			** PUBLI	C DISCLOSURE CO	PY **		
	0	00	Return of Organi	zation Exempt I	From In	ncome Tax	OMB No. 1545-0047
Forr	_	<b>90</b>	Under section 501(c), 527, or 4947(a				s) <b>2019</b>
•		uary 2020)	Do not enter social see	curity numbers on this form	as it may b	e made public.	Open to Public
Depa Interr	ntment nal Reve	of the Treasury enue Service	Go to www.irs.gov/F	Form990 for instructions and	d the latest		Inspection
AF	or th	e 2019 calenc	ar year, or tax year beginning JU	JL 1, 2019 and	ending J	<u>UN 30, 2020</u>	
	heck if	C Name o	f organization			D Employer identific	ation number
a	pplicab						
	Addre	ge RURA	L DEVELOPMENT INSTI	TUTE			
	Name	ge Doing b	usiness as LANDESA			91-11589'	70
	Initial returr	Numbe	and street (or P.O. box if mail is not delive	vered to street address)	Room/suite		
	Final returr		FOURTH AVE, SUITE	300		(206) 528	3-5880
	termi ated	n- City or	own, state or province, country, and Z	IP or foreign postal code		<b>G</b> Gross receipts \$	15,128,201.
	Amer returr	SEA1	TLE, WA 98101			H(a) Is this a group re	turn
	Appli tion	F Name a	nd address of principal officer: ${f CHRI}$	S JOCHNICK		for subordinates	? Yes X No
	pend		AS C ABOVE			H(b) Are all subordinates in	cluded? Yes No
<u>I</u> T	Tax-ex	empt status:	<b>X</b> 501(c)(3) 501(c) ( )◄	(insert no.) 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)
			LANDESA.ORG			H(c) Group exemption	
KF	orm o	f organization:	X Corporation Trust Ass	ociation Other 🕨	L Year	of formation: 1981 N	State of legal domicile: WA
Pa	art I	,					
	1	Briefly descril	be the organization's mission or most s	ignificant activities: LAND	ESA CH	AMPIONS AND	WORKS TO
nce D		SECURE	LAND RIGHTS FOR MIL	LIONS OF THE WO	RLD'S	POOREST, MO	STLY RURAL
Governance	2	Check this bo	if the organization discont	tinued its operations or dispos	sed of more	than 25% of its net ass	ets.
ove	3	Number of vo	ting members of the governing body (F	Part VI, line 1a)		3	13
	4	Number of ind	dependent voting members of the gove	erning body (Part VI, line 1b)		4	12
8 8	5	Total number	of individuals employed in calendar ye	ar 2019 (Part V, line 2a)		5	64
Activities &	6	Total number	of volunteers (estimate if necessary)			6	45
(cti)	7 a	Total unrelate	d business revenue from Part VIII, colu	ımn (C), line 12		7a	0.
_ <	b	Net unrelated	business taxable income from Form 9	90-T, line 39	<u></u>	7b	0.
						Prior Year	Current Year
¢	8	Contributions	and grants (Part VIII, line 1h)			10,083,457.	12,106,171.
Revenue	9	Program serv	ice revenue (Part VIII, line 2g)			2,555,732.	2,976,028.
eve	10	Investment in	come (Part VIII, column (A), lines 3, 4, a	and 7d)		1,539.	108.
£	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9	9c, 10c, and 11e)		-63,981.	15,100.
	12	Total revenue	- add lines 8 through 11 (must equal P	Part VIII, column (A), line 12)		12,576,747.	15,097,407.
	13	Grants and si	milar amounts paid (Part IX, column (A)	), lines 1-3)		972,276.	284,087.
	14	Benefits paid	to or for members (Part IX, column (A),	line 4)		0.	0.
ŝ	15	Salaries, othe	r compensation, employee benefits (Pa	art IX, column (A), lines 5-10)		7,798,657.	6,531,138.
Expenses	<b>1</b> 6a	Professional f	r compensation, employee benefits (Pa undraising fees (Part IX, column (A), lin ing expenses (Part IX, column (D), line	e 11e)		0.	0.
be A	b	Total fundrais	ing expenses (Part IX, column (D), line	25) ► <u>956,5</u>	20.		
Ш	17	Other expens	es (Part IX, column (A), lines 11a-11d, 1	11f-24e)		4,460,629.	3,823,608.
	18	Total expense	es. Add lines 13-17 (must equal Part IX,	column (A), line 25)		13,231,562.	10,638,833.
	19	Revenue less	expenses. Subtract line 18 from line 12	2		-654,815.	4,458,574.
or Ces					Be	ginning of Current Year	End of Year
Net Assets ( Fund Balanc	20	Total assets (	Part X, line 16)			7,638,516.	12,978,988.
t As	21	Total liabilities	s (Part X, line 26)			834,858.	1,716,756.
			fund balances. Subtract line 21 from li	ne 20		6,803,658.	11,262,232.
	art II						
			I declare that I have examined this return, in				knowledge and belief, it is
true,	, corre	ct, and complete	Declaration of preparer (other than officer)	) is based on all information of w	hich preparer	has any knowledge.	
			AND AND			April 9, 202	[
Sig	n	,	e of officer			Date	
Her	е			DIRECTOR OF FIN	IANCE		
		, ,,	print name and title			)	
		Print/Type pre		Preparer's signature		Date Check	PTIN
Paid	I	RAY HOL		RAY HOLMDAHL	0	3/31/21 self-employe	
	barer	Firm's name	BDO USA, LLP			Firm's EIN 🕨	13-5381590
Use	Only	Firm's addres	▶ 601 UNION ST, STE				
			SEATTLE, WA 98101	-2345		Phone no. ( 2	
Мау	/ the I	RS discuss thi	s return with the preparer shown above	e? (see instructions)			X Yes No
9320	01 01-2	20-20 LHA	For Paperwork Reduction Act Notice	, see the separate instruction	ons.		Form <b>990</b> (2019)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	LANDESA CHAMPIONS AND WORKS TO SECURE LAND RIGHTS FOR MI	LLIONS OF TH	E
	WORLD'S POOREST, MOSTLY RURAL WOMEN AND MEN TO PROVIDE O	PPORTUNITY A	ND
	PROMOTE SOCIAL JUSTICE.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
		Yes	XN
	1		
2		Ves	XN
,			
4		manaurad by avpapage	
Ŧ			d
		s, the total expenses, an	iu
		01	102
ła			
			D
	•		
Part I       Bit LI MI PI       Di pr ff Di ff Di Si re       California         1       1       Di pr ff Di ff Di Si re       California       California         2       1       1       1       California       California         3       4       4       4       4       4         4d       4b       4b       4c       4c       4d			
	•		F
	RIGHTS TO LAND, AND IMPROVE OUTCOMES FOR WOMEN AND COMMUN	NITIES IN	
<ul> <li>Briefly describe the organization's mission: LANDESA CHAMPIONS AND WORKS TO WORLD'S POOREST, MOSTLY RURAL M PROMOTE SOCIAL JUSTICE.</li> <li>2 Did the organization undertake any significant program service prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule 0.</li> <li>3 Did the organization cease conducting, or make significant of If "Yes," describe these new services on Schedule 0.</li> <li>4 Describe the organization's program service accomplishment Section 501(c)(3) and 501(c)(4) organizations are required to revenue, if any, for each program service reported.</li> <li>4a (code:) (Excenses 2, 927, 024. Int ASIA IS HOME TO THE LARGEST RUM RIGHTS ARE ESSENTIAL TO IMPROV PARTNERSHIPS WITH NATIONAL GOVI MYANMAR, REGIONAL BODIES LIKE ? NATIONS, LOCAL CIVIL SOCIETY, J TECHNICAL ASSISTANCE AND EXPERS GUIDE IMPLEMENTATION EFFORTS, I RIGHTS TO LAND, AND IMPROVE 0U? BUSINESS SUPPLY CHAINS AND LANI </li></ul>	BUSINESS SUPPLY CHAINS AND LAND-BASED INVESTMENTS.		
τIJ	LAND IS THE MOST IMPORTANT ASSET IN SUB-SAHARAN AFRICA, OF AFRICA'S RURAL LAND IS UNDOCUMENTED. LANDESA'S AFRICA TO STRENGTHEN LAND RIGHTS POLICY AND IMPLEMENTATION EFFO	YET 90 PERCE PROGRAM WOR RTS ON THE	NT
	LAND IS THE MOST IMPORTANT ASSET IN SUB-SAHARAN AFRICA, OF AFRICA'S RURAL LAND IS UNDOCUMENTED. LANDESA'S AFRICA TO STRENGTHEN LAND RIGHTS POLICY AND IMPLEMENTATION EFFOR CONTINENT, LEADING TO IMPROVED OUTCOMES FOR WOMEN, YOUTH HOUSEHOLDS, AND OTHER GROUPS. IN LIBERIA AND TANZANIA, LA	YET 90 PERCE PROGRAM WOR RTS ON THE , RURAL ANDESA IS	NT KS
	LAND IS THE MOST IMPORTANT ASSET IN SUB-SAHARAN AFRICA, OF AFRICA'S RURAL LAND IS UNDOCUMENTED. LANDESA'S AFRICA TO STRENGTHEN LAND RIGHTS POLICY AND IMPLEMENTATION EFFOR CONTINENT, LEADING TO IMPROVED OUTCOMES FOR WOMEN, YOUTH HOUSEHOLDS, AND OTHER GROUPS. IN LIBERIA AND TANZANIA, LA PARTNERING WITH LOCAL CIVIL SOCIETY ORGANIZATIONS TO PUR	YET 90 PERCE PROGRAM WOR RTS ON THE , RURAL ANDESA IS SUE INNOVATI	NT KS
	LAND IS THE MOST IMPORTANT ASSET IN SUB-SAHARAN AFRICA, OF AFRICA'S RURAL LAND IS UNDOCUMENTED. LANDESA'S AFRICA TO STRENGTHEN LAND RIGHTS POLICY AND IMPLEMENTATION EFFO CONTINENT, LEADING TO IMPROVED OUTCOMES FOR WOMEN, YOUTH HOUSEHOLDS, AND OTHER GROUPS. IN LIBERIA AND TANZANIA, L PARTNERING WITH LOCAL CIVIL SOCIETY ORGANIZATIONS TO PUR SOLUTIONS FOR GREATER ACCESS AND RIGHTS TO LAND FOR WOMEN	YET 90 PERCE PROGRAM WOR RTS ON THE , RURAL ANDESA IS SUE INNOVATI	NT KS
	LAND IS THE MOST IMPORTANT ASSET IN SUB-SAHARAN AFRICA, OF AFRICA'S RURAL LAND IS UNDOCUMENTED. LANDESA'S AFRICA TO STRENGTHEN LAND RIGHTS POLICY AND IMPLEMENTATION EFFO CONTINENT, LEADING TO IMPROVED OUTCOMES FOR WOMEN, YOUTH HOUSEHOLDS, AND OTHER GROUPS. IN LIBERIA AND TANZANIA, L PARTNERING WITH LOCAL CIVIL SOCIETY ORGANIZATIONS TO PUR SOLUTIONS FOR GREATER ACCESS AND RIGHTS TO LAND FOR WOMEN	YET 90 PERCE PROGRAM WOR RTS ON THE , RURAL ANDESA IS SUE INNOVATI	NT KS
FD	LAND IS THE MOST IMPORTANT ASSET IN SUB-SAHARAN AFRICA, OF AFRICA'S RURAL LAND IS UNDOCUMENTED. LANDESA'S AFRICA TO STRENGTHEN LAND RIGHTS POLICY AND IMPLEMENTATION EFFO CONTINENT, LEADING TO IMPROVED OUTCOMES FOR WOMEN, YOUTH HOUSEHOLDS, AND OTHER GROUPS. IN LIBERIA AND TANZANIA, L PARTNERING WITH LOCAL CIVIL SOCIETY ORGANIZATIONS TO PUR SOLUTIONS FOR GREATER ACCESS AND RIGHTS TO LAND FOR WOMEN	YET 90 PERCE PROGRAM WOR RTS ON THE , RURAL ANDESA IS SUE INNOVATI	NT KS
FD	LAND IS THE MOST IMPORTANT ASSET IN SUB-SAHARAN AFRICA, OF AFRICA'S RURAL LAND IS UNDOCUMENTED. LANDESA'S AFRICA TO STRENGTHEN LAND RIGHTS POLICY AND IMPLEMENTATION EFFO CONTINENT, LEADING TO IMPROVED OUTCOMES FOR WOMEN, YOUTH HOUSEHOLDS, AND OTHER GROUPS. IN LIBERIA AND TANZANIA, L PARTNERING WITH LOCAL CIVIL SOCIETY ORGANIZATIONS TO PUR SOLUTIONS FOR GREATER ACCESS AND RIGHTS TO LAND FOR WOMEN	YET 90 PERCE PROGRAM WOR RTS ON THE , RURAL ANDESA IS SUE INNOVATI	NT KS
ru	LAND IS THE MOST IMPORTANT ASSET IN SUB-SAHARAN AFRICA, OF AFRICA'S RURAL LAND IS UNDOCUMENTED. LANDESA'S AFRICA TO STRENGTHEN LAND RIGHTS POLICY AND IMPLEMENTATION EFFO CONTINENT, LEADING TO IMPROVED OUTCOMES FOR WOMEN, YOUTH HOUSEHOLDS, AND OTHER GROUPS. IN LIBERIA AND TANZANIA, L PARTNERING WITH LOCAL CIVIL SOCIETY ORGANIZATIONS TO PUR SOLUTIONS FOR GREATER ACCESS AND RIGHTS TO LAND FOR WOMEN	YET 90 PERCE PROGRAM WOR RTS ON THE , RURAL ANDESA IS SUE INNOVATI	NT KS
	LAND IS THE MOST IMPORTANT ASSET IN SUB-SAHARAN AFRICA, OF AFRICA'S RURAL LAND IS UNDOCUMENTED. LANDESA'S AFRICA TO STRENGTHEN LAND RIGHTS POLICY AND IMPLEMENTATION EFFOR CONTINENT, LEADING TO IMPROVED OUTCOMES FOR WOMEN, YOUTH HOUSEHOLDS, AND OTHER GROUPS. IN LIBERIA AND TANZANIA, LA PARTNERING WITH LOCAL CIVIL SOCIETY ORGANIZATIONS TO PUR SOLUTIONS FOR GREATER ACCESS AND RIGHTS TO LAND FOR WOMEN COMMUNITIES.	YET 90 PERCE PROGRAM WOR RTS ON THE , RURAL ANDESA IS SUE INNOVATI N, MEN AND	NT KS VE
	LAND IS THE MOST IMPORTANT ASSET IN SUB-SAHARAN AFRICA, OF AFRICA'S RURAL LAND IS UNDOCUMENTED. LANDESA'S AFRICA TO STRENGTHEN LAND RIGHTS POLICY AND IMPLEMENTATION EFFOR CONTINENT, LEADING TO IMPROVED OUTCOMES FOR WOMEN, YOUTH HOUSEHOLDS, AND OTHER GROUPS. IN LIBERIA AND TANZANIA, LA PARTNERING WITH LOCAL CIVIL SOCIETY ORGANIZATIONS TO PUR SOLUTIONS FOR GREATER ACCESS AND RIGHTS TO LAND FOR WOMEN COMMUNITIES.	YET 90 PERCE PROGRAM WOR RTS ON THE , RURAL ANDESA IS SUE INNOVATI N, MEN AND	NT KS VE 948.
	LAND IS THE MOST IMPORTANT ASSET IN SUB-SAHARAN AFRICA, OF AFRICA'S RURAL LAND IS UNDOCUMENTED. LANDESA'S AFRICA TO STRENGTHEN LAND RIGHTS POLICY AND IMPLEMENTATION EFFOR CONTINENT, LEADING TO IMPROVED OUTCOMES FOR WOMEN, YOUTH HOUSEHOLDS, AND OTHER GROUPS. IN LIBERIA AND TANZANIA, LA PARTNERING WITH LOCAL CIVIL SOCIETY ORGANIZATIONS TO PUR SOLUTIONS FOR GREATER ACCESS AND RIGHTS TO LAND FOR WOMEN COMMUNITIES. (Code:)(Expenses \$ 888,731. including grants of \$) (Reven WOMEN IN MANY PARTS OF THE WORLD ENCOUNTER PERSISTENT SO	YET 90 PERCE PROGRAM WOR RTS ON THE , RURAL ANDESA IS SUE INNOVATI N, MEN AND 	NT KS VE 948.
	LAND IS THE MOST IMPORTANT ASSET IN SUB-SAHARAN AFRICA, OF AFRICA'S RURAL LAND IS UNDOCUMENTED. LANDESA'S AFRICA TO STRENGTHEN LAND RIGHTS POLICY AND IMPLEMENTATION EFFOR CONTINENT, LEADING TO IMPROVED OUTCOMES FOR WOMEN, YOUTH HOUSEHOLDS, AND OTHER GROUPS. IN LIBERIA AND TANZANIA, LA PARTNERING WITH LOCAL CIVIL SOCIETY ORGANIZATIONS TO PUR SOLUTIONS FOR GREATER ACCESS AND RIGHTS TO LAND FOR WOMEN COMMUNITIES. (Code:)(Expenses \$ 888,731. including grants of \$) (Reven WOMEN IN MANY PARTS OF THE WORLD ENCOUNTER PERSISTENT SOC BARRIERS TO THEIR RIGHTS TO OWN, USE, ACCESS, AND INHERI	YET 90 PERCE PROGRAM WOR RTS ON THE , RURAL ANDESA IS SUE INNOVATI N, MEN AND 	NT KS VE 948.
	LAND IS THE MOST IMPORTANT ASSET IN SUB-SAHARAN AFRICA, OF AFRICA'S RURAL LAND IS UNDOCUMENTED. LANDESA'S AFRICA TO STRENGTHEN LAND RIGHTS POLICY AND IMPLEMENTATION EFFOR CONTINENT, LEADING TO IMPROVED OUTCOMES FOR WOMEN, YOUTH HOUSEHOLDS, AND OTHER GROUPS. IN LIBERIA AND TANZANIA, LA PARTNERING WITH LOCAL CIVIL SOCIETY ORGANIZATIONS TO PUR SOLUTIONS FOR GREATER ACCESS AND RIGHTS TO LAND FOR WOMEN COMMUNITIES. (Code:)(Expenses\$ 888,731. including grants of \$) (Reven WOMEN IN MANY PARTS OF THE WORLD ENCOUNTER PERSISTENT SOC BARRIERS TO THEIR RIGHTS TO OWN, USE, ACCESS, AND INHERI LANDESA CENTER FOR WOMEN'S LAND RIGHTS WORKS TO BUILD AW.	YET 90 PERCE PROGRAM WOR RTS ON THE , RURAL ANDESA IS SUE INNOVATI N, MEN AND 	NT KS VE 948.
	LAND IS THE MOST IMPORTANT ASSET IN SUB-SAHARAN AFRICA, OF AFRICA'S RURAL LAND IS UNDOCUMENTED. LANDESA'S AFRICA TO STRENGTHEN LAND RIGHTS POLICY AND IMPLEMENTATION EFFO CONTINENT, LEADING TO IMPROVED OUTCOMES FOR WOMEN, YOUTH HOUSEHOLDS, AND OTHER GROUPS. IN LIBERIA AND TANZANIA, LA PARTNERING WITH LOCAL CIVIL SOCIETY ORGANIZATIONS TO PUR SOLUTIONS FOR GREATER ACCESS AND RIGHTS TO LAND FOR WOMEN COMMUNITIES. (code:)(Expenses \$ 888,731. including grants of \$) (Reven WOMEN IN MANY PARTS OF THE WORLD ENCOUNTER PERSISTENT SO BARRIERS TO THEIR RIGHTS TO OWN, USE, ACCESS, AND INHERT LANDESA CENTER FOR WOMEN'S LAND RIGHTS WORKS TO BUILD AW. PROMOTE GENDER EQUITABLE LEARNINGS AND BEST PRACTICES, AND	YET 90 PERCE PROGRAM WOR RTS ON THE , RURAL ANDESA IS SUE INNOVATI N, MEN AND 	NT KS VE 948.
	LAND IS THE MOST IMPORTANT ASSET IN SUB-SAHARAN AFRICA, OF AFRICA'S RURAL LAND IS UNDOCUMENTED. LANDESA'S AFRICA TO STRENGTHEN LAND RIGHTS POLICY AND IMPLEMENTATION EFFO CONTINENT, LEADING TO IMPROVED OUTCOMES FOR WOMEN, YOUTH HOUSEHOLDS, AND OTHER GROUPS. IN LIBERIA AND TANZANIA, L PARTNERING WITH LOCAL CIVIL SOCIETY ORGANIZATIONS TO PUR SOLUTIONS FOR GREATER ACCESS AND RIGHTS TO LAND FOR WOME COMMUNITIES. (Code:)(Expenses \$ 888,731. including grants of \$) (Reven WOMEN IN MANY PARTS OF THE WORLD ENCOUNTER PERSISTENT SO BARRIERS TO THEIR RIGHTS TO OWN, USE, ACCESS, AND INHERI LANDESA CENTER FOR WOMEN'S LAND RIGHTS WORKS TO BUILD AW. PROMOTE GENDER EQUITABLE LEARNINGS AND BEST PRACTICES, AND NETWORKS OF ADVOCATES, EXPERTS, AND OTHER STAKEHOLDERS TO	YET 90 PERCE PROGRAM WOR RTS ON THE , RURAL ANDESA IS SUE INNOVATI N, MEN AND	NT KS VE 948. AL
	LAND IS THE MOST IMPORTANT ASSET IN SUB-SAHARAN AFRICA, OF AFRICA'S RURAL LAND IS UNDOCUMENTED. LANDESA'S AFRICA TO STRENGTHEN LAND RIGHTS POLICY AND IMPLEMENTATION EFFO CONTINENT, LEADING TO IMPROVED OUTCOMES FOR WOMEN, YOUTH HOUSEHOLDS, AND OTHER GROUPS. IN LIBERIA AND TANZANIA, L PARTNERING WITH LOCAL CIVIL SOCIETY ORGANIZATIONS TO PUR SOLUTIONS FOR GREATER ACCESS AND RIGHTS TO LAND FOR WOME COMMUNITIES. (Code:)(Expenses \$ 888,731. including grants of \$) (Reven WOMEN IN MANY PARTS OF THE WORLD ENCOUNTER PERSISTENT SO BARRIERS TO THEIR RIGHTS TO OWN, USE, ACCESS, AND INHERI LANDESA CENTER FOR WOMEN'S LAND RIGHTS WORKS TO BUILD AW. PROMOTE GENDER EQUITABLE LEARNINGS AND BEST PRACTICES, AND NETWORKS OF ADVOCATES, EXPERTS, AND OTHER STAKEHOLDERS TO	YET 90 PERCE PROGRAM WOR RTS ON THE , RURAL ANDESA IS SUE INNOVATI N, MEN AND	NT KS VE 948. AL
	LAND IS THE MOST IMPORTANT ASSET IN SUB-SAHARAN AFRICA, OF AFRICA'S RURAL LAND IS UNDOCUMENTED. LANDESA'S AFRICA TO STRENGTHEN LAND RIGHTS POLICY AND IMPLEMENTATION EFFO CONTINENT, LEADING TO IMPROVED OUTCOMES FOR WOMEN, YOUTH HOUSEHOLDS, AND OTHER GROUPS. IN LIBERIA AND TANZANIA, LA PARTNERING WITH LOCAL CIVIL SOCIETY ORGANIZATIONS TO PUR SOLUTIONS FOR GREATER ACCESS AND RIGHTS TO LAND FOR WOME COMMUNITIES. (Code:)(Expenses \$	YET 90 PERCE PROGRAM WOR RTS ON THE , RURAL ANDESA IS SUE INNOVATI N, MEN AND 	NT KS VE 948. AL
	LAND IS THE MOST IMPORTANT ASSET IN SUB-SAHARAN AFRICA, OF AFRICA'S RURAL LAND IS UNDOCUMENTED. LANDESA'S AFRICA TO STRENGTHEN LAND RIGHTS POLICY AND IMPLEMENTATION EFFO CONTINENT, LEADING TO IMPROVED OUTCOMES FOR WOMEN, YOUTH HOUSEHOLDS, AND OTHER GROUPS. IN LIBERIA AND TANZANIA, LA PARTNERING WITH LOCAL CIVIL SOCIETY ORGANIZATIONS TO PUR SOLUTIONS FOR GREATER ACCESS AND RIGHTS TO LAND FOR WOME COMMUNITIES. (Code:)(Expenses \$	YET 90 PERCE PROGRAM WOR RTS ON THE , RURAL ANDESA IS SUE INNOVATI N, MEN AND 	NT KS VE 948. AL
	LAND IS THE MOST IMPORTANT ASSET IN SUB-SAHARAN AFRICA, OF AFRICA'S RURAL LAND IS UNDOCUMENTED. LANDESA'S AFRICA TO STRENGTHEN LAND RIGHTS POLICY AND IMPLEMENTATION EFFOR CONTINENT, LEADING TO IMPROVED OUTCOMES FOR WOMEN, YOUTH HOUSEHOLDS, AND OTHER GROUPS. IN LIBERIA AND TANZANIA, LA PARTNERING WITH LOCAL CIVIL SOCIETY ORGANIZATIONS TO PUR SOLUTIONS FOR GREATER ACCESS AND RIGHTS TO LAND FOR WOMEN COMMUNITIES. (Code:)(Expenses \$	YET 90 PERCE PROGRAM WOR RTS ON THE , RURAL ANDESA IS SUE INNOVATI N, MEN AND	NT KS VE 948. AL
	LAND IS THE MOST IMPORTANT ASSET IN SUB-SAHARAN AFRICA, OF AFRICA'S RURAL LAND IS UNDOCUMENTED. LANDESA'S AFRICA TO STRENGTHEN LAND RIGHTS POLICY AND IMPLEMENTATION EFFO CONTINENT, LEADING TO IMPROVED OUTCOMES FOR WOMEN, YOUTH HOUSEHOLDS, AND OTHER GROUPS. IN LIBERIA AND TANZANIA, L PARTNERING WITH LOCAL CIVIL SOCIETY ORGANIZATIONS TO PUR SOLUTIONS FOR GREATER ACCESS AND RIGHTS TO LAND FOR WOME COMMUNITIES. (code:)(Expenses 8 888,731. including grants of 8) (Reven WOMEN IN MANY PARTS OF THE WORLD ENCOUNTER PERSISTENT SO BARRIERS TO THEIR RIGHTS TO OWN, USE, ACCESS, AND INHERT LANDESA CENTER FOR WOMEN'S LAND RIGHTS WORKS TO BUILD AW. PROMOTE GENDER EQUITABLE LEARNINGS AND BEST PRACTICES, AN NETWORKS OF ADVOCATES, EXPERTS, AND OTHER STAKEHOLDERS TO WOMEN'S LAND RIGHTS AS A KEY DEVELOPMENT PRIORITY. THROUG FOR HER LAND CAMPAIGN AND OTHER GLOBAL ADVOCACY EFFORTS, BUILDING A MOVEMENT FOR GENDER-EQUAL RIGHTS TO THE WORLD FUNDAMENTAL RESOURCES BY PROMOTING GENDER-EQUAL RULE OF TO	YET 90 PERCE PROGRAM WOR RTS ON THE , RURAL ANDESA IS SUE INNOVATI N, MEN AND	NT KS VE 948. AL
WORLD'S POOREST, MOSTLY RURAL WOMEN AND MEN TO PROVIDE OPPORTUNITY AND PROMOTE SOCIAL JUSTICE.           2         Did the organization underlate any significant program services during the year which were not listed on the prof form 980 or 990/27.         Image: Comparison of the services during the year which were not listed on the prof form 980 or 990/27.         Image: Comparison of the services during the year which were not listed on the prof form 980 or 990/27.         Image: Comparison of the services during the were services and more than the organization service accompliatments for each of the three largest program services, as measured by expenses. Section 501(8):3 and 501(6)(4) organizations are required to report the amount of grants and adocations to others, the total expenses, and reveruse if any, for each program service accompliatments for each of the three largest program services, as measured by expenses. Section 501(8):3 and 501(6)(4) organizations are required to report the amount of grants and adocations to others, the total expenses, and reveruse if any, for each program service accompliatments for each of the three largest program services and reveruse if any, for each program service accompliatment of program services, as measured by expenses. Section 501(8):3 and 501(6)(4) organizations are required to report the amount of grants and adocations to others, the total expenses, and reveruse if the More To the LargeST RURAL POPULATION IN THE WORLD, NERUCUENT RIGHT'S ALL CIVIL SOCIETY, AND THE PRIVATE SECTOR, LANDESA PROVIDES TECHNICAL ASSISTANCE AND EXPERTISE TO STRENOTHEN LAND LAND LANS SIDE OF TECHNICAL ASSISTANCE AND EXPERTISE TO STRENOTHEN LAND LAND ANARCHESS OF RIGHT'S TO LAND, AND IMPROVE OUTCOMES FOR WOMEN AND COMMUNITIES IN BUSINESS SUPPLY CHAINS AND LAND-BASED INVESTMENTS.           4.         Othere ROST IMPORTANT ASSET IN SUB-SAHARAN APRICA, YET 90 PERCENT OF A			NT KS VE 948. AL
	LAND IS THE MOST IMPORTANT ASSET IN SUB-SAHARAN AFRICA, OF AFRICA'S RURAL LAND IS UNDOCUMENTED. LANDESA'S AFRICA TO STRENGTHEN LAND RIGHTS POLICY AND IMPLEMENTATION EFFO CONTINENT, LEADING TO IMPROVED OUTCOMES FOR WOMEN, YOUTH HOUSEHOLDS, AND OTHER GROUPS. IN LIBERIA AND TANZANIA, L PARTNERING WITH LOCAL CIVIL SOCIETY ORGANIZATIONS TO PUR SOLUTIONS FOR GREATER ACCESS AND RIGHTS TO LAND FOR WOME COMMUNITIES. (code:)(Expenses	YET 90 PERCE PROGRAM WOR RTS ON THE , RURAL ANDESA IS SUE INNOVATI N, MEN AND	NT KS VE 948. AL
łc	LAND IS THE MOST IMPORTANT ASSET IN SUB-SAHARAN AFRICA, OF AFRICA'S RURAL LAND IS UNDOCUMENTED. LANDESA'S AFRICA TO STRENGTHEN LAND RIGHTS POLICY AND IMPLEMENTATION EFFO CONTINENT, LEADING TO IMPROVED OUTCOMES FOR WOMEN, YOUTH HOUSEHOLDS, AND OTHER GROUPS. IN LIBERIA AND TANZANIA, L. PARTNERING WITH LOCAL CIVIL SOCIETY ORGANIZATIONS TO PUR SOLUTIONS FOR GREATER ACCESS AND RIGHTS TO LAND FOR WOME COMMUNITIES. (Code:)(Expenses	YET 90 PERCE PROGRAM WOR RTS ON THE , RURAL ANDESA IS SUE INNOVATI N, MEN AND	NT KS VE 948. AL
łc	LAND IS THE MOST IMPORTANT ASSET IN SUB-SAHARAN AFRICA, OF AFRICA'S RURAL LAND IS UNDOCUMENTED. LANDESA'S AFRICA TO STRENGTHEN LAND RIGHTS POLICY AND IMPLEMENTATION EFFO CONTINENT, LEADING TO IMPROVED OUTCOMES FOR WOMEN, YOUTH HOUSEHOLDS, AND OTHER GROUPS. IN LIBERIA AND TANZANIA, L PARTNERING WITH LOCAL CIVIL SOCIETY ORGANIZATIONS TO PUR SOLUTIONS FOR GREATER ACCESS AND RIGHTS TO LAND FOR WOME COMMUNITIES. (Code:)(Expenses &	YET 90 PERCE PROGRAM WOR RTS ON THE , RURAL ANDESA IS SUE INNOVATI N, MEN AND """ 363, CIAL AND LEG T LAND. THE ARENESS, ND CREATE O ELEVATE GH THE STAND LANDESA IS 'S MOST LAW ON LAND VELOPMENT FOI	NT KS VE 948. AL
łd	LAND IS THE MOST IMPORTANT ASSET IN SUB-SAHARAN AFRICA, OF AFRICA'S RURAL LAND IS UNDOCUMENTED. LANDESA'S AFRICA TO STRENGTHEN LAND RIGHTS POLICY AND IMPLEMENTATION EFFO CONTINENT, LEADING TO IMPROVED OUTCOMES FOR WOMEN, YOUTH HOUSEHOLDS, AND OTHER GROUPS. IN LIBERIA AND TANZANIA, L PARTNERING WITH LOCAL CIVIL SOCIETY ORGANIZATIONS TO PUR SOLUTIONS FOR GREATER ACCESS AND RIGHTS TO LAND FOR WOME COMMUNITIES. (Code:)(Expenses \$ 888,731. including grants of \$) (Reven WOMEN IN MANY PARTS OF THE WORLD ENCOUNTER PERSISTENT SO BARRIERS TO THEIR RIGHTS TO OWN, USE, ACCESS, AND INHERT LANDESA CENTER FOR WOMEN'S LAND RIGHTS WORKS TO BUILD AW. PROMOTE GENDER EQUITABLE LEARNINGS AND BEST PRACTICES, AN NETWORKS OF ADVOCATES, EXPERTS, AND OTHER STAKEHOLDERS TO WOMEN'S LAND RIGHTS AS A KEY DEVELOPMENT PRIORITY. THROUF FOR HER LAND CAMPAIGN AND OTHER GLOBAL ADVOCACY EFFORTS, BUILDING A MOVEMENT FOR GENDER-EQUAL RULE OF FOR FUNDAMENTAL RESOURCES BY PROMOTING GENDER-EQUAL RULE OF FORM GRASSROOTS TO GLOBAL LEVEL, AND THROUGH CAPACITY DE GOVERNMENTS AND CIVIL SOCIETY PARTNERS. Other program services (Describe on Schedule O.) (Expenses 2,642,091. including grants of 284,087.) (Revenue 2, 4	YET 90 PERCE PROGRAM WOR RTS ON THE , RURAL ANDESA IS SUE INNOVATI N, MEN AND """ 363, CIAL AND LEG T LAND. THE ARENESS, ND CREATE O ELEVATE GH THE STAND LANDESA IS 'S MOST LAW ON LAND VELOPMENT FOI	NT KS VE 948. AL
łd	LAND IS THE MOST IMPORTANT ASSET IN SUB-SAHARAN AFRICA, OF AFRICA'S RURAL LAND IS UNDOCUMENTED. LANDESA'S AFRICA TO STRENGTHEN LAND RIGHTS POLICY AND IMPLEMENTATION EFFO CONTINENT, LEADING TO IMPROVED OUTCOMES FOR WOMEN, YOUTH HOUSEHOLDS, AND OTHER GROUPS. IN LIBERIA AND TANZANIA, L PARTNERING WITH LOCAL CIVIL SOCIETY ORGANIZATIONS TO PUR SOLUTIONS FOR GREATER ACCESS AND RIGHTS TO LAND FOR WOME COMMUNITIES. (Code:)(Expenses \$ 888,731. including grants of \$) (Reven WOMEN IN MANY PARTS OF THE WORLD ENCOUNTER PERSISTENT SO BARRIERS TO THEIR RIGHTS TO OWN, USE, ACCESS, AND INHERT LANDESA CENTER FOR WOMEN'S LAND RIGHTS WORKS TO BUILD AW. PROMOTE GENDER EQUITABLE LEARNINGS AND BEST PRACTICES, AN NETWORKS OF ADVOCATES, EXPERTS, AND OTHER STAKEHOLDERS TO WOMEN'S LAND RIGHTS AS A KEY DEVELOPMENT PRIORITY. THROUF FOR HER LAND CAMPAIGN AND OTHER GLOBAL ADVOCACY EFFORTS, BUILDING A MOVEMENT FOR GENDER-EQUAL RULE OF FOR FUNDAMENTAL RESOURCES BY PROMOTING GENDER-EQUAL RULE OF FORM GRASSROOTS TO GLOBAL LEVEL, AND THROUGH CAPACITY DE GOVERNMENTS AND CIVIL SOCIETY PARTNERS. Other program services (Describe on Schedule O.) (Expenses 2,642,091. including grants of 284,087.) (Revenue 2, 4	YET 90 PERCE PROGRAM WOR RTS ON THE , RURAL ANDESA IS SUE INNOVATI N, MEN AND Wes 363, CIAL AND LEG T LAND. THE ARENESS, ND CREATE O ELEVATE GH THE STAND LANDESA IS 'S MOST LAW ON LAND VELOPMENT FO 419,616.)	NT KS VE 948. AL R
Hc Hd	LAND IS THE MOST IMPORTANT ASSET IN SUB-SAHARAN AFRICA, OF AFRICA'S RURAL LAND IS UNDOCUMENTED. LANDESA'S AFRICA TO STRENGTHEN LAND RIGHTS POLICY AND IMPLEMENTATION EFFO CONTINENT, LEADING TO IMPROVED OUTCOMES FOR WOMEN, YOUTH HOUSEHOLDS, AND OTHER GROUPS. IN LIBERIA AND TANZANIA, L PARTNERING WITH LOCAL CIVIL SOCIETY ORGANIZATIONS TO PUR. SOLUTIONS FOR GREATER ACCESS AND RIGHTS TO LAND FOR WOMEN COMMUNITIES. (Code:	YET 90 PERCE PROGRAM WOR RTS ON THE , RURAL ANDESA IS SUE INNOVATI N, MEN AND Wes 363, CIAL AND LEG T LAND. THE ARENESS, ND CREATE O ELEVATE GH THE STAND LANDESA IS 'S MOST LAW ON LAND VELOPMENT FO 419,616.)	NT KS VE 948. AL R

Form 990 (			DEVELOPMENT	INSTITUTE
Part IV	Checklist of	Required S	chedules	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			v
~	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<b>_</b>		х
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		<u></u>
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	It "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		- 23
10		10		х
11	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	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		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	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	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	•	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
932003	3 01-20-20	⊦orm	320	(2019)

932003 01-20-20

Form	990	(2019)	۱
	330	2013	,

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? 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 Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? 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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 34			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c	Х	
932004	01-20-20			(2019)
				. /

4 2019.05080 RURAL DEVELOPMENT INSTITU 070650.1

Form	990 (2019) RURAL DEVELOPMENT INSTITUTE 91–1158	970	Р	age <b>5</b>						
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
			Yes	No						
2a	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 64									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			x						
3a	3a Did the organization have unrelated business gross income of \$1,000 or more during the year?									
	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									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х							
b	If "Yes," enter the name of the foreign country  SEE SCHEDULE O									
	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		X						
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?	6a		X X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_								
	to file Form 8282?	7c		X						
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		v						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f								
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	<b>Sponsoring organizations maintaining donor advised funds.</b> 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.	0-								
a L	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		<u> </u>						
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90								
10										
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b   Section 501(c)(12) organizations. Enter:									
'' a	Gross income from members or shareholders									
	Gross income from other sources (Do not net amounts due or paid to other sources against									
2	amounts due or received from them.) 11b									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	100								
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						
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	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 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.									
				-						

Form **990** (2019)

932005 01-20-20

Form 990 (	2019)
------------	-------

### RURAL DEVELOPMENT INSTITUTE

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

91-1158970 Page 6

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

						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a		13			
	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		12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with ar	ny other				
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the						
	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 99	90 was	filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?			5		Х
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point or	ne or				
	more members of the governing body?				7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockholc	ders, or				
	persons other than the governing body?				7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea						
а	The governing body?		-	[	8a	Х	
	Each committee with authority to act on behalf of the governing body?				8b	Х	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re-						
		2.700 0				Yes	No
0a	Did the organization have local chapters, branches, or affiliates?			]	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	•			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body				11a	Х	
	Describe in 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? <i>If "No," go to line 13</i>				12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? $If "\gamma$				.20		
C		,			12c	х	
13	in Schedule O how this was done				13	X	
13 14	Did the organization have a written whistleblower policy?				13 14	X	
14 15	Did the organization have a written document retention and destruction policy?				14	Δ	
15	Did the process for determining compensation of the following persons include a review and approval	i by inde	ependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				45	х	
	The organization's CEO, Executive Director, or top management official				15a	Δ	v
b	Other officers or key employees of the organization				15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent wit	ha				37
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		-				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's	S				
	exempt status with respect to such arrangements?				16b		
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright NY$						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-T	Г (Section 5	601(c)(3)s	only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain		,				
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict of	interest po	licy, and	financ	cial	
19	statements available to the public during the tax year.						
19			records				
	State the name, address, and telephone number of the person who possesses the organization's boo	oks and					
	State the name, address, and telephone number of the person who possesses the organization's boo STEVE VITALICH - (206) 528-5880	oks and					
	State the name, address, and telephone number of the person who possesses the organization's boo	oks and					

Part VII	Compensation of Officers,	Directors, Truste	es, Key Employees	, Highest Compensated
	Employees, and Independe	ent Contractors		

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

		T							(E)	(F)
(A)	(B)	(C) Position						(D)	. ,	.,
Name and title	Average		not c	ot check more than one nless person is both an				Reportable	Reportable	Estimated
	hours per		, unles cer an					compensation from	compensation from related	amount of other
	week (list any	tor						the	organizations	compensation
	hours for	direct				5		organization	(W-2/1099-MISC)	from the
	related	se or	stee			nsate		(W-2/1099-MISC)	()	organization
	organizations	trust	al tru		yee	om pe				and related
	below	Individual trustee or director	nstitutional trustee	er	Key employee	Highest compensated employee	er			organizations
	line)	Indiv	Instit	Officer	Keye	High	Former			
(1) CHRIS JOCHNICK	40.00									
PRESIDENT & CEO		Х		х				239,737.	Ο.	27,612.
(2) MARK RUFFO	40.00									
CHIEF DEVELOPMENT OFFICER					х			163,621.	Ο.	12,408.
(3) KAROL BOUDREAUX	40.00									
CHIEF PROGRAM OFFICER					Х			162,429.	0.	12,209.
(4) PING LI	40.00									
INTERIM CHINA PROGRAM DIRECTOR						X		160,845.	0.	12,198.
(5) ROBERT MITCHELL	40.00									
ASIA REGION SR. DIRECTOR						X		159,578.	0.	25,364.
(6) JENNIFER ABRAHAMSON	40.00									
CHIEF OF ADVOCACY						X		157,528.	0.	12,145.
(7) DIANA FLETSCHNER	40.00									
SR. DIRECTOR, RESEARCH, EV						X		147,867.	0.	16,353.
(8) SUSAN PFEIFFER	40.00									
CHIEF HUMAN RESOURCES OFFICER						X		145,728.	0.	14,259.
(10) STEVE VITALICH	40.00									
CONTROLLER				Х				135,830.	0.	11,422.
(12) JENNIFER DUNCAN	40.00									
FORMER SR. LAND POLICY ADVISOR							Х	128,209.	0.	25,892.
(14) DAVID ABRAHAMSON	40.00									
FORMER DIRECTOR OF PROGRAM							Х	106,893.	0.	14,609.
(16) LEONARD ROLFES	24.00							50 100	•	•
CHIEF OPERATING OFFICER	1	Х		X				70,136.	0.	0.
(17) ROY PROSTERMAN	16.00							64 000	0	0
BOARD MEMBER		Х						64,272.	0.	0.
(18) VIKESH MAHENDROO	5.00								•	
BOARD CHAIR		Х		X				0.	0.	0.
(19) TITI LIU	2.00								•	
VICE CHAIR		Х		Х	-	-		0.	0.	0.
(20) CHRIS GRUMM	2.00			v					0	<u>م</u>
SECRETARY (21) DAVID BARCLAY		Х		X	<u> </u>	-		0.	0.	0.
(21) DAVID BARCLAY TREASURER	2.00	x		x				0.	0.	0.
932007 01-20-20	I	Λ		Δ				U .	υ.	Form <b>990</b> (2019)

932007 01-20-20

Form 990 (2019)

Form 990 (2019) RURAL DEV	'ELOPMEN	[T]	IN	ST	TI	<u>TU'</u>	Έ		91-1158	<u>970 (</u>	P	'age <b>8</b>
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)									(continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	(-1-			itior			Reportable	Reportable	Es	timate	ed
	hours per	box,	, unles	ss pei	rson i	than d is both	n an	compensation	compensation	an	nount	of
	week	offic	cer an	d a d	irecto	or/trus	tee)	from	from related		other	
	(list any	ector						the	organizations	com	pensa	ation
	hours for	or dir				ted		organization	(W-2/1099-MISC)	fr	om th	ie
	related	stee c	ruste			ensa		(W-2/1099-MISC)			anizat	
	organizations	al tru:	onal t		loyee	e com					d relat	
	below line)	ndividual trustee or director	nstitutional trustee	Officer	/ emp	Highest compensated employee	Former			orga	anizati	ions
	,	Inc	lns	0ff	Key	entic	Ē			<u> </u>		
(22) JIM CARDILLO	2.00								•			•
BOARD MEMBER		Х				<u> </u>		0.	0.	<b> </b>		0.
(23) MUSIMBI KANYORO	2.00											
BOARD MEMBER		Х						0.	0.	<u> </u>		0.
(24) TIM HANSTAD	2.00											
BOARD MEMBER		Х						0.	0.			0.
(25) MATT NIMETZ	2.00											
BOARD MEMBER		Х						0.	0.			Ο.
(26) DOUG OGDEN	2.00											
BOARD MEMBER		х						0.	0.			0.
(27) JENNIFER POTTER	2.00									1		
BOARD MEMBER		х						0.	0.			Ο.
(28) WILMA WALLACE	2.00									1		-
BOARD MEMBER		х						0.	0.			Ο.
										+		
										+		
1b Subtotal								1,842,673.	0.	18	<u>4</u>	71.
1b Subtotal								0.	0.		<u>, </u>	0.
c Total from continuation sheets to Part VII								1,842,673.	0.			71.
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but no</li> </ul>										1 10-	<u>, </u>	/ 1 •
	ot limited to th	ose	liste	d ac	oove	e) wn	o re	eceived more than \$100,0	ou of reportable			15
compensation from the organization										<u> </u>	Yes	<u> </u>
				_							Tes	NO
<b>3</b> Did the organization list any <b>former</b> officer,											37	
line 1a? If "Yes," complete Schedule J for su										3	X	
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150										4	X	
5 Did any person listed on line 1a receive or a	-				-			-	ual for services			
rendered to the organization? If "Yes." com	olete Schedule	e J fa	or su	ıch į	bers	on .				5		X
Section B. Independent Contractors												
1 Complete this table for your five highest cor	npensated ind	lepei	nder	nt co	ontra	acto	rs tł	hat received more than \$1	00,000 of compensation	ation fro	m	
the organization. Report compensation for t	he calendar ye	ear e	ndin	ig w	rith c	or wi	thin	the organization's tax ye	ar.			
(A)								(B)		(C		
Name and business	address							Description of se	ervices	Comper	nsatio	n
TMP SYSTEMS, THE CIRCLE,	33 ROCK	IN	GH	AM				LAND RIGHTS				
LANE, SHEFFIELD, UNITED K	INGDOM	S1						CONSULTING		673	3,5	40.
EAST-WEST MANAGEMENT INST	ITUTE,	57	5					LAND RIGHTS				
MADISON AVE 25TH FLOOR, N	EW YORK	, :	NY	1	00	22		CONSULTING		21!	5,0	00.
RESOURCE EQUITY		-						LAND RIGHTS				
PO BOX 2839, FRIDAY HARBO	r, wa 9	82	50					CONSULTING		204	4,4	79.
INNOVATIONS FOR POVERTY A							_	LAND RIGHTS		,		
WHITNEY AVE 2ND FLOOR, NE	-			0	65	10		CONSULTING		15	9,8	29.
· · · · · · · · · · · · · · · · · · ·			_	-	-	-						
2 Total number of independent contractors (in	cludina but na	ot lin	nitec	to	thos	se lis	ted	above) who received mor	re than			
\$100,000 of compensation from the organiz	•			-	4			,				

\$100,000 of compensation from the organization

Form **990** (2019)

932008 01-20-20

Form	<u>1 99</u>	0 (2	2019) RURAL DEVELO	OPMENT INS	TITUTE		91-1158	970 Page <b>9</b>
Pa	rt \	/111	Statement of Revenue					
			Check if Schedule O contains a respon	se or note to any lir	ne in this Part VIII	(B)	· · · · · · · · · · · · · · · · · · ·	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
Ū.G		с	Fundraising events 1c	50,000.				
ifts ar A			Related organizations 1d					
s, G milå			Government grants (contributions) 1e					
Sii			All other contributions, gifts, grants, and					
ber			similar amounts not included above 1f	12,056,171.				
l Of		g	Noncash contributions included in lines 1a-1f	20,512.				
anc		h	Total. Add lines 1a-1f		12,106,171.			
				Business Code				
e	2	а	CONTRACT REVENUE	900099	2,962,507.	2,962,507.		
e vic		b	EVENT REGISTRATIONS	900099	12,500.	12,500.		
Se		с	COST REIMBURSEMENT	900099	1,021.	1,021.		
am eve		d						
Program Service Revenue		е						
Ъ		f	All other program service revenue					
		g	Total. Add lines 2a-2f		2,976,028.			
	3		Investment income (including dividends, inf					
			other similar amounts)	►	832.			832.
	4		Income from investment of tax-exempt bon	d proceeds				
	5		Royalties					
			(i) Real	(ii) Personal	_			
	6	а	Gross rents 6a		_			
		b	Less: rental expenses 6b		_			
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securitie	.,	-			
			assets other than inventory <b>7a</b> 30,07	/0.	-			
		b	Less: cost or other basis					
nue			and sales expenses         7b         30,75           Gain or (loss)         7c         -72		-			
evenue					704			704
r B	-		Net gain or (loss)	<u></u> ►	-724.			-724.
Other R	8	а	Gross income from fundraising events (not					
0			including \$ 50,000. of					
			contributions reported on line 1c). See	<b>8a</b> 15,000.				
		L	,	8a 15,000. 8b 0.	-			
			Net income or (loss) from fundraising event		15,000.			15,000.
	٥		Gross income from gaming activities. See	<u> </u>				20,000.
	3	a		9a				
		h		9b	-			
			Net income or (loss) from gaming activities					
	10		Gross sales of inventory, less returns					
		-		10a				
		b		10b	-			
			Net income or (loss) from sales of inventory					
			· · · · · · · · · · · · · · · · · · ·	Business Code				
sno	11	а	MISCELLANEOUS	900099	100.			100.
nee		b						
eve:		с						
Miscellaneous Revenue		d	All other revenue					
2			Total. Add lines 11a-11d		100.			
	12		Total revenue. See instructions		15,097,407.	2,976,028.	0.	15,208.
93200	9 01	-20-	20					Form <b>990</b> (2019)

### 932009 01-20-20

### 19260330 758871 070650.0

9

Page **9** 

91-1158970

RURAL DEVELOPMENT INSTITUTE Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
1	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2					
3	individuals. See Part IV, line 22				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	284,087.	284,087.		
4	Benefits paid to or for members	201,007.	204,007.		
<del>-</del> 5	Compensation of current officers, directors,				
5	trustees, and key employees	501,196.	127,221.	268,693.	105,282
6	Compensation not included above to disqualified	501,150.	107,0010	200,055.	105,202
0	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	4,947,570.	3,439,250.	1,003,303.	505,017
7 0	Other salaries and wages	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5,35,450.	<u> </u>	505,017
8	Pension plan accruals and contributions (include	115,763.	74,176.	26,470.	15 117
^	section 401(k) and 403(b) employer contributions)	664,837.	442,221.	149,780.	<u>    15,117</u> 72,836
9	Other employee benefits	301,772.	181,701.	78,666.	41,405
0	Payroll taxes	301,772.	101,/01.	/0,000.	41,405
1	Fees for services (nonemployees):				
a	Management	13,624.	13,459.	111.	E A
b	Legal	54,437.	43,819.	7,153.	<u>54</u> 3,465
	9 F	54,457.	43,019.	7,155.	5,405
	, , , , , , , , , , , , , , , , , , ,				
е					
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	1 000 070	1 0 2 0 1 0 0	04 701	04 050
	column (A) amount, list line 11g expenses on Sch 0.)	1,986,972.	1,938,122.	24,791.	24,059
2	Advertising and promotion	69,390.	48,865.	1,453.	19,072
3	Office expenses	110,734.	67,714.	6,807.	36,213
4	Information technology	133,660.	83,463.	22,595.	27,602
5	Royalties	<b>U12 011</b>	F 4 0 0 1 1		
6	Occupancy	713,211.	542,211.	115,195.	55,805
7	Travel	395,116.	362,894.	9,024.	23,198
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	43,404.	22,428.	6,993.	13,983
3	Insurance				
4	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
2	PROJECT OPERATIONS COST	223,643.	214,609.	2,668.	6,366
a b	TELECOMMUNICATIONS	47,058.	33,038.	9,044.	4,976
c	RECRUITMENT AND TRAININ	32,359.	27,326.	2,963.	2,070
d					_,,,,
	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	10,638,833.	7,946,604.	1,735,709.	956,520
<u>)</u> 3	Joint costs. Complete this line only if the organization	_0,000,000.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	230,520
,	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

10

932010 01-20-20

Form 990 (2019)

19260330 758871 070650.0

RURAL	DEVELOPMENT	INSTITUTE
-------	-------------	-----------

91-1158970 Page 11

		Check if Schedule O contains a response or note	e to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	2,795,266.	1	3,514,277.		
	2	Savings and temporary cash investments			20,045.	2	519,841.
	3	Pledges and grants receivable, net			3,343,471.	3	7,724,959.
	4	Accounts receivable, net			901,224.	4	734,650.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial co	ontributor, or 35%			
		controlled entity or family member of any of thes	e persoi	ns		5	
	6	Loans and other receivables from other disqualif	ied pers	ons (as defined			
		under section 4958(f)(1)), and persons described	in secti	on 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			299,104.	9	254,111.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		507,876.	186 600		100 105
		Less: accumulated depreciation		374,681.	176,600.	10c	133,195.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets		102 006	14	07 055	
	15	Other assets. See Part IV, line 11	<u>    102,806.</u> 7,638,516.	15	<u>97,955.</u> 12,978,988.		
	16	Total assets. Add lines 1 through 15 (must equa			785,124.	16 17	1,668,505.
	17 18	Accounts payable and accrued expenses	705,124.	17	1,000,303.		
	19	Grants payable				19	
	20	Deferred revenue Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
	22	Loans and other payables to any current or form				21	
Liabilities		trustee, key employee, creator or founder, substa					
ilidi		controlled entity or family member of any of thes				22	
Lia	23	Secured mortgages and notes payable to unrela		F		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay		Г			
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D	49,734.	25	48,251.		
	26	Total liabilities. Add lines 17 through 25			834,858.	26	1,716,756.
		Organizations that follow FASB ASC 958, chee	ck here				
ces		and complete lines 27, 28, 32, and 33.					
Ian	27				923,608.	27	199,533.
I Be	28	Net assets with donor restrictions			5,880,050.	28	11,062,699.
oun		Organizations that do not follow FASB ASC 95	58, chec	k here ▶ 🛄			
чF		and complete lines 29 through 33.					
ets e	29	Capital stock or trust principal, or current funds				29	
SSe	30	Paid-in or capital surplus, or land, building, or eq		ath an funda		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc			6,803,658.	31	11,262,232.
ž	32 22	Total net assets or fund balances			7,638,516.	32 33	12,978,988.
	33	Total liabilities and net assets/fund balances			1,000,010.	ত্র	Eorm <b>990</b> (2010)

<u>, 978, 988.</u> Form **990** (2019)

Form 990 (2019)
Part X Balance Sheet

\_

Form	1990 (2019) RURAL DEVELOPMENT INSTITUTE	91-1	158970	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				-
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,097		
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,638	8,83	33.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,458	3,5'	74.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,803	6,6	58.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	Í Í			
	column (B))	10	11,262	2,23	<u>32.</u>
Pa	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 in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	Х	<u> </u>
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		

Form **990** (2019)

932012 01-20-20

SCH	IED	ULE	Α
-----	-----	-----	---

Department of the Treasury Internal Revenue Service

(Form	990	or	990-	EZ)
-------	-----	----	------	-----

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

1

Name of the	organization
-------------	--------------

Name	Name of the organization Employer identification number											
	RURAL DEVELOPMENT INSTITUTE								1-1158970			
Part	Ι	Reason for Public Charity Status (All organizations must complete this part.) See instructions.										
The org	he organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)											
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2		A school described in secti	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990 or 99	90-EZ).)						
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).					
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,			
		city, and state:										
5		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). (C	Complete Part II.)									
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).					
7 Σ	ζ	An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	e general p	oublic described in			
		section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)							
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	i <b>x)</b> operate	ed in conju	inction with a	land-grant	college			
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or			
		university:										
10		An organization that norma	Ily receives: (1) more	than 33 1/3% of its supp	port from c	contributio	ns, membersł	nip fees, an	d gross receipts from			
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of it	s support f	rom gross investment			
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	Ifter June 30, 1975.			
_	_	See section 509(a)(2). (Cor	mplete Part III.)									
11	4	An organization organized a	-	•	•							
12 🗌		An organization organized a	-	•				•				
		more publicly supported or	-						Check the box in			
		lines 12a through 12d that	• •		-			-				
а		<b>Type I.</b> A supporting orga	-	-	• • • •	-						
		the supported organization			majority o	of the direc	tors or trustee	es of the su	ipporting			
		organization. You must o	-									
b		<b>Type II.</b> A supporting org	-				•		•			
		control or management o			ame persoi	ns that col	ntrol or manag	ge the supp	Dorted			
		organization(s). You mus			in connect	ion with a	and functional	lu integrato	d with			
С		J Type III functionally inte its supported organization						ly integrate	u with,			
d		Type III non-functionally	. , .	•			-	tod organi-	zation(c)			
u		that is not functionally int						-				
		requirement (see instructi	<b>c</b>	<b>c</b>	•		•	anallenin	1611635			
е		Check this box if the orga						II Type III				
C		functionally integrated, or					турс і, турс	n, rype m				
f F	nte	r the number of supported of		nany integrated supportin	0 0							
		ide the following information	•									
		) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed ng document?	(v) Amount of	monetary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)			
Total												
10101						1	1		1			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

### Schedule A (Form 990 or 990-EZ) 2019 RURAL DEVELOPMENT INSTITUTE Part II

91-1158970 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support				-	-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	12624382.	8296867.	11479166.	<u>10083457.</u>	<u>12106171.</u>	54590043.
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	1000	000000	1110100			- 4 - 0 0 0 4 0
4	Total. Add lines 1 through 3	12624382.	8296867.	11479166.	10083457.	12106171.	54590043.
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)						32520648.
~	••••••••••••••••••••••••••••••						22069395.
	Public support. Subtract line 5 from line 4. ction B. Total Support						22009393.
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	12624382.		11479166.			
	Gross income from interest,		02200070				
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	6,997.	8,728.	5,344.	1,693.	832.	23,594.
9	Net income from unrelated business		• • • • •				
Ū	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.)				717.	100.	817.
11	Total support. Add lines 7 through 10						54614454.
12	Gross receipts from related activities,	, etc. (see instructio	ons)			12 11	,896,886.
13	First five years. If the Form 990 is fo	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	
_	organization, check this box and sto						
See	ction C. Computation of Public	ic Support Per	centage				
	Public support percentage for 2019 (		•	.,,		14	40.41 %
	Public support percentage from 2018					15	45.40 %
16a	33 1/3% support test - 2019. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	<b>33 1/3% support test - 2018.</b> If the						
	and <b>stop here.</b> The organization qua						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the "fac			-	-	-	
	meets the "facts-and-circumstances"	-	-	• • • •			
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets the						e ⊾ □
10	organization meets the "facts-and-circ						
IÖ	Private foundation. If the organization	оп ана пос спеск а		a, 100, 17a, or 17b			
					SCHE	Sagle & (LOUIII 220	) or 990-EZ) 2019

932022 09-25-19

# Schedule A (Form 990 or 990-EZ) 2019 RURAL DEVELOPMENT INSTITUTE 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) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disgualified persons						
	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						
8 Sec	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included in 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 five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here						<b>&gt;</b>
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2019 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2018					16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	<b>)19</b> (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from	2018 Schedule A,	Part III, line 17			18	%
19a	<b>33 1/3% support tests - 2019.</b> If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qual	ifies as a publicly	supported organiza	tion	
b	33 1/3% support tests - 2018. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	t <b>op here.</b> The orga	anization qualifies	as a publicly suppo	orted organization	▶□
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			
93202	23 09-25-19		15	5	Sch	edule A (Form 99	0 or 990-EZ) 2019

2019.05080 RURAL DEVELOPMENT INSTITU 070650.1

### Schedule A (Form 990 or 990 EZ) 2019 RURAL DEVELOPMENT INSTITUTE

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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 in 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 in 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 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.)

932024 09-25-19

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c

Schedule A (Form 990 or 990-EZ) 2019

10a

10b

Yes No

16

# Schedule A (Form 990 or 990-EZ) 2019 RURAL DEVELOPMENT INSTITUTE Part IV Supporting Organizations (continued)

			Vac	Ne
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
u	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	-		
<u>Sec</u>	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
000			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Tes	NU
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u></u>	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).	•		
a h	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i>			
b c	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i> The organization supported a governmental entity. <i>Describe in</i> <b>Part VI</b> <i>how you supported a government entity (see insti</i>			
2	Activities Test. Answer (a) and (b) below.	ructions,	Yes	No
ے a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	
u	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

17

932025 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

19260330 758871 070650.0

	dule A (Form 990 or 990 EZ) 2019 RURAL DEVELOPMENT INSTIT			91–1158970 Page <b>6</b>
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (explain in I	Part VI). See instructions. All
	other Type III non-functionally integrated supporting organizations must con	nplete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
_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 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		<u> </u>
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

#### \_ \_ .

Section C - Distributable Amount				Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 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).					
7	7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see				

instructions).

Schedule A (Form 990 or 990-EZ) 2019

932026 09-25-19

### Schedule A (Form 990 or 990-EZ) 2019 RURAL DEVELOPMENT INSTITUTE

Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.	5		
9	Distributable amount for 2019 from Section C, line 6			
0	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
ecti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

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 A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

### MISCELLANEOUS

Schedule A (Form 990 or 990-EZ) 2019

### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service \*\* PUBLIC DISCLOSURE COPY

## **Schedule of Contributors**

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

OMB No. 1545-0047

2019

Employer identification number

	RURAL DEVELOPMENT INSTITUTE	91-1158970
Organization type (cl	heck one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

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

### **General Rule**

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

### **Special Rules**

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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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

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

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

### Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

Page 2

91-1158970

### RURAL DEVELOPMENT INSTITUTE

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>    1</u>		\$9,946,236.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>600,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>250,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$300,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	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.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

923452 11-06-19

19260330 758871 070650.0

22 2019.05080 RURAL DEVELOPMENT INSTITU 070650.1

Page 3

Employer identification number

91-1158970

RURAL DEVELOPMENT INSTITUTE

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

23

19260330 758871 070650.0

Page **4** 

Name of organia	zation		Employer identification number
RIRAL DE	VELOPMENT INSTITUTE		91-1158970
Part III Ex fro	clusively religious, charitable, etc., contribut m any one contributor. Complete columns (a npleting Part III, enter the total of exclusively religious,	a) through (e) and the following line ent charitable, etc., contributions of \$1,000 or I	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the yea ry. For organizations
(a) No.	e duplicate copies of Part III if additional		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	t
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift nd ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
			Schedule B (Form 990, 990-EZ, or 990-PF) (201

19260330 758871 070650.0

2019.05080 RURAL DEVELOPMENT INSTITU 070650.1

SCHEDULE D	)
------------	---

Department of the Treasury Internal Revenue Service

<del>9</del> 0)

## **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.



Employer identification number

91-1158970

Name	of the	organization
------	--------	--------------

### RURAL DEVELOPMENT INSTITUTE

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the						
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.					
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fur	nds				
	are the organization's property, subject to the organization's						
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?		Yes No				
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part IV	/, line 7.				
1	Purpose(s) of conservation easements held by the organization						
	Preservation of land for public use (for example, recrea		torically important land area				
	Protection of natural habitat		tified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a c	onservation easement on the last				
	day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
			2b				
	Number of conservation easements on a certified historic str		2c				
	Number of conservation easements included in (c) acquired						
	listed in the National Register		2d				
3	Number of conservation easements modified, transferred, re						
	year 🕨	, , , , , ,	5				
4	Number of states where property subject to conservation ea	sement is located					
5	Does the organization have a written policy regarding the pe						
	violations, and enforcement of the conservation easements i		Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting,						
-		5	3 ,				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation e	asements during the year				
-	► \$						
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(F	3)(i)				
-	and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports conservat						
•	balance sheet, and include, if applicable, the text of the foot						
	organization's accounting for conservation easements.						
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Other	Similar Assets.				
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and ba	lance sheet works				
	of art, historical treasures, or other similar assets held for pu						
	service, provide in Part XIII the text of the footnote to its fina						
b	If the organization elected, as permitted under FASB ASC 95		e sheet works of				
	art, historical treasures, or other similar assets held for public						
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$				
2	If the organization received or held works of art, historical tre						
-	the following amounts required to be reported under FASB A						
а	Revenue included on Form 990, Part VIII, line 1	-	▶ \$				
	Assets included in Form 990, Part X						
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2019				
552001		25					

2019.05080 RURAL DEVELOPMENT INSTITU 070650.1

Sche		EVELOPMENT						<u>91-11</u>			age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Histor	ical Trea	isures, o	r Othe	r Simila	r Assets	contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check a	ny of the fo	llowing that	t make s	ignificant ι	use of its		,	
	collection items (check all that apply):										
а	Public exhibition	d	l 🗌 Lo	an or exch	ange progra	am					
b	Scholarly research	е	e 🗌 Ot	her							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how they	further the	organizatio	on's exer	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations o	of art, histo	orical treasu	ires, or othe	er similar	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the o	rganization	answered	"Yes" on	Form 990	), Part IV, I	line 9, or		
4	reported an amount on Form 990, Pa			. 1. 11 11			the set of set				
па	Is the organization an agent, trustee, custodi		2								7
	on Form 990, Part X?							∟	Yes		_ No
D	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing tab	ile:					A.m.o.um		
	Designing belonce						10		Amoun	ι <u> </u>	
	Additions during the year										
	Additions during the year										
f	Ending balance						. <u>ie</u> 1f				
2a	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.							·····			]
	t V Endowment Funds. Complete						10.				<u></u>
	• ·	(a) Current year	(b) Pric		(c) Two yea		(d) Three y	/ears back	(e) Four	vears	back
1a	Beginning of year balance				.,					2	
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, c	column (a))	held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ession of the organiza	ation that a	re held and	l administer	red for th	ne organiza	ation	r		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the total t		wment fun	ds.							
Fai	<b>3</b> , 11				<b>F</b> 000						
	Complete if the organization answere							.	( ) =		
	Description of property	<b>(a)</b> Cost or o basis (investr		(b) Cost o basis (c			ccumulate preciation		( <b>d)</b> Boo	k valu	Э
1a	Land										
	Buildings										
	Leasehold improvements				,209.		41,1			8,10	
	Equipment				5,393.		222,1			3,22	
	Other			143	3,274.		111,4	08.		1,8	
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column	(B), line 10	c.)				13	3,1	95.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 $$ $$ $$ $$ $$	RURAL	DEVELOPMENT	INSTITUTE
---	-------	-------------	-----------

### Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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 end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990. Part X. col. (B) line 13.)		

#### Other Assets. Part IX

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Cold	umn (b) must equal Form 990. Part X. col. (B) line 15.)	
Part X	Other Liabilities.	
	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) INDIA GRATUITY LIABILITY	48,251.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)	48,251.

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

Schedule D (Form 990) 2019

932053 10-02-19

Sche	edule D (Form 990) 2019 RURAL DEVELOPMENT INSTITUTE	91-	1158970 Page <b>4</b>		
Pa	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With F			<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	15,186,449.
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	89,042.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	89,042.
3	Subtract line 2e from line 1			3	15,097,407.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.
_	Total revenue Add lines 2 and 40 (This was a first and 000 De 11 line 10)			5	15,097,407.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)				13,037,407.
	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per R		n.
	TAXII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents With	Expenses per F	letur	n.
	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per F		10,727,875.
Pa	<b>rt XII Reconciliation of Expenses per Audited Financial Stateme</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With	Expenses per R	letur	n.
Pa 1	Reconciliation of Expenses per Audited Financial Stateme           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.           Total expenses and losses per audited financial statements	ents With	Expenses per R	letur	n.
Pa 1 2	<b>rt XII Reconciliation of Expenses per Audited Financial Stateme</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With	Expenses per R	letur	n.
Pa 1 2	Image: Second liable of the organization of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	2a 2b	Expenses per R	letur	n.
Pa 1 2 b c d	Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per R	letur	n. 10,727,875.
Pa 1 2 b c d	TXII       Reconciliation of Expenses per Audited Financial Stateme         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	Expenses per R	letur 1 2e	n. <u>10,727,875</u> . 89,042.
Pa 1 2 b c d	Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per R	letur 1	n. 10,727,875.
Pa 1 2 a b c d e	TXII       Reconciliation of Expenses per Audited Financial Stateme         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	Expenses per R	letur 1 2e	n. <u>10,727,875</u> . 89,042.
Pa 1 2 b c d 3	Reconciliation of Expenses per Audited Financial Stateme         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a 2b 2c 2d	Expenses per R	letur 1 2e	n. <u>10,727,875</u> . 89,042.
Pa 1 2 a b c d e 3 4	Reconciliation of Expenses per Audited Financial Stateme         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a	Expenses per R	letur 1 2e	n. <u>10,727,875</u> . 89,042.
Pa 1 2 a b c d e 3 4 a	Reconciliation of Expenses per Audited Financial Statemer         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	Expenses per R 89,042.	1 1 2e 3 4c	n. <u>10,727,875.</u> <u>89,042.</u> 10,638,833. 0.
Pa           1           2           a           b           c           d           a           b           c           3           4           b           c           5	Reconciliation of Expenses per Audited Financial Stateme         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	Expenses per R 89,042.	1 2e 3	n. <u>10,727,875</u> . 89,042.

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

932054 10-02-19

RURAL DEVELOPME				91-115895	70
Part I General Infor	mation on A	ctivities Out	side the United States. Compl	ete if the organization answered "	Yes" on
Form 990, Part IV	/, line 14b.				
1 For grantmakers. Does	the organization	n maintain recor	ds to substantiate the amount of its gra	ants and other assistance,	
the grantees' eligibility for	or the grants or a	assistance, and t	he selection criteria used to award the	grants or assistance?	Yes 🗌 No
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and other assistance outs	side the
United States.				- 9	
	ne following Part	I. line 3 table ca	an be duplicated if additional space is r	needed.)	
(a) Region	(b) Number of	(c) Number of			(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures for and
	in the region	independent contractors	gram services, investments, grants to		investments
		in the region	recipients located in the region)	of service(s) in the region	in the region
EAST ASIA AND THE			L	PRO POOR LAND RIGHTS	
PACIFIC	1	3	PROGRAM SERVICES	PROGRAM	645,162.
				PRO POOR LAND RIGHTS	
SOUTH ASIA	4	53	PROGRAM SERVICES	PROGRAM	2,102,431.
					, ,
				PRO POOR LAND RIGHTS	
SUB-SAHARAN AFRICA	2	9	PROGRAM SERVICES	PROGRAM	1,492,297.
3 a Subtotal	7	65			4,239,890.
<b>b</b> Total from continuation					
sheets to Part I	0	0			0.
c Totals (add lines 3a					
and 3b)	7	65			4,239,890.
LHA For Paperwork Reduct	ion Act Notice,	see the Instruc	tions for Form 990.	Schedule F	(Form 990) 2019

## Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public** 

Inspection

Employer identification number

9

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA - AFGHANISTAN, BANGLADESH,	PRO POOR LAND RIGHTS					
		BHUTAN, INDIA,	PROGRAM	211,398.	WIRE TRANSFER	٥.		
		SOUTH ASIA - AFGHANISTAN, BANGLADESH,	PRO POOR LAND RIGHTS					
		, BHUTAN, INDIA,	PROGRAM	72,689.	WIRE TRANSFER	٥.		
by the IRS, or for whic	h the grantee or cou	nsel has provided a sect	ecognized as charities by the t tion 501(c)(3) equivalency letter					2
3 Enter total number of	other organizations o	or entities				🕨		

Schedule F (Form 990) 2019

91-1158970

### Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Region	(c) Number of recipients	(d) Amount of cash grant	<b>(e)</b> Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2019

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2019

# Schedule F (Form 990) 2019 RURAL DEVELOPMENT INSTITUTE Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

GRANTEES PROVIDE MONTHLY REPORTING SHOWING HOW FUNDS WERE SPENT. THESE

ARE REVIEWED IN BOTH LANDESA'S COUNTRY OFFICES AND IN THE U.S.

PART I, LINE 3:

ACCRUAL BASIS OF ACCOUNTING.

Schedule F (Form 990) 2019

932075 10-12-19

SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities							OMB No. 1545-0047	
(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the							or if the	2019	
organization entered more than \$15,000 on Form 990-EZ, line 6a.  Attach to Form 990 or Form 990-EZ.							Open to Public		
Department of the Treasury Internal Revenue Service		to www.irs.gov/Form990 for instr				on.		Inspection	
					Employer ide 91-1158	ridentification number 58970			
		Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	I filers are not	
· · ·	complete this part	t. ed funds through any of the followin	a activ	vities. (	Check all that apply.				
a 📃 Mail solicitat	-	e 🔄 Solicita	tion of	non-g	overnment grants				
	email solicitations			-	nment grants				
c Phone solici d In-person so		g 🛄 Special	fundra	aising	events				
•		or oral agreement with any individual	(includ	ling of	ficers, directors, trus	tees,	or		
		art VII) or entity in connection with p /iduals or entities (fundraisers) pursu			•	ho fur	Yes		
compensated at le	•	· /·	antio	agree	ments under which ti	ne iur	Idraiser is to b	3	
			(iii)	Did		(v)	Amount paid		
(i) Name and addres or entity (fund		(ii) Activity		Did raiser ustody trol of utions?	(iv) Gross receipts from activity	tò (or retained by) fundraiser listed in col. (i)		(vi) Amount paid to (or retained by) organization	
			Yes	No		115			
		n is registered or licensed to solicit o	ontrib	▶ utions	or has been notified	it is (	exempt from re	gistration	
or licensing.							-		
LHA For Paperwork Re	eduction Act Noti	ice, see the Instructions for Form 9	990 or	990-E	Z. 9	Sche	dule G (Form 9	990 or 990-EZ) 2019	

932081 09-11-19

### Schedule G (Form 990 or 990 EZ) 2019 RURAL DEVELOPMENT INSTITUTE

91-1158970 Page 2

Part II	Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000	
	of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,00	)0

		of fundraising event contributions and gro	oss income on Form 990-		vents with gross receipt	s greater than \$5,000.
			(a) Event #1 SEED THE CHANGE DINNE	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Jue					. ,	
Revenue	1	Gross receipts	65,000.			65,000.
	2	Less: Contributions	50,000.			50,000.
	3	Gross income (line 1 minus line 2)	15,000.			15,000.
	4	Cash prizes				
	5	Noncash prizes				
seuses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Δ	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	9 in column (d)	•	•	
		Net income summary. Subtract line 10 from li	ne 3, column (d)			15,000.
Pa	irt I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	1			<del>.</del>
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
es	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct [	4	Rent/facility costs				
_	5	Other direct expenses				
			<b>Yes</b> %	Yes %	<b>Yes</b> %	
	6	Volunteer labor	No No	No	No No	
	7	Direct expense summary. Add lines 2 through		►		
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
а	En Is t	ter the state(s) in which the organization condu the organization licensed to conduct gaming ac No," explain:	cts gaming activities:	states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain:				Yes No

932082 09-11-19

Schedule G (Form 990 or 990-EZ) 2019

Sch	edule G (Form 990 or 990-EZ) 2019 RURAL DEVELOPMENT INSTITUTE	91-11589	70 Page 3
	Does the organization conduct gaming activities with nonmembers?		
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	<b>Y</b>	es 🗌 No
13	Indicate the percentage of gaming activity conducted in:		
a	a The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record		
	Name		
	Address		
<b>1</b> 5a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Y	es 🛄 No
k	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo	unt	
	of gaming revenue retained by the third party $ ightarrow$ \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 \$		
	Garning manager compensation 🕨 🤤		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Y	es 🗌 No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent ir	ו the	
_	organization's own exempt activities during the tax year 🕨 \$		
Pa	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part III, lines	s 9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
9320	83 09-11-19 Schedule	G (Form 990 or	990-EZ) 2019
	36		-

Part IV	Supplemental Information (continued)
	Schedule G (Form 990 or 990-EZ)

SC	HEDULE J										
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		00	16	<u> </u>					
•		Compensated Employees		<u> </u>	119	J					
Deres		Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open	o Pub	lic					
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Insp	ection						
Nam	e of the organizatio	n		identificat		mber					
		RURAL DEVELOPMENT INSTITUTE	91-	115897	0						
Pa	rt I Question	s Regarding Compensation									
					Yes	No					
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	n 990,								
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.									
	First-class or o	charter travel Housing allowance or residence for pers	onal use								
	Travel for com	esidence									
	Tax indemnifie	cation and gross-up payments Health or social club dues or initiation fe	es								
	Discretionary	spending account Personal services (such as maid, chauffe	eur, chef)								
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or									
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b		<u> </u>					
2	Did the organizatio	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,									
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	X						
3		ny, of the following the organization used to establish the compensation of the organization									
		ector. Check all that apply. Do not check any boxes for methods used by a related organization	ion to								
		ation of the CEO/Executive Director, but explain in Part III.									
	Compensation										
	·	compensation consultant									
	Form 990 of o	ther organizations [X] Approval by the board or compensation	committee								
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing									
-	organization or a re	•		4-		x					
a h		e payment or change-of-control payment?		<u>4a</u>		X					
u o		ceive payment from, a supplemental nonqualified retirement plan?				X					
C	-	ceive payment from, an equity-based compensation arrangement?		40							
	I res to any or in	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.									
	Only section 501(	:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.									
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensat	on								
5	contingent on the r		011								
я	-			5a		x					
		ation?				x					
~		br 5b, describe in Part III.									
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensat	on								
Ū	contingent on the r										
а	•	~ 		6a		X					
		ation?				X					
		or 6b, describe in Part III.									
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	S								
	-	nes 5 and 6? If "Yes," describe in Part III		7		X					
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to									
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X					
9		id the organization also follow the rebuttable presumption procedure described in									
		n 53.4958-6(c)?	<u></u>	9							
LHA		eduction Act Notice, see the Instructions for Form 990.		dule J (For	m 990	) 2019					

932111 10-21-19

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(I)-(D)	reported as deferred on prior Form 990
(1) CHRIS JOCHNICK	(i)	239,737.	0.	0.	7,282.	20,330.	267,349.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARK RUFFO	(i)	163,621.	0.	0.	4,983.	7,425.	176,029.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KAROL BOUDREAUX	(i)	162,429.	0.	0.	4,864.	7,345.	174,638.	0.
CHIEF PROGRAM OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) PING LI	(i)	160,845.	0.	0.	4,853.	7,345.	173,043.	0.
INTERIM CHINA PROGRAM DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ROBERT MITCHELL	(i)	159,578.	0.	0.	5,034.	20,330.	184,942.	0.
ASIA REGION SR. DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JENNIFER ABRAHAMSON	(i)	157,528.	0.	0.	4,800.	7,345.	169,673.	0.
CHIEF OF ADVOCACY	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DIANA FLETSCHNER	(i)	147,867.	0.	0.	4,711.	11,642.	164,220.	0.
SR. DIRECTOR, RESEARCH, EV	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) SUSAN PFEIFFER	(i)	145,728.	0.	0.	4,413.	9,846.	159,987.	0.
CHIEF HUMAN RESOURCES OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JENNIFER DUNCAN	(i)	128,209.	0.	0.	4,017.	21,875.	154,101.	0.
FORMER SR. LAND POLICY ADVISOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) DAVID ABRAHAMSON	(i)	106,893.	0.	0.	2,880.	11,729.	121,502.	0.
FORMER DIRECTOR OF PROGRAM	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2019

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.

9 Open to Public Inspection Employer identification number

OMB No. 1545-0047

RURAL DEVELOPMENT INSTITUTE

91-1158970

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

WOMEN AND MEN TO PROVIDE OPPORTUNITY AND PROMOTE SOCIAL JUSTICE.

PART III, LINE 4D, OTHER PROGRAM SERVICES: FORM 990,

COMMITMENT TO RIGOROUS MONITORING AND EVALUATION UNDERGIRDS LANDESA'S

WORK. THIS PROCESS FACILITATES INTERNAL LEARNING FOR FUTURE PROJECTS

AND IN MANY CASES EXPANDS THE UNDERSTANDING OF LAND-RELATED

INTERVENTIONS AMONG THE GLOBAL DEVELOPMENT COMMUNITY. LANDESA FURTHER

DISSEMINATES PROJECT LEARNING, ELEVATES THE ISSUE OF LAND RIGHTS, AND

CULTIVATES NEW DONOR RESOURCES THROUGH STRATEGIC COMMUNICATIONS

EFFORTS. THESE ACTIVITIES BUILD AWARENESS AND EXPAND UNDERSTANDING OF

THE IMPORTANCE OF LAND RIGHTS AS A DEVELOPMENT INTERVENTION. LANDESA'S

CORPORATE ENGAGEMENT PROGRAM DEVELOPS TOOLS AND RESOURCES TO HELP

COMPANIES SHAPE LAND POLICIES THAT ALIGN WITH INTERNATIONAL STANDARDS

AND BEST PRACTICES, LEADING TO BETTER OUTCOMES FOR LOCAL COMMUNITIES.

EXPENSES \$ 2,642,091. INCL GRANTS OF \$ 284,087. REVENUE \$ 2,419,616.

PART V, LINE 4B, LIST OF FOREIGN COUNTRIES: FORM 990,

INDIA, CHINA, TANZANIA BURMA

LIBERIA

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

AFTER THE FINAL DRAFT OF THE FORM 990 IS PREPARED, IT IS REVIEWED BY

MANAGEMENT FOR ACCURACY AND COMPLETENESS, AND DISTRIBUTED TO ALL MEMBERS OF

41

THE BOARD OF DIRECTORS FOR REVIEW.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932211 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

RM 990, PART VI, SECTION B, LINE 12C: PLOYEES SIGN A CONFLICT OF INTEREST STATEMENT AT TIME OF EMI ARD ANSWERS AN ANNUAL QUESTIONNAIRE. WHETHER OR NOT A CONFI , BETWEEN REVIEWS, SELF-DETERMINED. IF THERE IS A POTENTIAN E BOARD MEMBER SPEAKS WITH MANAGEMENT AND THE EXECUTIVE COMM PLOYEE MEETS WITH MANAGEMENT FOR DETERMINATION AND A COURSE Y RESTRICTION WOULD BE BASED ON THE CONFLICT. RM 990, PART VI, SECTION B, LINE 15A: E PROCESS USED FOR SETTING THE COMPENSATION OF THE CEO IS TI L OTHER STAFF, INCLUDING PERFORMANCE APPRAISALS, COST OF LIV FORMATION, AND SALARY DATA FROM OTHER NONPROFIT ORGANIZATION ECUTIVE COMMITTEE APPROVES THE CEO'S COMPENSATION. RM 990, PART VI, SECTION C, LINE 19: DITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION VERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY WOULD ON REQUEST. RM 990, PART IX, LINE 11G, OTHER FEES: NSULTING AND PROFESSIONAL FEES: NSULTING AND PROFESSIONAL FEES: NAGEMENT AND GENERAL EXPENSES NAGEMENT AND GENERAL EXPENSES NALEXPENSES	91-1158970
ARD ANSWERS AN ANNUAL QUESTIONNAIRE. WHETHER OR NOT A CONFI , BETWEEN REVIEWS, SELF-DETERMINED. IF THERE IS A POTENTIAL E BOARD MEMBER SPEAKS WITH MANAGEMENT AND THE EXECUTIVE COM PLOYEE MEETS WITH MANAGEMENT FOR DETERMINATION AND A COURSE Y RESTRICTION WOULD BE BASED ON THE CONFLICT. RM 990, PART VI, SECTION B, LINE 15A: E PROCESS USED FOR SETTING THE COMPENSATION OF THE CEO IS TH L OTHER STAFF, INCLUDING PERFORMANCE APPRAISALS, COST OF LIV FORMATION, AND SALARY DATA FROM OTHER NONPROFIT ORGANIZATION ECUTIVE COMMITTEE APPROVES THE CEO'S COMPENSATION. RM 990, PART VI, SECTION C, LINE 19: DITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION VERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY WOULD DN REQUEST. RM 990, PART IX, LINE 11G, OTHER FEES: NSULTING AND PROFESSIONAL FEES: DEGRAM SERVICE EXPENSES NAGEMENT AND GENERAL EXPENSES NAGEMENT AND GENERAL EXPENSES NAGEMENT AND GENERAL EXPENSES TAL EXPENSES	
, BETWEEN REVIEWS, SELF-DETERMINED. IF THERE IS A POTENTIAL E BOARD MEMBER SPEAKS WITH MANAGEMENT AND THE EXECUTIVE COMP PLOYEE MEETS WITH MANAGEMENT FOR DETERMINATION AND A COURSE Y RESTRICTION WOULD BE BASED ON THE CONFLICT. RM 990, PART VI, SECTION B, LINE 15A: E PROCESS USED FOR SETTING THE COMPENSATION OF THE CEO IS TH L OTHER STAFF, INCLUDING PERFORMANCE APPRAISALS, COST OF LIV FORMATION, AND SALARY DATA FROM OTHER NONPROFIT ORGANIZATION ECUTIVE COMMITTEE APPROVES THE CEO'S COMPENSATION. RM 990, PART VI, SECTION C, LINE 19: DITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION VERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY WOULD DN REQUEST. RM 990, PART IX, LINE 11G, OTHER FEES: NSULTING AND PROFESSIONAL FEES: DORAM SERVICE EXPENSES NAGEMENT AND GENERAL EXPENSES NAGEMENT AND GENERAL EXPENSES TAL EXPENSES	PLOYMENT; THE
E BOARD MEMBER SPEAKS WITH MANAGEMENT AND THE EXECUTIVE COM PLOYEE MEETS WITH MANAGEMENT FOR DETERMINATION AND A COURSE Y RESTRICTION WOULD BE BASED ON THE CONFLICT. RM 990, PART VI, SECTION B, LINE 15A: E PROCESS USED FOR SETTING THE COMPENSATION OF THE CEO IS TI L OTHER STAFF, INCLUDING PERFORMANCE APPRAISALS, COST OF LIV FORMATION, AND SALARY DATA FROM OTHER NONPROFIT ORGANIZATION ECUTIVE COMMITTEE APPROVES THE CEO'S COMPENSATION. RM 990, PART VI, SECTION C, LINE 19: DITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION VERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY WOULD DN REQUEST. RM 990, PART IX, LINE 11G, OTHER FEES: NSULTING AND PROFESSIONAL FEES: DORAM SERVICE EXPENSES NAGEMENT AND GENERAL EXPENSES TAL EXPENSES TAL EXPENSES	LICT EXISTS
PLOYEE MEETS WITH MANAGEMENT FOR DETERMINATION AND A COURSE PLOYEE MEETS WITH MANAGEMENT FOR DETERMINATION AND A COURSE Y RESTRICTION WOULD BE BASED ON THE CONFLICT. RM 990, PART VI, SECTION B, LINE 15A: E PROCESS USED FOR SETTING THE COMPENSATION OF THE CEO IS TH L OTHER STAFF, INCLUDING PERFORMANCE APPRAISALS, COST OF LIV FORMATION, AND SALARY DATA FROM OTHER NONPROFIT ORGANIZATION ECUTIVE COMMITTEE APPROVES THE CEO'S COMPENSATION. RM 990, PART VI, SECTION C, LINE 19: DITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION VERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY WOULD ON REQUEST. RM 990, PART IX, LINE 11G, OTHER FEES: NSULTING AND PROFESSIONAL FEES: DOGRAM SERVICE EXPENSES NAGEMENT AND GENERAL EXPENSES NAGEMENT AND GENERAL EXPENSES TAL EXPENSES	L CONFLICT,
Y RESTRICTION WOULD BE BASED ON THE CONFLICT. RM 990, PART VI, SECTION B, LINE 15A: E PROCESS USED FOR SETTING THE COMPENSATION OF THE CEO IS TH L OTHER STAFF, INCLUDING PERFORMANCE APPRAISALS, COST OF LIV FORMATION, AND SALARY DATA FROM OTHER NONPROFIT ORGANIZATION ECUTIVE COMMITTEE APPROVES THE CEO'S COMPENSATION. RM 990, PART VI, SECTION C, LINE 19: DITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION VERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY WOULD ON REQUEST. RM 990, PART IX, LINE 11G, OTHER FEES: NSULTING AND PROFESSIONAL FEES: NSULTING AND PROFESSIONAL FEES: NAGEMENT AND GENERAL EXPENSES NDRAISING EXPENSES TAL EXPENSES	MITTEE; THE
RM 990, PART VI, SECTION B, LINE 15A: E PROCESS USED FOR SETTING THE COMPENSATION OF THE CEO IS TH L OTHER STAFF, INCLUDING PERFORMANCE APPRAISALS, COST OF LIV FORMATION, AND SALARY DATA FROM OTHER NONPROFIT ORGANIZATION ECUTIVE COMMITTEE APPROVES THE CEO'S COMPENSATION. RM 990, PART VI, SECTION C, LINE 19: DITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION VERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY WOULD DN REQUEST. RM 990, PART IX, LINE 11G, OTHER FEES: NSULTING AND PROFESSIONAL FEES: DOGRAM SERVICE EXPENSES NAGEMENT AND GENERAL EXPENSES NDRAISING EXPENSES TAL EXPENSES	OF ACTION.
E PROCESS USED FOR SETTING THE COMPENSATION OF THE CEO IS THE L OTHER STAFF, INCLUDING PERFORMANCE APPRAISALS, COST OF LIV FORMATION, AND SALARY DATA FROM OTHER NONPROFIT ORGANIZATION ECUTIVE COMMITTEE APPROVES THE CEO'S COMPENSATION. RM 990, PART VI, SECTION C, LINE 19: DITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION VERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY WOULD ON REQUEST. RM 990, PART IX, LINE 11G, OTHER FEES: NSULTING AND PROFESSIONAL FEES: DGRAM SERVICE EXPENSES NAGEMENT AND GENERAL EXPENSES NDRAISING EXPENSES TAL EXPENSES	
L OTHER STAFF, INCLUDING PERFORMANCE APPRAISALS, COST OF LIV FORMATION, AND SALARY DATA FROM OTHER NONPROFIT ORGANIZATION ECUTIVE COMMITTEE APPROVES THE CEO'S COMPENSATION. RM 990, PART VI, SECTION C, LINE 19: DITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION VERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY WOULD ON REQUEST. RM 990, PART IX, LINE 11G, OTHER FEES: NSULTING AND PROFESSIONAL FEES: OGRAM SERVICE EXPENSES NAGEMENT AND GENERAL EXPENSES NAGEMENT AND GENERAL EXPENSES TAL EXPENSES	
FORMATION, AND SALARY DATA FROM OTHER NONPROFIT ORGANIZATION ECUTIVE COMMITTEE APPROVES THE CEO'S COMPENSATION. ECUTIVE COMMITTEE APPROVES THE CEO'S COMPENSATION. EXAMPLE APPROVES ARE AVAILABLE ON THE ORGANIZATION VERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY WOULD EVALUATE AND PROFESSIONAL FEES: EVALUATE AND PROFESSIONAL FEES: EVALUATE AND GENERAL EXPENSES EVALUATE AND GENERAL EXPENSES EVALUATE AND EXPENSES EVALUATE AND EXPENSES EVALUATE AND EXPENSES EVALUATE AND EXPENSES EVALUATE AND EXPENSES	HE SAME AS FOR
ECUTIVE COMMITTEE APPROVES THE CEO'S COMPENSATION. ECUTIVE COMMITTEE APPROVES THE CEO'S COMPENSATION. EXAMPLE A COMPARING AND A COMPANY A COMPANY AND A CO	VING
RM 990, PART VI, SECTION C, LINE 19: DITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION VERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY WOULD ON REQUEST. RM 990, PART IX, LINE 11G, OTHER FEES: NSULTING AND PROFESSIONAL FEES: OGRAM SERVICE EXPENSES NAGEMENT AND GENERAL EXPENSES NAGEMENT AND GENERAL EXPENSES TAL EXPENSES	NS. THE
DITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION VERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY WOULD ON REQUEST. RM 990, PART IX, LINE 11G, OTHER FEES: NSULTING AND PROFESSIONAL FEES: OGRAM SERVICE EXPENSES NAGEMENT AND GENERAL EXPENSES NAGEMENT AND GENERAL EXPENSES TAL EXPENSES	
VERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY WOULD ON REQUEST. RM 990, PART IX, LINE 11G, OTHER FEES: NSULTING AND PROFESSIONAL FEES: OGRAM SERVICE EXPENSES NAGEMENT AND GENERAL EXPENSES NDRAISING EXPENSES TAL EXPENSES	
ON REQUEST. RM 990, PART IX, LINE 11G, OTHER FEES: NSULTING AND PROFESSIONAL FEES: OGRAM SERVICE EXPENSES NAGEMENT AND GENERAL EXPENSES NDRAISING EXPENSES TAL EXPENSES	N'S WEB SITE.
RM 990, PART IX, LINE 11G, OTHER FEES: NSULTING AND PROFESSIONAL FEES: OGRAM SERVICE EXPENSES NAGEMENT AND GENERAL EXPENSES NDRAISING EXPENSES TAL EXPENSES	BE PROVIDED
NSULTING AND PROFESSIONAL FEES: OGRAM SERVICE EXPENSES NAGEMENT AND GENERAL EXPENSES NDRAISING EXPENSES TAL EXPENSES	
OGRAM SERVICE EXPENSES NAGEMENT AND GENERAL EXPENSES NDRAISING EXPENSES TAL EXPENSES	
NAGEMENT AND GENERAL EXPENSES NDRAISING EXPENSES TAL EXPENSES	
NDRAISING EXPENSES TAL EXPENSES	94,736.
TAL EXPENSES	14,758.
	14,353.
	123,847.
O PROGRAM CONSULTANT:	
OGRAM SERVICE EXPENSES	1,843,386.
2 09-06-19 42 330 758871 070650.0 2019.05080 RURAL DEVELOPMEN	(Form 990 or 990-EZ) (20

Page 2

Employer identification number

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization

	O (Form 990 ne organizat		Z) (2019	9)								Employer identification	Page 2 number
	Ū		IRAL	DEVE	LOPME	NT IN	STIT	UTE				91-1158970	
MANAG	EMENT 2	AND G	ENE	RAL EX	KPENS:	ES						10,0	)33.
FUNDR.	AISING	EXPE	NSES	5								9,7	06.
TOTAL	EXPEN	SES										1,863,1	.25.
TOTAL	OTHER	FEES	ON	FORM	990,	PART	IX,	LINE	11G,	COL	A	1,986,9	972.
932212 09-06	5-19										Sche	dule O (Form 990 or 990-E	Z) (2019)
			~ = ~	•			4	13					_,,

19260330 758871 070650.0

2019.05080 RURAL DEVELOPMENT INSTITU 070650.1

SCHEDULE R

#### (Form 990)

#### . ,

Department of the Treasury Internal Revenue Service

# **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

OMB No. 1545-0047

2019 Open to Public Inspection

Employer identification number 91 - 1158970

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

Name of the organization

#### RURAL DEVELOPMENT INSTITUTE

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
LANDESA CONSULTING LLC - 27-5292266					
1424 4TH AVE SUITE 300					LANDESA (RURAL
SEATTLE, WA 98101	LAND RIGHTS LAW	WASHINGTON		14,791.	DEVELOPMENT INSTITUTE)
RURAL DEVELOPMENT INSTITUTE					
A-21, 3RD FLOOR, AUROBINDO MARG, GREEN PARK					LANDESA (RURAL
NEW DELHI, INDIA	LAND RIGHTS LAW	INDIA	32,501.	4,467.	DEVELOPMENT INSTITUTE)
LANDESA CONSULTING PRIVATE LIMITED					
A-21, 3RD FLOOR, AUROBINDO MARG, GREEN PARK					
NEW DELHI, INDIA	LAND RIGHTS LAW	INDIA	133,581.	9,721.	LANDESA CONSULTING LLC
LANDESA FOUNDATION FOR INNOVATIONS IN					
DEVELOPMENT, A-21, 3RD FLOOR, AUROBINDO	7				LANDESA (RURAL
MARG, GREEN PARK MAIN, NEW DELHI, INDIA	LAND RIGHTS LAW	INDIA	179.	634.	DEVELOPMENT INSTITUTE)

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	contr	<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))		Yes	No

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

Schedule R (Form 990) 2019

#### Schedule R (Form 990) 2019 RURAL DEVELOPMENT INSTITUTE

91-1158970 Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Direct controlling Predominant income (related, unrelated, excluded from tax under science) Share of total income end-of-year assets allocations?				Code V-UBI amount in box 20 of Schedule	Gene mana part	ral or aging ner?	Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
	-											
	-											
	-											
	1											
	{											
	4											

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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(k contr ent	(i) ction b)(13) rolled tity?
		country)						Yes	No
									<u> </u>
									<u> </u>
								'	

#### Schedule R (Form 990) 2019 RURAL DEVELOPMENT INSTITUTE

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

lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
<b>b</b> Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)	1c		
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)	<u>1f</u>		
g Sale of assets to related organization(s)			
h Purchase of assets from related organization(s)	1h		
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)	<u>1j</u>		-
Lease of facilities, equipment, or other assets from related organization(s)	<u>1k</u>		
Performance of services or membership or fundraising solicitations for related organization(s)	11		
n Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<u>1n</u>		
Sharing of paid employees with related organization(s)			+
Reimbursement paid to related organization(s) for expenses	<u>1p</u>		
Reimbursement paid by related organization(s) for expenses			╋
Other transfer of cash or property to related organization(s)	<u>1r</u>	X	
s Other transfer of cash or property from related organization(s)			

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) LANDESA CONSULTING PRIVATE LIMITED	R	133,429.	CASH
(2)			
<u>(3)</u>			
(4)			
(5)			
_(6)			

т

#### Schedule R (Form 990) 2019 RURAL DEVELOPMENT INSTITUTE

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are partner 501(c org: <b>Yes</b>	all rs sec. c)(3) s.?	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(ř Dispr tior alloca <b>Yes</b>	n) opor- late tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partn	) ging ter?	<b>(k)</b> Percentage ownership
			30010113 0 12 0 14)	Yes	NO			Yes	NO		Yes	NO	

Schedule R (Form 990) 2019

#### Part VII Supplemental Information

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

Schedule R (Form 990) 2019

932165 09-10-19

Form <b>88558</b> Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs) So to www.irs.gov/Form8858 for instructions and the latest information.							OMB No. 1545-1910		
(Rev. December 2018)	Go to www.irs.go Information furnished f								
Department of the Treasury Internal Revenue Service	beginning JUL 1	. 201		and ending <b>JUN</b>		. 20 2	- '	Attachment Sequence No. <b>140</b>	
Name of person filing this re		4				F	iler's iden	tifying number	
RURAL DEVELOPM							91-11	58970	
	Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)								
1424 FOURTH AV	YE, SUITE 300				33/				
	8101								
Filer's tax year beginning	JUL 1 , 20 19 , and	d ending	JUN 3	0,2020	)				
Important: Fill in all applica	able lines and schedules. All inf	formation	must be in	English. All amour	nts <b>must</b> (	be stated i	n		
	ess otherwise indicated.					<u> </u>			
				reign corporation	(CFC)			olled foreign partnership	
		B of a CF	-C				of a contro	lled foreign partnership	
Check here Initia		8858			b(1)	U.S. identi	fuina num	hor if any	
RDI INDIA TRUS					5(1)	0.3. identi	irying num		
	S, JUDICIAL LAY	TUOT							
YELAHANKA, BAN	•				b(2)	Reference	ID numbe	r (see instructions)	
INDIA 560065					LA	NDESA	123		
<b>c</b> For FDE, country(ies) un	der whose laws organized and	entity typ	e under loc	al tax law	d Dat	te(s) of org	anization	e Effective date as FDE	
INDIA		OPE	RATING	BUSINESS	05	13 0	8		
								05/13/08	
	ax treaty were claimed with res 8, enter the treaty and article nu			n which principal activity is conducted	h Principal business i F activity		i Functional currency		
					LAN	D RIG			
			INDIA					INDIA, RUPEE	
	formation for the FDE's or FB's entifying number of branch offic					ornorate den	artment if and	licable) of person(s) with	
in the United States	, ,	ce or agei	it (ii ariy)	custody of the boo records, if differen	oks and reco t	rds of the FDE	e or FB, and th	e location of such books and	
1424 FOURTH AV				SUBHASIS A-21 3RT			TROBT	IDO MARC	
SEATTLE, WA 9				A-21, 3RD FLOOR, AUROBINDO MARG NEW DELHI					
91-1158970	0101			INDIA 110					
	ne FDE or FB (if different from t	he filer). p	rovide the f						
a Name and address		<i>//</i> 1				iod covere	ed by the r	eturn (see instructions)	
				c(1) U.S. identif	ying numl	ber, if any			
				c(2) Reference I	D numbe	r (see instr	ructions)		
						· 	, 		
				d Country under	whose law	's organized	e Fund	ctional currency	
	f the FDE or FB (if different from	m the tax	owner), pro						
a Name and address				<b>b</b> Country unde	er whose l	laws orgar	nized		
				a 110 internation		if or	A 5		
				c U.S. identifyir	ig numbe	a, ii any		ctional currency	
	hat identifies the name, placement, percenter and the FDE or FB, and the chain of ov structions.							f	

For Paperwork Reduction Act Notice, see the separate instructions.

#### RURAL DEVELOPMENT INSTITUTE

# Schedule C Income Statement (see instructions)

**Important:** Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use DASTM.

If you are using the average exchange rate (determined under section 989(b)), check the following box Functional Currency U.S. Dollar 2,345,566. 32,501 Gross receipts or sales (net of returns and allowances) 1 1 2 2 Cost of goods sold 2,345,566. Gross profit (subtract line 2 from line 1) 32,501 3 3 4 4 Dividends 5 5 Interest 6 Gross rents, royalties, and license fees 6 Gross income from performance of services 7 7 8 Foreign currency gain (loss) 8 9 9 Other income 2,345,566. 32,501 10 Total income (add lines 3 through 9) 10 2,243,500. 31,421 11 11 Total deductions (exclude income tax expense) 12 Income tax expense 12 13 Other adjustments 13 102,066. 1,080 14 Net income (loss) per books 14 Schedule C-1 Section 987 Gain or Loss Information (b) Amount stated in (a) Note: See the instructions if there are multiple recipients of remittances from Amount stated in functional currency functional currency of the FDE or FB. FDE or FB of recipient Remittances from the FDE or FB 1 1 Section 987 gain (loss) recognized by recipient 2 2 3 Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach 3 statement) Yes No Were all remittances from the FDE or FB treated as made to the direct owner? 4 5 Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances

from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting

Schedule F Balance Sheet

**Important:** Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM

	Assets		(a) Beginning of annual accounting period	<b>(k</b> End of accountir	<b>))</b> annual ng period	
1	Cash and other current assets	1	3,387.		4,467.	
2	Other assets	2				
3	Total assets	3	3,387.		4,467.	
	Liabilities and Owner's Equity					
4	Liabilities	4	49,734.	4	8,251.	
5	Owner's equity	5	-46,347.	-43,78		
6	Total liabilities and owner's equity	6	3,387.		4,467.	
Sch	edule G Other Information					
				Yes	No	
1	During the tax year, did the FDE or FB own an interest in any trust?				Х	
2	2 During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign					
	partnership?				Х	
3	Answer the following question only if the FDE made its election to be treated as disregarded	fron	n its owner			

Page 2

chedu	le G Other Information (continued)		
		Yes	No
a Du	ring the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a		
	se erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from		1
	preign person which is a related party of the taxpayer? See instructions. If "Yes," complete lines 6b		l.
			Х
	ter the total amount of the base erosion payments \$		
	ter the total amount of the base erosion tax benefit \$		
	ring the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base		
	sion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a		1
	eign person which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c		Х
	ter the total amount of the base erosion payments \$		
	ter the total amount of the base erosion tax benefit \$		
	he FDE or FB a qualified business unit as defined in section 989(a)?	Х	
	swer the following question only if the tax owner of the FDE or FB is a CFC: Were there any		
	acompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the		1
	year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch?		l.
	swer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE		
	U.S. corporation: If the FB or the interest in the FDE is a separate unit under Regulations section		1
	503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii),		1
	es the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		Х
	Yes," enter the amount of the dual consolidated loss $\qquad \qquad $		
	The FB or the interest in the FDE is a separate unit and part of a combined separate unit under		
	gulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as		1
	ined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		Х
	ter the amount of the dual consolidated loss for the combined separate unit $\dots > $ ( )		
	ter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined		
	der Regulations section 1.1503(d)-5(c)(4)(ii)(A)		
	is any portion of the dual consolidated loss in line 10b or 11b taken into account in computing U.S.		
	able income for the year? If "Yes," go to line 12b. If "No," go to line 13		Х
	is this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If		
	es," see the instructions and go to line 12c. If "No," go to line 12d		1
	Yes," is the documentation that is required for the permitted domestic use under Regulations section		
	503(d)-6 attached to the return? After answering this question, go to line 13a		l.
	his was not a permitted domestic use, was the dual consolidated loss used to compute consolidated		
	able income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		1
	ter the separate unit's contribution to the cumulative consolidated taxable income		
	umulative register") as of the beginning of the tax year > \$ See Instructions.		
	ring the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring		
	apture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as		1
	t of a combined separate unit, in any prior tax years?		Х
	Yes," enter the total amount of recapture		

Form 8	858 (Rev. 12-2018)		Page 4
Sche	edule H Current Earnings and Profits or Taxable Income (see instructions)		
Import	ant: Enter the amounts on lines 1 through 6 in functional currency.		
1	Current year net income (loss) per foreign books of account	1	102,066.
2	Total net additions	2	
3	Total net subtractions	3	
4	Current earnings and profits (or taxable income-see instructions) (line 1 plus line 2 minus line 3)	4	102,066.
5	DASTM gain (loss) (if applicable)	5	
6	Combine lines 4 and 5	6	102,066.
7	Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average		
	exchange rate determined under section 989(b) and the related regulations (see instructions))	7	1,080.
8	Enter exchange rate used for line 7  94.506000		
Sche	edule I Transferred Loss Amount (see instructions)		
Import	ant: See instructions for who has to complete this section		

			Yes	No
1	Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No,"			
	stop here. If "Yes," go to line 2			Х
2	Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including			
	an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to			
	line 3			Х
3	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the			
	transferee foreign corporation? If "No," stop here. If "Yes," go to line 4			
4	Enter the transferred loss amount included in gross income as required under section 91. See			
	instructions	4		
Sch	edule J Income Taxes Paid or Accrued (see instructions)			

Ochiculic U								
	F	Foreign Income Tax	es	Foreign Tax Credit Separate Categories				
(a) Country or Possession	<b>(b)</b> Foreign Currency	<b>(c)</b> Conversion Rate	<b>(d)</b> U.S. Dollar	<b>(e)</b> Foreign Branch	<b>(f)</b> Passive	<b>(g)</b> General	<b>(h)</b> Other	
Totals								

Form 8858 (Rev. 12-2018)

Form <b>88558</b> Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs) Go to www.irs.gov/Form8858 for instructions and the latest information.							OMB No. 1545-1910		
(Rev. December 2018) Department of the Treasury Internal Revenue Service		n furnished for the FD	DE's or FB's		period		ctions)	Attachment Sequence No. <b>140</b>	
Name of person filing this r		,20_	, , , , , , , , , , , , , , , , , , ,			T		ntifying number	
							~ ~ ~ ~ ~		
RURAL DEVELOPM							91-11	58970	
Number, street, and room of 1424 FOURTH AV	YE, SUITE		s not deliver	ed to street addre	SS)				
	8101								
	,	20 <b>19</b> , and ending	JUN 3	,					
			must be in	English. All amour	nts <b>mus</b> t	be stated	in		
	<u>less otherwise indic</u> of a U.S. person		controlled fo	reign corporation	(CFC)	FDI	E of a cont	rolled foreign partnership	
	f a U.S. person	FB of a C			(0. 0)			lled foreign partnership	
Check here Initia	l 8858	Final 8858							
1a Name and address of FI					b(1)	U.S. iden	tifying num	ber, if any	
LANDESA BEIJIN APT. 7-2-31, N			ĿТ.						
CHAOYANG DIS E		WAIDAU IE			b(2)	Reference	e ID numbe	er (see instructions)	
CHINA 100022					LZ	NDESA	456		
<b>c</b> For FDE, country(ies) un	der whose laws or	ganized and entity ty	pe under loc	al tax law	d Da	ate(s) of or	ganization	e Effective date as FDE	
CHINA		LIM	ITED L	IABILITY	C 01	L 28 1	.4	01/00/14	
								01/28/14	
f If benefits under a U.S. t income of the FDE or FE				n which principal activity is conducted	ad	h Principal business i Functional activity			
			CHINA		LAI	ID RIG		CHINA, YUAN	
2 Provide the following in	formation for the F	DE's or FB's accoun		stated above.				CHINA, IOAN	
a Name, address, and ide in the United States				h Name and addres	oks and red	corporate de cords of the FD	partment, if ap DE or FB, and th	olicable) of person(s) with ne location of such books and	
RURAL DEVELOPM	IENT INSTI	TUTE		CAO QINGE					
1424 FOURTH AV	7E, STE 30	0		APT. 7-2-31, NO. 9 JIANWAIDAJIE					
SEATTLE, WA 9	8101			BEIJING					
91-1158970				CHINA 100					
3 For the tax owner of th	ne FDE or FB (if diff	ferent from the filer), I	provide the f				ad by the r	voturn (acc instructions)	
a Name and address				<b>b</b> Annual accou	inting pe	erioa cover	ed by the r	eturn (see instructions)	
				c(1) U.S. identifying number, if any					
				c(2) Reference ID number (see instructions)					
				d Country under whose laws organized e Functional currency				ctional currency	
4 For the direct owner o	f the FDE or FB (if	different from the tax	owner), pro	vide the following	(see ins	tructions):	l		
a Name and address				<b>b</b> Country unde	er whose	alaws orga	nized		
				c U.S. identifyir	ng numb	er, if any	<b>d</b> Fun	ctional currency	
5 Attach an organizational chart t ownership between the tax own direct or indirect interest. See in	ner and the FDE or FB, an							of	

For Paperwork Reduction Act Notice, see the separate instructions.

#### RURAL DEVELOPMENT INSTITUTE

Schedule C Income Statement (see instructions)

Form 8858 (Rev. 12-2018)

	Yes	No
During the tax year, did the FDE or FB own an interest in any trust?		Х
During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign partnership?		x
Answer the following question only if the FDE made its election to be treated as disregarded from its owner during the tax year: Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of the election?		
During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under section 901(m)?		x
During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?		x

1

2

3

4

5

Form 8858 (Rev. 12-2018)

•							
dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under							
section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for							
special rules for FDEs or FBs that use DASTM.	pecial rules for FDEs or FBs that use DASTM.						
If you are using the average exchange rate (determined under section 989(b)), check the follo	If you are using the average exchange rate (determined under section 989(b)), check the following box						
		Functional Currency					
1 Gross receipts or sales (net of returns and allowances)	1						

2	Cost of goods sold	2			
3	Gross profit (subtract line 2 from line 1)	3			
4	Dividends	4			
5	Interest	5			
6	Gross rents, royalties, and license fees	6			
7	Gross income from performance of services				
8	Foreign currency gain (loss)	8			
9	Other income	9			
10	Total income (add lines 3 through 9)				
11	Total deductions (exclude income tax expense)		837.		126.
12	Income tax expense	12			
13	Other adjustments	13			
14	Net income (loss) per books	14	-837.		-126.
Sch	edule C-1 Section 987 Gain or Loss Information				
	<b>Note:</b> See the instructions if there are multiple recipients of remittances from the FDE or FB.		<b>(a)</b> Amount stated in functional currency of FDE or FB	functiona	stated in
1					
-	Remittances from the FDE or FB	1			
2	Remittances from the FDE or FB Section 987 gain (loss) recognized by recipient				
2 3					
	Section 987 gain (loss) recognized by recipient Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach				
	Section 987 gain (loss) recognized by recipient	2		Yes	No
	Section 987 gain (loss) recognized by recipient Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach	2		Yes	No
3	Section 987 gain (loss) recognized by recipient Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach statement)	2 3 ct to	remittances	Yes	No

Schedule F **Balance Sheet** 

Important: Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

**(b)** End of annual (a) Beginning of annual accounting period Assets accounting period 126. 0. 1 1 Cash and other current assets 2 Other assets 2 126. 3 3 Total assets Liabilities and Owner's Equity 0. 0. 4 Liabilities 4 126. 0. 5 5 Owner's equity 126. Total liabilities and owner's equity 6 6 Schedule G Other Information

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S.

U.S. Dollar

chedu	le G Other Information (continued)		
		Yes	No
a Du	ring the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a		
	se erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from		1
	preign person which is a related party of the taxpayer? See instructions. If "Yes," complete lines 6b		l.
			Х
	ter the total amount of the base erosion payments \$		
	ter the total amount of the base erosion tax benefit \$		
	ring the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base		
	sion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a		1
	eign person which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c		Х
	ter the total amount of the base erosion payments \$		
	ter the total amount of the base erosion tax benefit \$		
	he FDE or FB a qualified business unit as defined in section 989(a)?	Х	
	swer the following question only if the tax owner of the FDE or FB is a CFC: Were there any		
	acompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the		1
	year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch?		l.
	swer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE		
	U.S. corporation: If the FB or the interest in the FDE is a separate unit under Regulations section		1
	503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii),		1
	es the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		Х
	Yes," enter the amount of the dual consolidated loss $\qquad \qquad $		
	The FB or the interest in the FDE is a separate unit and part of a combined separate unit under		
	gulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as		1
	ined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		Х
	ter the amount of the dual consolidated loss for the combined separate unit $\dots > $ ( )		
	ter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined		
	der Regulations section 1.1503(d)-5(c)(4)(ii)(A)		
	is any portion of the dual consolidated loss in line 10b or 11b taken into account in computing U.S.		
	able income for the year? If "Yes," go to line 12b. If "No," go to line 13		Х
	is this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If		
	es," see the instructions and go to line 12c. If "No," go to line 12d		1
	Yes," is the documentation that is required for the permitted domestic use under Regulations section		
	503(d)-6 attached to the return? After answering this question, go to line 13a		l.
	his was not a permitted domestic use, was the dual consolidated loss used to compute consolidated		
	able income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		1
	ter the separate unit's contribution to the cumulative consolidated taxable income		
	umulative register") as of the beginning of the tax year > \$ See Instructions.		
	ring the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring		
	apture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as		1
	t of a combined separate unit, in any prior tax years?		Х
	Yes," enter the total amount of recapture		

Form 8	8858 (Rev. 12	-2018)		Page 4
Sch	edule H	Current Earnings and Profits or Taxable Income (see instructions)		
Impor	<b>tant:</b> Enter th	e amounts on lines 1 through 6 in functional currency.		
1		ar net income (loss) per foreign books of account	1	-837.
2	Total net a	dditions	2	
3	Total net s	Ibtractions	3	
4	Current ea	nings and profits (or taxable income-see instructions) (line 1 plus line 2 minus line 3)	4	-837.
5	DASTM ga	n (loss) (if applicable)	5	
6	Combine li	nes 4 and 5	6	-837.
7	Current ea	nings and profits (or taxable income) in U.S. dollars (line 6 translated at the average		
	exchange i	ate determined under section 989(b) and the related regulations (see instructions))	7	-126.
8	Enter exch	ange rate used for line 7  6.643000		
Sch	edule I	Transferred Loss Amount (see instructions)		
Impor	tant: See ins	tructions for who has to complete this section.		

			Yes	No
1	Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," stop here. If "Yes," go to line 2			х
2	Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including			
	an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to			
	line 3			X
3	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the			
	transferee foreign corporation? If "No," stop here. If "Yes," go to line 4			
4	Enter the transferred loss amount included in gross income as required under section 91. See			
	instructions	4		
Sch	edule J Income Taxes Paid or Accrued (see instructions)			

Schedule 5			ciueu (see mstr						
Foreign Income Taxes				F	Foreign Tax Credit Separate Categories				
(a) Country or Possession	<b>(b)</b> Foreign Currency	<b>(c)</b> Conversion Rate	<b>(d)</b> U.S. Dollar	<b>(e)</b> Foreign Branch	<b>(f)</b> Passive	<b>(g)</b> General	<b>(h)</b> Other		
Totals									
						00			

Form 8858 (Rev. 12-2018)

Form <b>8858</b>	Di	rmation Return of sregarded Entitie www.irs.gov/Forma	s (FDEs) a	nd Foreign Bra	nches (F	Bs)		OMB No. 1545-1910
(Rev. December 2018) Department of the Treasury Internal Revenue Service		furnished for the FD	E's or FB's		period (se		tions)	Attachment Sequence No. <b>140</b>
Name of person filing this r		,20_	, , , , , , , , , , , , , , , , , , ,					tifying number
							01 11	
RURAL DEVELOPM Number, street, and room of			s not deliver	ed to street addres	c)		91-11	58970
1424 FOURTH AV	E, SUITE				5)			
	8101							
	,	20 <b>19</b> , and ending	JUN 3	1				
Important: Fill in all applica			must be in	English. All amoun	ts <b>must</b> b	be stated in	n	
	<u>ess otherwise indic</u> o of a U.S. person		controlled fo	reign corporation (	CFC)		of a contr	olled foreign partnership
	f a U.S. person	FB of a Cl		light corporation (	010)			lled foreign partnership
Check here 📃 Initia	l 8858	Final 8858						
1a Name and address of FI			-		<b>b(1)</b> U	J.S. identi	fying num	ber, if any
LANDESA CONSUL A-21, 3RD FLOO			J					
NEW DELHI	K, AUROBII	NDO MARG			<b>b(2)</b> F	Reference	ID numbe	r (see instructions)
INDIA 110016					LAI	NDESA	234	
<b>c</b> For FDE, country(ies) un	der whose laws org	, , , , , ,						e Effective date as FDE
INDIA		LIM	ITED L	IABILITY	C 06	07 18	8	06/07/10
f if have after some land at 100 d			. O a v a travita		h D is			06/07/18
f If benefits under a U.S. t income of the FDE or FE				n which principal activity is conducted	h Prin acti	ncipal busi vity	ness	i Functional currency
					LANI	O RIGI		
• Dues ide the following in	formation for the Fl		INDIA					INDIA, RUPEE
<ul> <li>2 Provide the following in</li> <li>a Name, address, and ide</li> </ul>					(including co	orporate depa	artment, if app	licable) of person(s) with
in the United States				custody of the boo records, if differen		ds of the FDE	or FB, and th	e location of such books and
RURAL DEVELOPM				SUBHASIS				
1424 FOURTH AV	-	0		A-21, 3RD FLOOR, AUROBINDO MARG				
SEATTLE, WA 9 91-1158970	8101			NEW DELHI INDIA 110				
3 For the tax owner of the	EDE or EB (if diffe	erent from the filer)	orovide the f					
a Name and address		erent non the nier), p				iod covere	ed by the r	eturn (see instructions)
					01		,	, , , , , , , , , , , , , , , , , , ,
				c(1) U.S. identify	/ing numb	oer, if any		
				c(2) Reference I	D number	r (see instr	ructions)	
				d Country under	whose laws	s organized	e Fun	ctional currency
4 For the direct owner o	f the FDE or FB (if o	different from the tax	owner), pro	vide the following	(see instru	uctions):		
a Name and address				<b>b</b> Country unde	r whose la	aws organ	nized	
				c U.S. identifyir	ig numbei	r, if any	<b>d</b> Fun	ctional currency
5 Attach an organizational chart to ownership between the tax own direct or indirect interest. See in	er and the FDE or FB, and							f

For Paperwork Reduction Act Notice, see the separate instructions.

#### RURAL DEVELOPMENT INSTITUTE

# Schedule C Income Statement (see instructions)

**Important:** Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use DASTM.

If you are using the average exchange rate (determined under section 989(b)), check the following boy Functional Currency U.S. Dollar 9,562,277. 133,581 Gross receipts or sales (net of returns and allowances) 1 1 2 2 Cost of goods sold 9,562,277. Gross profit (subtract line 2 from line 1) 133,581 3 3 4 4 Dividends 5 5 Interest 6 6 Gross rents, royalties, and license fees 7 7 Gross income from performance of services 8 Foreign currency gain (loss) 8 9 9 Other income 9,562,277. 133,581. 10 Total income (add lines 3 through 9) 10 9,790,707. 137,775 11 11 Total deductions (exclude income tax expense) 12 12 Income tax expense 13 Other adjustments 13 -238,430. -4.19414 Net income (loss) per books 14 Schedule C-1 Section 987 Gain or Loss Information **(b)** Amount stated in (a) Note: See the instructions if there are multiple recipients of remittances from Amount stated in functional currency of functional currency the FDE or FB. FDE or FB of recipient Remittances from the FDE or FB 1 1 2 Section 987 gain (loss) recognized by recipient 2 3 Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach 3 statement) Yes No Were all remittances from the FDE or FB treated as made to the direct owner? 4 5 Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances

from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting

Schedule F Balance Sheet

**Important:** Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

		Assets		<b>(a)</b> Beginning of annual accounting period	<b>(b)</b> End of accountir	) annual 1g period
1	Cash and o	other current assets	1	13,915.		9,721.
2		its	2			
3	Total asset		3	13,915.		9,721.
		Liabilities and Owner's Equity				
4	Liabilities		4			
5		quity	5	13,915.		9,721.
6		ties and owner's equity	6	13,915.		9,721.
Sch	nedule G	Other Information			_	-
					Yes	No
1	During the	tax year, did the FDE or FB own an interest in any trust?				Х
2	During the partnership	tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in a p?		oreign		x
3						
4	-	tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for a final field for the first state of the fi				x
5	During the	tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 ap	plies	, or treat		

Page 2

chedu	le G Other Information (continued)		
		Yes	No
a Du	ring the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a		
	se erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from		1
	preign person which is a related party of the taxpayer? See instructions. If "Yes," complete lines 6b		l.
			Х
	ter the total amount of the base erosion payments \$		
	ter the total amount of the base erosion tax benefit \$		
	ring the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base		
	sion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a		1
	eign person which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c		Х
	ter the total amount of the base erosion payments \$		
	ter the total amount of the base erosion tax benefit \$		
	he FDE or FB a qualified business unit as defined in section 989(a)?	Х	
	swer the following question only if the tax owner of the FDE or FB is a CFC: Were there any		
	acompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the		1
	year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch?		l.
	swer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE		
	U.S. corporation: If the FB or the interest in the FDE is a separate unit under Regulations section		1
	503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii),		1
	es the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		Х
	Yes," enter the amount of the dual consolidated loss $\qquad \qquad $		
	The FB or the interest in the FDE is a separate unit and part of a combined separate unit under		
	gulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as		1
	ined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		Х
	ter the amount of the dual consolidated loss for the combined separate unit $\dots > $ ( )		
	ter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined		
	der Regulations section 1.1503(d)-5(c)(4)(ii)(A)		
	is any portion of the dual consolidated loss in line 10b or 11b taken into account in computing U.S.		
	able income for the year? If "Yes," go to line 12b. If "No," go to line 13		Х
	is this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If		
	es," see the instructions and go to line 12c. If "No," go to line 12d		1
	Yes," is the documentation that is required for the permitted domestic use under Regulations section		
	503(d)-6 attached to the return? After answering this question, go to line 13a		l.
	his was not a permitted domestic use, was the dual consolidated loss used to compute consolidated		
	able income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		1
	ter the separate unit's contribution to the cumulative consolidated taxable income		
	umulative register") as of the beginning of the tax year > \$ See Instructions.		
	ring the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring		
	apture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as		1
	t of a combined separate unit, in any prior tax years?		Х
	Yes," enter the total amount of recapture		

Form 8	3858 (Rev. 12-2018)		Page 4
Sch	edule H Current Earnings and Profits or Taxable Income (see instructions)		
Impor	tant: Enter the amounts on lines 1 through 6 in functional currency.		
1	Current year net income (loss) per foreign books of account	1	-228,430.
2	Total net additions	2	
3	Total net subtractions	3	
4	Current earnings and profits (or taxable income-see instructions) (line 1 plus line 2 minus line 3)	4	-228,430.
5	DASTM gain (loss) (if applicable)	5	
6	Combine lines 4 and 5	6	-228,430.
7	Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average		
	exchange rate determined under section 989(b) and the related regulations (see instructions))	7	-4,194.
8	Enter exchange rate used for line 7  54.466000		
Sch	edule I Transferred Loss Amount (see instructions)		
Impor	tant: See instructions for who has to complete this section.		

			Yes	No
1	Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," stop here. If "Yes," go to line 2			х
2	Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including			
	an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to			
	line 3			X
3	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the			
	transferee foreign corporation? If "No," stop here. If "Yes," go to line 4			
4	Enter the transferred loss amount included in gross income as required under section 91. See			
	instructions	4		
Sch	edule J Income Taxes Paid or Accrued (see instructions)			

Schedule 0									
Foreign Income Taxes				F	Foreign Tax Credit Separate Categories				
(a) Country or Possession	<b>(b)</b> Foreign Currency	<b>(c)</b> Conversion Rate	<b>(d)</b> U.S. Dollar	<b>(e)</b> Foreign Branch	<b>(f)</b> Passive	<b>(g)</b> General	<b>(h)</b> Other		
Totals						00			

Form 8858 (Rev. 12-2018)

Form <b>8858</b>	Di	rmation Return of sregarded Entitie www.irs.gov/Forma	s (FDEs) a	nd Foreign Bra	nches (F	Bs)		OMB No. 1545-1910
(Rev. December 2018) Department of the Treasury Internal Revenue Service		furnished for the FD	E's or FB's		period (s		tions)	Attachment Sequence No. <b>140</b>
Name of person filing this r		,20_	, , , , , , , , , , , , , , , , , , ,					tifying number
RURAL DEVELOPM		חוותה					91-11	58970
Number, street, and room of			s not deliver	ed to street addres	ss)		91-11	50570
1424 FOURTH AV					,			
	8101							
	,	20 <b>19</b> , and ending	JUN 3	, = -				
	able lines and scheo ess otherwise indic		must be in	English. All amour	ts <b>must</b> Ł	be stated i	in	
	of a U.S. person		controlled fo	reign corporation	(CFC)		of a contr	olled foreign partnership
FB o	f a U.S. person	FB of a Cl	FC	-		FB (	of a contro	lled foreign partnership
	8858	Final 8858						
1a Name and address of FI LANDESA FND FC		IONS IN DEV	7		<b>b(1)</b> (	J.S. ident	ifying num	ber, if any
A-21, 3RD FLOO			-					· · · · · ·
NEW DELHI					. ,			r (see instructions)
<u>INDIA 110016</u>						NDESA		
c For FDE, country(ies) un INDIA	der whose laws org					30 1	anization 8	e Effective date as FDE
								08/30/18
f If benefits under a U.S. t income of the FDE or FE				n which principal activity is conducted	acti			i Functional currency
			INDIA		LANI	D RIG		INDIA, RUPEE
<b>2</b> Provide the following in	formation for the F	DE's or FB's account	1	stated above.				INDIA, KOPEE
a Name, address, and ide in the United States				b Name and address	oks and recor			plicable) of person(s) with ne location of such books and
RURAL DEVELOPM				SUBHASIS	MAHAI			
1424 FOURTH AV	-	0		A-21, 3RD FLOOR, AUROBINDO MARG				
SEATTLE, WA 9 91-1158970	08101			NEW DELHI INDIA 110016				
3 For the tax owner of th	ne FDE or FB (if diffe	erent from the filer), r	provide the f					
a Name and address	, ,					iod covere	ed by the r	eturn (see instructions)
				c(1) U.S. identif	ying num	oer, if any		
				c(2) Reference I	D numbe	r (see inst	ructions)	
				<b>d</b> Country under	whose laws	s organized	d <b>e</b> Fun	ctional currency
4 For the direct owner o	f the FDE or FB (if c	different from the tax	owner), pro	vide the following	(see instru	uctions):		
a Name and address				<b>b</b> Country unde	r whose l	aws orgai	nized	
				c U.S. identifyir	ng numbe	r, if any	<b>d</b> Fun	ctional currency
5 Attach an organizational chart t ownership between the tax own direct or indirect interest. See in	er and the FDE or FB, and							f

For Paperwork Reduction Act Notice, see the separate instructions.

#### RURAL DEVELOPMENT INSTITUTE

### Schedule C Income Statement (see instructions)

**Important:** Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use DASTM.

If you are using the average exchange rate (determined under section 989(b)), check the following box Functional Currency U.S. Dollar 13,042. Gross receipts or sales (net of returns and allowances) 179 1 1 2 2 Cost of goods sold 13,042. Gross profit (subtract line 2 from line 1) 179 3 3 4 4 Dividends 5 5 Interest 6 Gross rents, royalties, and license fees 6 7 7 Gross income from performance of services 8 Foreign currency gain (loss) 8 9 9 Other income 13,042. 179 10 Total income (add lines 3 through 9) 10 166,285. 2,456 11 11 Total deductions (exclude income tax expense) 12 Income tax expense 12 13 Other adjustments 13 -153,243. - 2 277 14 Net income (loss) per books 14 Schedule C-1 Section 987 Gain or Loss Information **(b)** Amount stated in (a) Note: See the instructions if there are multiple recipients of remittances from Amount stated in functional currency functional currency of the FDE or FB. FDE or FB of recipient Remittances from the FDE or FB 1 1 2 Section 987 gain (loss) recognized by recipient 2 3 Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach 3 statement) Yes No Were all remittances from the FDE or FB treated as made to the direct owner? 4 5 Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to

 the change and new method of accounting

 Schedule F
 Balance Sheet

**Important:** Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

	Assets		(a) Beginning of annual accounting period	<b>(b</b> End of a accountin	annual
1	Cash and other current assets	1	2,911.		634.
2	Other assets	-			
3	Total assets		2,911.		634.
	Liabilities and Owner's Equity				
4	Liabilities	4			
5	Owner's equity		2,911.		634.
6	Total liabilities and owner's equity		2,911.		634.
Sch	nedule G Other Information				
				Yes	No
1	During the tax year, did the FDE or FB own an interest in any trust?				Х
2	During the tax year, did the FDE or FB own at least a 10% interest, directly or indir partnership?		•		x
3	Answer the following question only if the FDE made its election to be treated as dis during the tax year: Did the tax owner claim a loss with respect to stock or debt of	0			
	the election?				X
4	During the tax year, did the FDE or FB pay or accrue any foreign tax that was disq section 901(m)?				х
	During the tax year, did the FDE or FB pay or accrue foreign taxes to which sectio	- 000!:	or troot		

91-1158970

chedule	G Other Information (continued)	
	Yes	No
a Durii	ng the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a	
base	erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from	
a for	eign person which is a related party of the taxpayer? See instructions. If "Yes," complete lines 6b	
	6c	X
	r the total amount of the base erosion payments \$	
c Ente	r the total amount of the base erosion tax benefit \$	
	ng the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base	
	on payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a	
	gn person which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c	X
	r the total amount of the base erosion payments \$	
	r the total amount of the base erosion tax benefit \$	
	e FDE or FB a qualified business unit as defined in section 989(a)?	
	ver the following question only if the tax owner of the FDE or FB is a CFC: Were there any	
	company transactions between the FDE or FB and the CFC or any other branch of the CFC during the	
	ear, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch?	
	ver the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE	
	J.S. corporation: If the FB or the interest in the FDE is a separate unit under Regulations section	
	03(d) 1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d) 1(b)(4)(ii),	
	s the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?	X
b If "Y	es," enter the amount of the dual consolidated loss	
	FB or the interest in the FDE is a separate unit and part of a combined separate unit under	
Regi	ulations section 1.1503(d) 1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as	
defir	ed in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c	X
	r the amount of the dual consolidated loss for the combined separate unit > \$ ()	
	r the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined	
unde	er Regulations section 1.1503(d)-5(c)(4)(ii)(A)	
	any portion of the dual consolidated loss in line 10b or 11b taken into account in computing U.S.	
taxa	ble income for the year? If "Yes," go to line 12b. If "No," go to line 13	Х
	this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If	
"Yes	," see the instructions and go to line 12c. If "No," go to line 12d	
	es," is the documentation that is required for the permitted domestic use under Regulations section	
	03(d)-6 attached to the return? After answering this question, go to line 13a	
	s was not a permitted domestic use, was the dual consolidated loss used to compute consolidated	
taxa	ble income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e	
	r the separate unit's contribution to the cumulative consolidated taxable income	
("cur	nulative register") as of the beginning of the tax year	
a Durii	ng the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring	
	pture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as	
	of a combined separate unit, in any prior tax years?	Х
	es," enter the total amount of recapture	

Form 8	Page 4						
Sche	edule H Current Earnings and Profits or Taxable Income (see instructions)						
Import	ant: Enter the amounts on lines 1 through 6 in functional currency.						
1	Current year net income (loss) per foreign books of account	1	-155,243.				
2	Total net additions	2					
3	Total net subtractions	3					
4	Current earnings and profits (or taxable income-see instructions) (line 1 plus line 2 minus line 3)	4	-155,243.				
5	DASTM gain (loss) (if applicable)	5					
6	Combine lines 4 and 5	6	-155,243.				
7	Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average						
	exchange rate determined under section 989(b) and the related regulations (see instructions))	7	-2,277.				
8	8 Enter exchange rate used for line 7  68.179000						
Sche	edule I Transferred Loss Amount (see instructions)						
Import	ant: See instructions for who has to complete this section						

		Yes	No
Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," stop here. If "Yes," go to line 2			x
Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including			
line 3			x
Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "No," stop here. If "Yes," go to line 4			
Enter the transferred loss amount included in gross income as required under section 91. See instructions	4		
	stop here. If "Yes," go to line 2 Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to line 3 Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "No," stop here. If "Yes," go to line 4 Enter the transferred loss amount included in gross income as required under section 91. See	stop here. If "Yes," go to line 2 Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to line 3 Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "No," stop here. If "Yes," go to line 4 Enter the transferred loss amount included in gross income as required under section 91. See	Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No,"         stop here. If "Yes," go to line 2         Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to line 3         Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "No," stop here. If "Yes," go to line 4         Enter the transferred loss amount included in gross income as required under section 91. See

Schedule J	Income Taxes Paid or Accrued	(see instri	uctions)	1
	Foreign Income Taxes			Foreign Tax (

	Foreign Income Taxes			Foreign Tax Credit Separate Categories			
(a) Country or Possession	<b>(b)</b> Foreign Currency	<b>(c)</b> Conversion Rate	<b>(d)</b> U.S. Dollar	<b>(e)</b> Foreign Branch	<b>(f)</b> Passive	<b>(g)</b> General	<b>(h)</b> Other
Totals							

Form 8858 (Rev. 12-2018)

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

**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.

Туре о	r Name of exempt organization or other filer, see instructions.			Taxpayer identification number (TIN)			
print	RURAL DEVELOPMENT INSTITUTE				91-1158970		
File by the due date for filing your return. See instruction	the te for our See 1424 FOURTH AVE, SUITE 300						
Instruction	SEATTLE, WA 98101	preign add	ress, see instructions.				
Enter th	e Return Code for the return that this application is for (file	e a separa	te application for each return)				
Applica	tion	Return	Application			Return	
ls For		Code	ls For			Code	
Form 990 or Form 990-EZ			Form 990-T (corporation)			07	
Form 99	90-BL	02	Form 1041-A			08	
Form 4720 (individual)			Form 4720 (other than individual)			09	
Form 99	Form 990-PF 04 Form 5227					10	
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069			Form 6069			11	
Form 99	Form 990-T (trust other than above) 06 Form 8870					12	
box ▶ 1 In tr	s is for a Group Return, enter the organization's four digit ( . If it is for part of the group, check this box ▶ request an automatic 6-month extension of time until te organization named above. The extension is for the organization of the organization named above. The extension is for the organization of the organization named above. The extension is for the organization named above. The extension is for the organization of the organization of the organization named above. The extension is for the organization of t	and atta	$\frac{x + 17}{x + 17} + \frac{2021}{x + 17}$ , to file return for: ad ending <u>JUN 30, 2020</u>	all memb	ers the extension of th		
<ul> <li>3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.</li> </ul>				3a	\$	0.	
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					¢	0.	
estimated tax payments made. Include any prior year overpayment allowed as a credit.				<u>3b</u>	\$	0.	
<ul> <li>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.</li> </ul>			3c	\$	0.		
	: If you are going to make an electronic funds withdrawal	(direct del	bit) with this Form 8868, see Form 84			79-EO for payment 8868 (Rev. 1-2020)	