yes	No
	(i) Unrelated organizations						3a(i)		L
	(ii) Related organizations						3a(ii)	4	X
b	If "Yes" on line 3a(ii), are the related organiza						3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.						
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990	, Part X, lin	e 10.			
	Description of property	(a) Cost or o basis (investn	` '	t or other (other)		umulated eciation	(d) Boo	ok valu	е
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment		2	4,239.	2	24,239.			0.
	Other			•	<u> </u>				
	. Add lines 1a through 1e. (Column (d) must e		X column (R) line 1	0c)					0.
<u> </u>	ioolainii jajiinaste	quair onn 330, i ail	<u>r, colamii (D), iiile 1</u>	· · · · · · · · · · · · · · · · · · ·					

Schedule D (Form 990) 2022

	AIRIES LAND T	RUST 46	-0457858 Page
Part VII Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990 Part IV line	11h See Form 990 Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	5 000 B 1 1 1 1 1	44 0 5 000 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Complete if the organization answered "Yes"			d - 6
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u> (8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	I		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) BENEFICIAL INTEREST IN AS	SETS HELD BY C	COMMUNITY	
(2) FOUNDATIONS			166,193
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		166,193
Part X Other Liabilities.	5 000 B 1 1 1 1 1 1	44 44 0 E 000 B 1 V II 05	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	•
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			1
(4)			
<u>(5)</u> (6)			
(~)			i .

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

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

(7) (8) (9)

Par	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total revenue, gains, and other support per audited financial statements		. 1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b		_		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b		4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		. 5		
Pal	rt XII Reconciliation of Expenses per Audited Financial State	•	Return.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1				
1	Total expenses and losses per audited financial statements		1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1			
a	Donated services and use of facilities		_		
b	Prior year adjustments		_		
С.	Other losses		-		
d	, , , , , , , , , , , , , , , , , , , ,				
e	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	45			
a	Investment expenses not included on Form 990, Part VIII, line 7b				
	Other (Describe in Part XIII.) Add lines 4a and 4b		40		
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		4c 5		
	rt XIII Supplemental Information.		. 3		
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV lines 1h and 2h: Part V line	4· Part X line 2· Part XI		
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a		5 +, 1 art X, 1110 2, 1 art XI,		
	Za ana 18, ana Farezai, intee Za ana 18.7 iloo complete tino part to provide any a				
PAF	RT II, LINE 5:				
	,				
NOF	RTHERN PRAIRIES HAS A FORMAL MONITORING P	OLICY. EASEMENTS	ARE		
MON	NITORED AT LEAST YEARLY TO ASSURE COMPLIA	NCE WITH TERMS OF	' THE		
COL	NSERVATION EASEMENT, AND THERE ARE EXTENS	IVE PROVISIONS IN	THE EASEMENT		
DOC	CUMENT WITH BROAD AUTHORITY ON MONITORING	, RESPONSE TO VIO	LATIONS AND		
ENI	FORCEMENT.				
PAF	RT II, LINE 9:				
AL'	THOUGH CONSERVATION EASEMENTS ARE REAL PRO	OPERTY RIGHTS, TH	EY POSSESS		
_					
LI'	TTLE OR NO MARKET VALUE DUE TO A RESALE M	ARKET THAT IS ESS	ENTIALLY		
Γ_{II}	ITED TO THE OWNER OF THE FEE TITLE OF THE	E RESTRICTED PROP	EKTY. BECAUSE		
~-	MUTG I TATMED ANDREM 1300 DOG TO THE CO. T.				
OŁ.	THIS LIMITED MARKET AND DUE TO THE OBLIGA	ALTON TNHEKENT IN	I EASEMENT		

Schedule D (Form 990) 2022 NORTHERN PRAIRIES LAND TRUST	46-0457858	Page 5
Schedule D (Form 990) 2022 NORTHERN PRAIRIES LAND TRUST Part XIII Supplemental Information (continued)		
OWNERSHIP, NPLT EASEMENT HOLDINGS ARE NOT REFLECTED IN THE	FINANCIAL	
STATEMENT EITHER AS ASSETS OR LIABILITIES.		
PART V, LINE 4:		
EARNINGS FROM THE ENDOWMENT FUND WILL BE USED TO SUPPORT GE	ENERAL	
OPERATIONS OF THE ORGANIZATION.		

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NORTHERN PRATRIES LAND TRUST

Employer identification number 46-0457858

NORTHERN TRAIRIED DAND TROOT 40 0457050
FORM 990, PART VI, SECTION A, LINE 8B:
THERE ARE NO COMMITTEES THAT HAVE AUTHORITY TO ACT ON BEHALF OF THE
ORGANIZATION.
FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF THE FORM 990 WILL BE DISTRIBUTED TO THE GOVERNING BODY PRIOR TO
FILING AND WILL BE REVIEWED IN DETAIL BY THE PRESIDENT.
FORM 990, PART VI, SECTION B, LINE 12C:
BOARD OF DIRECTORS AND STAFF MEMBERS ARE COVERED BY THE CONFLICT OF
INTEREST POLICY. INDIVIDUALS WITH CONFLICTS OF INTEREST MUST DISCLOSE REAL
OR APPARENT CONFLICTS TO THE BOARD OF DIRECTORS. THE INDIVIDUAL MUST
ABSTAIN FROM DISCUSSING AND/OR VOTING ON ANY ISSUE INVOLVED IN A CONFLICT
OF INTEREST. THE BOARD OF DIRECTORS REVIEWS ALL POTENTIAL CONFLICTS OF
INTEREST AND DETERMINES WHETHER THE ORGANIZATION SHOULD APPROVE THE
PROJECT.
FORM 990, PART VI, SECTION C, LINE 19:
THESE DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.