

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning and ending
B Check if applicable:
C Name of organization: LAND TRUST ALLIANCE, INC.
D Employer identification number: 04-2751357
E Telephone number: (202) 800-2235
G Gross receipts \$: 25,287,098.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status:
J Website: WWW.LANDTRUSTALLIANCE.ORG
K Form of organization:
L Year of formation: 1982
M State of legal domicile: MA

Part I Summary

Table with 3 main sections: Activities & Governance (lines 1-7), Revenue (lines 8-12), and Expenses (lines 13-19). Includes a Net Assets or Fund Balances section (lines 20-22) comparing Prior Year and Current Year.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of officer: CHASE WARDEN, CHIEF OP & FIN OFFICER
Date: 11/06/2024
Preparer: FRANK SMITH, CBIZ ADVISORS, LLC
Date: 11/05/24
Firm's EIN: 88-1478669

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 14,399,388. including grants of \$ 4,836,284. ) (Revenue \$ 2,199,007. )

EDUCATION AND CAPACITY BUILDING: THE ALLIANCE CONTINUES TO STRENGTHEN, EMPOWER AND MAGNIFY THE IMPACT OF ITS MORE THAN 1,000-MEMBER LAND TRUSTS AND AFFILIATES. THE ALLIANCE PROVIDES LAND TRUSTS WITH THE TOOLS THEY NEED TO GROW IN STRENGTH AND IMPACT. THROUGH OUR NATIONAL LAND CONSERVATION CONFERENCE, REGIONAL CONFERENCES, WEBINARS AND ONLINE RESOURCE CENTER, WE PROVIDED 80 TRAININGS AND 45 SELF-STUDY ONLINE COURSES, AND 7 TOOLKITS ON ALL ASPECTS OF CONSERVATION WORK, INCLUDING RISK MANAGEMENT, DEI, FUNDRAISING, CLIMATE CHANGE, AND BOARD AND PROFESSIONAL DEVELOPMENT FOR MORE THAN 13,000 REGISTRANTS IN 2023. OUR TRANSFORMATIVE LEADERSHIP TRAINING AND LAND TRUST EXCELLENCE PROGRAMS CONTINUED TO INVEST IN HIGH-POTENTIAL LEADERS AND ORGANIZATIONS WITH AN ADDED EMPHASIS ON STRATEGIC COMMUNICATIONS, CONSERVATION PLANNING WITH

4b (Code: ) (Expenses \$ 2,508,623. including grants of \$ 52,200. ) (Revenue \$ )

GOVERNMENT RELATION AND OUTREACH: THE ALLIANCE FURTHERS THE INTERESTS OF LAND TRUSTS ACROSS AMERICA BY ADVOCATING FOR SOUND POLICIES AND RESOURCES THAT ADVANCE LAND CONSERVATION. THE ALLIANCE LEVERAGED ITS NETWORK OF OVER 300 ADVOCACY AMBASSADORS TO SECURE PASSAGE OF THE CHARITABLE CONSERVATION EASEMENT PROGRAM INTEGRITY ACT TO HALT THE ABUSE OF CONSERVATION DONATIONS WHICH THREATENED THE ENHANCED CONSERVATION EASEMENT TAX INCENTIVE. THROUGH OUR AMBASSADOR PROGRAM MANAGER, WE TRAIN AND ENGAGE LAND TRUST STAFF AND BOARD MEMBERS IN ACTIVELY PARTICIPATING IN THE POLICY PROCESS. AMBASSADORS TOOK CENTER STAGE AT OUR ADVOCACY DAYS, A SPRING EVENT THAT PROVIDES LAND TRUST LEADERS WITH HANDS-ON TRAINING AS WELL AS TIME WITH KEY LEGISLATORS TO DISCUSS ISSUES IMPORTANT TO THE LAND TRUST COMMUNITY. THE ALLIANCE

4c (Code: ) (Expenses \$ 895,435. including grants of \$ ) (Revenue \$ 433,414. )

CONSERVATION PERMANENCE: THE LAND TRUST ALLIANCE CONTINUES TO LEAD THE LAND TRUST COMMUNITY IN ITS MISSION TO PROVIDE LASTING LAND CONSERVATION. THE ALLIANCE SUPPORTS LAND TRUST SUCCESS BY INCREASING THEIR EXPERTISE, DILIGENCE, AND RESILIENCE. THROUGH ITS CONSERVATION DEFENSE INITIATIVE, LAND TRUSTS ARE MORE PREPARED THAN EVER TO OVERCOME LEGAL AND PRACTICAL CHALLENGES. THE ALLIANCE ALSO WORKS TO SHAPE THE PRACTICE AND THE BODY OF CONSERVATION LAW, ADVANCING THE LEGAL POSITION THAT CONSERVATION EASEMENTS MUST BE UPHOLD CAREFULLY AND OWNED LAND DILIGENTLY PROTECTED, THAT CONSERVED LANDS BENEFIT THE PUBLIC AND DESERVE TO BE TAX-EXEMPT, AND THAT THE JUDGMENT OF LAND TRUSTS THEREFORE IS WORTHY OF REGULATORY AND JUDICIAL DEFERENCE. THE 555 LAND TRUST MEMBERS OF TERRAFIRMA IN 2024 HAVE DEMONSTRATED THE WISDOM OF

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 17,803,446.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 detailing various organizational requirements and their compliance status.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (23), 1b (23), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, AZ, CA, CO, CT, DC, FL, GA, IL, KS
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANDREW J. BOWMAN PRESIDENT & CEO	40.00 0.00			X				480,154.	0.	59,229.
(2) CHASE WARDEN COO AND CFO	40.00 0.00			X				317,098.	0.	54,544.
(3) JENNIFER MILLER HERZOG CHIEF PROGRAM OFFICER	40.00 0.00				X			233,309.	0.	81,502.
(4) ELIZABETH WARD CHIEF MARKETING OFFICER	40.00 0.00					X		230,125.	0.	81,502.
(5) SUZANNE ERERA VP, DEVELOPMENT	40.00 0.00					X		173,642.	0.	78,245.
(6) MONICA POVEDA VP, FINANCE	40.00 0.00					X		232,081.	0.	15,085.
(7) ERIN HESKETT VP, CONSERVATION INITIATIVE	40.00 0.00					X		162,004.	0.	85,158.
(8) NATHAN HODGE DIRECTOR, IT	40.00 0.00					X		165,163.	0.	81,201.
(9) LORI FAETH DIRECTOR, GOVT RELATIONS	40.00 0.00					X		182,047.	0.	37,782.
(10) RENEE KIVIKKO VP, EDUCATION	40.00 0.00					X		175,784.	0.	37,130.
(11) MICHAEL A. POLEMIS CHAIR	4.00 0.00	X		X				0.	0.	0.
(12) ALAN M. BELL VICE CHAIR	3.00 0.00	X		X				0.	0.	0.
(13) JUDITH STOCKDALE VICE CHAIR	3.00 0.00	X		X				0.	0.	0.
(14) WILLIAM MULLIGAN SECRETARY	3.00 0.00	X		X				0.	0.	0.
(15) ROBERTO SERRALLES TREASURER	3.00 0.00	X		X				0.	0.	0.
(16) LISE AANGEENBRUG DIRECTOR	3.00 0.00	X						0.	0.	0.
(17) DAVID CALLE DIRECTOR	3.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SAM COOK, JR. DIRECTOR	3.00 0.00	X						0.	0.	0.
(19) ASHLEY DEMOSTHENES DIRECTOR	3.00 0.00	X						0.	0.	0.
(20) BLAIR C. FITZSIMONS DIRECTOR	3.00 0.00	X						0.	0.	0.
(21) CHERYL FOX DIRECTOR	3.00 0.00	X						0.	0.	0.
(22) GIL JENKINS DIRECTOR	3.00 0.00	X						0.	0.	0.
(23) GLENN LAMB DIRECTOR	3.00 0.00	X						0.	0.	0.
(24) DOUG LAND DIRECTOR	3.00 0.00	X						0.	0.	0.
(25) KATHY K. LEAVENWORTH DIRECTOR	3.00 0.00	X						0.	0.	0.
(26) CARY F. LEPTUCK DIRECTOR	3.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								2,351,407.	0.	611,378.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2,351,407.	0.	611,378.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 40

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
RSM US LLP 5155 PAYSHERE CIRCLE, CHICAGO, IL 60674	CONSULTING SERVICES	660,392.
CORDIA RESOURCES, 8330 BOONE BLVD, SUITE 350, VIENNA, VA 22182	CONSULTING SERVICES	320,170.
CAPITAL TAX PARTNERS, LLP, 101 CONSTITUTION AVE NW, SUITE 675-EAST,	CONSULTING SERVICES	180,000.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 3

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>	2,455,624.				
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	4,315,326.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	10,350,941.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 104,669.				
	<b>h Total.</b> Add lines 1a-1f		17,121,891.				
Program Service Revenue	<b>2 a</b> CONFERENCE AND WORKSHOPS	<b>Business Code</b>					
		900099	1,565,636.	1,565,636.			
	<b>b</b> FEE FOR SERVICE	900099	1,053,733.	1,052,433.	1,300.		
	<b>c</b> PUBLICATION SALES	900099	12,626.	12,626.			
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f		2,631,995.					
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		360,096.			360,096.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
				5,172,690.			
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	5,172,494.				
	<b>c</b> Gain or (loss)	<b>7c</b>	196.				
<b>d</b> Net gain or (loss)		196.			196.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b> OTHER INCOME	<b>Business Code</b>					
		900099	426.			426.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d		426.					
<b>12 Total revenue.</b> See instructions		20,114,604.	2,630,695.	1,300.	360,718.		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,888,484.	4,888,484.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,685,912.	1,323,509.	326,661.	35,742.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	6,282,237.	4,778,015.	261,113.	1,243,109.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	395,591.	299,055.	15,094.	81,442.
<b>9</b> Other employee benefits	849,412.	618,085.	55,870.	175,457.
<b>10</b> Payroll taxes	522,198.	397,762.	37,415.	87,021.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	15,790.	6,948.	6,298.	2,544.
<b>c</b> Accounting	97,658.		97,658.	
<b>d</b> Lobbying	121,700.	121,700.		
<b>e</b> Professional fundraising services. See Part IV, line 17	23,153.			23,153.
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	2,755,095.	2,562,208.	74,935.	117,952.
<b>12</b> Advertising and promotion	9,718.	6,393.		3,325.
<b>13</b> Office expenses	657,515.	503,753.	19,423.	134,339.
<b>14</b> Information technology	799,639.	707,293.	14,787.	77,559.
<b>15</b> Royalties				
<b>16</b> Occupancy	478,218.	378,837.	15,199.	84,182.
<b>17</b> Travel	326,279.	261,539.	7,358.	57,382.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	831,999.	720,801.	71,067.	40,131.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	245,244.	222,765.	3,430.	19,049.
<b>23</b> Insurance	24,321.	6,299.	18,022.	
<b>24</b> 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 O.)				
<b>a</b> _____				
<b>b</b> _____				
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	21,010,163.	17,803,446.	1,024,330.	2,182,387.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	3,791,245.	<b>1</b>	2,149,394.
	<b>2</b> Savings and temporary cash investments .....	5,395,601.	<b>2</b>	3,465,551.
	<b>3</b> Pledges and grants receivable, net .....	3,334,532.	<b>3</b>	1,509,490.
	<b>4</b> Accounts receivable, net .....	277,383.	<b>4</b>	1,176,051.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	127.	<b>8</b>	127.
	<b>9</b> Prepaid expenses and deferred charges .....	381,673.	<b>9</b>	539,205.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2,044,619.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,129,642.	591,016.	<b>10c</b> 914,977.
	<b>11</b> Investments - publicly traded securities .....	5,837,902.	<b>11</b>	10,993,550.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	2,472,067.	<b>15</b>	3,980,900.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	22,081,546.	<b>16</b>	24,729,245.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	605,122.	<b>17</b>	865,904.
	<b>18</b> Grants payable .....	862,023.	<b>18</b>	700,689.
	<b>19</b> Deferred revenue .....	2,708,527.	<b>19</b>	4,062,001.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	2,712,830.	<b>25</b>	3,894,453.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	6,888,502.	<b>26</b>	9,523,047.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	4,206,272.	<b>27</b>	4,582,504.
	<b>28</b> Net assets with donor restrictions .....	10,986,772.	<b>28</b>	10,623,694.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	15,193,044.	<b>32</b>	15,206,198.
<b>33</b> Total liabilities and net assets/fund balances .....	22,081,546.	<b>33</b>	24,729,245.	

**Part 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	20,114,604.
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,010,163.
3	Revenue less expenses. Subtract line 2 from line 1	3	-895,559.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15,193,044.
5	Net unrealized gains (losses) on investments	5	908,713.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	15,206,198.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		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:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2023)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	11015922.	13208158.	14062716.	13933870.	17121891.	69342557.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	11015922.	13208158.	14062716.	13933870.	17121891.	69342557.
<b>5</b> 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) .....						4679706.
<b>6 Public support.</b> Subtract line 5 from line 4.						64662851.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	11015922.	13208158.	14062716.	13933870.	17121891.	69342557.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	270,619.	182,257.	129,895.	211,239.	360,096.	1154106.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....		700.	2,700.	1,600.		5,000.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....					426.	426.
<b>11 Total support.</b> Add lines 7 through 10						70502089.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	7,951,166.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	91.72	%
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	93.72	%
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

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.)

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, including their status, control, and support details.

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.  
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023

**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 INCOME**

Multiple horizontal lines for providing supplemental information.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

**LAND TRUST ALLIANCE, INC.**

Employer identification number

**04-2751357**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

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

Schedule B (Form 990) (2023)

Name of organization  <b>LAND TRUST ALLIANCE, INC.</b>	Employer identification number  <b>04-2751357</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>3,418,007.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>2,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>900,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>852,318.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>LAND TRUST ALLIANCE, INC.</b>	Employer identification number  <b>04-2751357</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	 <hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ <u>447,841.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ <u>405,142.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	 <hr/> <hr/> <hr/>	\$ <u>400,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	 <hr/> <hr/> <hr/>	\$ <u>400,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>LAND TRUST ALLIANCE, INC.</b>	Employer identification number <b>04-2751357</b>
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**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
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization <b>LAND TRUST ALLIANCE, INC.</b>	Employer identification number <b>04-2751357</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization LAND TRUST ALLIANCE, INC.
Employer identification number 04-2751357

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures \$
3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

Schedule C (Form 990) 2023

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	0.													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	127,200.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....	127,200.													
<b>d</b> Other exempt purpose expenditures .....	20,585,771.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....	20,712,971.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
not over \$500,000,	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000,	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
<b>2a</b> Lobbying nontaxable amount	857,273.	753,463.	1,000,000.	1,000,000.	3,610,736.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					5,416,104.
<b>c</b> Total lobbying expenditures	108,892.	293,416.	177,909.	127,200.	707,417.
<b>d</b> Grassroots nontaxable amount	214,318.	188,366.	250,000.	250,000.	902,684.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,354,026.
<b>f</b> Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation... a Volunteers? b Paid staff or management... c Media advertisements? d Mailings to members... e Publications... f Grants to other organizations... g Direct contact with legislators... h Rallies, demonstrations... i Other activities? j Total. Add lines 1c through 1i. 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with 3 columns: Question, Yes, No. Rows include: 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? 5 Taxable amount of lobbying and political expenditures. See instructions

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Blank lines for supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization LAND TRUST ALLIANCE, INC. Employer identification number 04-2751357

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, details of conservation contributions (lines 2a-2d), number of modified easements, states where located, monitoring policy, staff hours, expenses, and requirements for section 170(h)(4)(B)(i).

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures, and amounts for revenue and assets.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,948,151.	7,494,579.	5,518,122.	4,998,523.	4,204,585.
b Contributions	658,308.	0.	1,502,050.	6,800.	63,657.
c Net investment earnings, gains, and losses	1,035,056.	-1,308,628.	689,207.	717,100.	922,981.
d Grants or scholarships	245,200.	237,800.	214,800.	205,100.	192,700.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	7,396,315.	5,948,151.	7,494,579.	5,517,323.	4,998,523.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 20.8400 %
  - b Permanent endowment 51.2200 %
  - c Term endowment 27.9400 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| (i) Unrelated organizations?   |     | X  |
| (ii) Related organizations?  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		98,323.	59,461.	38,862.
d Equipment		1,946,296.	1,070,181.	876,115.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				914,977.

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**Part IX Other Assets**

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) RIGHT OF USE ASSET	2,183,528.
(2) DUE FROM RELATED ORG	1,717,469.
(3) DEPOSITS	79,903.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	3,980,900.

**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) LEASE LIABILITY - OPERATING	2,541,888.
(3) DUE TO RELATED	1,352,565.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	3,894,453.

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 ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and descriptions.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and descriptions.

Part XIII Supplemental Information

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

PART V, LINE 4:

THE BERKLEY ENDOWMENT IS TO BE USED FOR ACCREDITATION OF LAND TRUSTS TO BUILD AND RECOGNIZE STRONG LAND TRUSTS, FOSTER PUBLIC CONFIDENCE IN LAND CONSERVATION AND HELP ENSURE THE LONG-TERM PROTECTION OF CONSERVED LAND. THE KINGSBURY BROWNE AWARD ENDOWMENT IS TO BE USED FOR THE ALLIANCE EXPENSES OF THIS CONSERVATION LEADERSHIP AWARD GIVEN ANNUALLY IN MEMORY OF KINGSBURY BROWNE. THE PERCENTAGE REPORTED FOR PERMANENT ENDOWMENTS INCLUDES AMOUNTS THAT MUST BE MAINTAINED IN PERPETUITY AS WELL AS ACCUMULATED EARNINGS ON SUCH AMOUNTS THAT HAVE NOT YET BEEN APPROPRIATED FOR EXPENDITURE.

PART X, LINE 2:

**Part XIII** Supplemental Information (continued)

THE ORGANIZATION ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS BASED ON A MORE LIKELY THAN NOT THRESHOLD TO THE RECOGNITION OF THE TAX POSITIONS BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION UNDER SCRUTINY BY THE APPLICABLE TAXING AUTHORITY. IF A TAX POSITION OR POSITIONS ARE DEEMED TO RESULT IN UNCERTAINTIES OF THOSE POSITIONS, THE UNRECOGNIZED TAX BENEFIT IS ESTIMATED BASED ON A CUMULATIVE PROBABILITY ASSESSMENT THAT AGGREGATES THE ESTIMATED TAX LIABILITY FOR ALL UNCERTAIN TAX POSITIONS. THE ORGANIZATION HAS IDENTIFIED ITS TAX STATUS AS A TAX-EXEMPT ENTITY AS ITS ONLY SIGNIFICANT TAX POSITION; HOWEVER, THE ORGANIZATION HAS DETERMINED SUCH TAX POSITION DOES NOT RESULT IN AN UNCERTAINTY REQUIRING RECOGNITION. THE ORGANIZATION IS NOT CURRENTLY UNDER EXAMINATION BY ANY TAXING JURISDICTION. THE ORGANIZATION'S FEDERAL AND STATE TAX RETURNS ARE GENERALLY OPEN FOR EXAMINATION FOR THREE YEARS FOLLOWING THE DATE FILED. THERE ARE CURRENTLY NO EXAMINATIONS PENDING OR IN PROGRESS.

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**2023**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **LAND TRUST ALLIANCE, INC.** Employer identification number **04-2751357**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
FREEWILL - P.O. BOX 5322, KINGWOOD, TX 77325	PLANNED GIVING CAMPAIGN		X	0.	10,896.	-10,896.
FIREFLY IMAGEWORKS - 2515 OBERLIN DR, ALEXANDRIA, VA	FUNDRAISING VIDEOS		X	0.	6,200.	-6,200.
<b>Total</b>					17,096.	-17,096.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- AK, AL, AR, AZ, CA, CO, CT, DC, FL, GA, IL, KS, KY, MA, ME, MD, MI, MS, MN, NC, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV**

**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 \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts .....			
	2	Less: Contributions .....			
	3	Gross income (line 1 minus line 2) .....			
Direct Expenses	4	Cash prizes .....			
	5	Noncash prizes .....			
	6	Rent/facility costs .....			
	7	Food and beverages .....			
	8	Entertainment .....			
	9	Other direct expenses .....			
	10	Direct expense summary. Add lines 4 through 9 in column (d) .....			
11	Net income summary. Subtract line 10 from line 3, column (d) .....				

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue .....		
Direct Expenses	2	Cash prizes .....			
	3	Noncash prizes .....			
	4	Rent/facility costs .....			
	5	Other direct expenses .....			
6	Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d) .....				
8	Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 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?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: FIREFLY IMAGEWORKS

(I) ADDRESS OF FUNDRAISER: 2515 OBERLIN DR, ALEXANDRIA, VA 22307

**Part IV** Supplemental Information (continued)

Multiple horizontal lines for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization **LAND TRUST ALLIANCE, INC.** Employer identification number **04-2751357**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACCESS FUND P.O BOX 17010 BOULDER, CO 80308	94-3131165	501(C)(3)	12,750.	0.			CAPACITY BUILDING
ADIRONDACK LAND TRUST PO BOX 130 KEENE, NY 12942	22-2559576	501(C)(3)	93,300.	0.			CAPACITY BUILDING
AGRICULTURAL STEWARDSHIP ASSOCIATION - 2531 STATE ROUTE 40 - GREENWICH, NY 12834	22-3084628	501(C)(3)	133,480.	0.			CAPACITY BUILDING
AMERICAN FARMLAND TRUST 112 SPRING STREET, SUITE 207 SARATOGA SPRINGS, NY 12866	52-1190211	501(C)(3)	85,000.	0.			CAPACITY BUILDING
ASPEN VALLEY LAND TRUST 320 MAIN STREET SUITE 204 CARBONDALE, CO 81623	84-0574754	501(C)(3)	25,000.	0.			CAPACITY BUILDING
BERKSHIRE NATURAL RESOURCES COUNCIL - 309 PITTSFIELD ROAD SUITE B - LENOX, MA 01240	04-2430091	501(C)(3)	12,000.	0.			CAPACITY BUILDING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 113.

3 Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) 2023

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLACK OREGON LAND TRUST 39062 E KNIERIEM RD CORBETT, OR 97019	85-6576948	501(C)(3)	35,000.	0.			CAPACITY BUILDING
BLUE MOUNTAIN LAND TRUST P.O. BOX 1473 WALLA, WA 99362	91-1989279	501(C)(3)	12,500.	0.			CAPACITY BUILDING
BROOKLYN QUEENS LAND TRUST 30 3RD AVENUE RM 842 BROOKLYN, NY 11212	61-1441052	501(C)(3)	33,500.	0.			CAPACITY BUILDING
BUFFALO NIAGARA RIVER LAND TRUST 52 AMHERST STREET BUFFALO, NY 14207	46-2654753	501(C)(3)	70,000.	0.			CAPACITY BUILDING
CACAPON & LOST RIVERS LAND TRUST PO BOX 57 CAPON BRIDGE, WV 26711	55-0700086	501(C)(3)	12,500.	0.			CAPACITY BUILDING
CATOCTIN LAND TRUST P.O. BOX 615 FREDERICK, MD 21705	01-0578410	501(C)(3)	12,500.	0.			CAPACITY BUILDING
CAZENOVIA PRESERVATION FOUNDATION PO BOX 627 CAZENOVIA, NY 13035	16-6101151	501(C)(3)	37,400.	0.			CAPACITY BUILDING
CHAMPLAIN AREA TRAILS PO BOX 193 WESTPORT, NY 12993	26-4004845	501(C)(3)	100,000.	0.			CAPACITY BUILDING
CHELAN-DOUGLAS LAND TRUST PO BOX 4461 WENATCHEE, WA 98807-4461	91-1331348	501(C)(3)	15,750.	0.			CAPACITY BUILDING

Schedule I (Form 990)

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COALITION OF OREGON LAND TRUSTS 511 SE MORRISON STREET PORTLAND, OR 97214	45-1510255	501(C)(3)	67,400.	0.			CAPACITY BUILDING
COLORADO CATTLEMEN'S AGRICULTURAL LAND TRUST - 8833 RALSTON ROAD - ARVADA, CO 80002	84-1317592	501(C)(3)	10,000.	0.			CAPACITY BUILDING
COLORADO OPEN LANDS 1546 COLE BOULEVARD SUITE 200 LAKEWOOD, CO 80401	84-0866211	501(C)(3)	24,500.	0.			CAPACITY BUILDING
COLORADO WEST LAND TRUST 1006 MAIN STREET GRAND JUNCTION, CO 81501	74-2155358	501(C)(3)	29,500.	0.			CAPACITY BUILDING
COLUMBIA LAND CONSERVANCY INC 49 MAIN STREET CHATHAM, NY 12037	22-2757332	501(C)(3)	115,200.	0.			CAPACITY BUILDING
COLUMBIA LAND TRUST 850 OFFICER'S ROW VANCOUVER, WA 98661	94-3140861	501(C)(3)	12,500.	0.			CAPACITY BUILDING
CONNECTICUT FARMLAND TRUST 77 BUCKINGHAM ST #5 HARTFORD, CT 06106	32-0007171	501(C)(3)	12,000.	0.			CAPACITY BUILDING
COWICHE CANYON CONSERVANCY PO BOX 877 YAKIMA, WA 98907	91-1312184	501(C)(3)	11,760.	0.			CAPACITY BUILDING
DELAWARE HIGHLANDS CONSERVANCY 571 PERKINS POND RD BEACH LAKE, PA 18405	23-2804664	501(C)(3)	27,700.	0.			CAPACITY BUILDING

Schedule I (Form 990)

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DUTCHESS LAND CONSERVANCY PO BOX 138 MILLBROOK, NY 12545	14-1667526	501(C)(3)	124,000.	0.			CAPACITY BUILDING
EAGLE VALLEY LAND TRUST PO BOX 3016 EDWARDS, CO 81632	74-2205958	501(C)(3)	25,000.	0.			CAPACITY BUILDING
EASTERN SHORE LAND CONSERVANCY 114 SOUTH WASHINGTON STREET EASTON, MD 21601	52-1711989	501(C)(3)	12,000.	0.			CAPACITY BUILDING
ESTES VALLEY LAND TRUST PO BOX 663 ESTES PARK, CO 80501	74-2465136	501(C)(3)	10,000.	0.			CAPACITY BUILDING
FINGER LAKES LAND TRUST INC 202 EAST COURT ST ITHACA, NY 14850	22-2983688	501(C)(3)	73,700.	0.			CAPACITY BUILDING
GENESEE LAND TRUST INC 46 PRINCE STREET SUITE LL005 ROCHESTER, NY 14607-1912	22-3033712	501(C)(3)	134,550.	0.			CAPACITY BUILDING
GENESEE VALLEY CONSERVANCY PO BOX 73 GENESE0, NY 14454	23-3061147	501(C)(3)	22,787.	0.			CAPACITY BUILDING
GRASSLAND BIRD TRUST INC. 12 SPRING STREET, SUITE 1W SCHUYLERVILLE, NY 12871	27-4846966	501(C)(3)	7,000.	0.			CAPACITY BUILDING
GRASSROOTS GARDENS OF WESTERN NEW YORK - 389 BROADWAY - BUFFALO, NY 14204	16-1479159	501(C)(3)	36,600.	0.			CAPACITY BUILDING

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GREAT PENINSULA CONSERVANCY 423 PACIFIC AVENUE SUITE 300 BREMERTON, WA 98337	91-1110978	501(C)(3)	5,750.	0.			CAPACITY BUILDING
GREEN GUERRILLAS INC. 893 BERGEN STREET BROOKLYN, NY 11238	13-2903183	501(C)(3)	44,620.	0.			CAPACITY BUILDING
GREENE LAND TRUST P.O. BOX 387 COXSACKIE, NY 12051	20-2696414	501(C)(3)	78,000.	0.			CAPACITY BUILDING
HARFORD LAND TRUST 22 WEST PENNSYLVANIA AVE. SUITE 2 BEL AIR, MD 21014	52-1721553	501(C)(3)	8,000.	0.			CAPACITY BUILDING
HAWAIIAN ISLAND LAND TRUST 126 QUEEN STREET SUITE 306 HONOLULU, HI 96813	99-0353223	501(C)(3)	9,700.	0.			CAPACITY BUILDING
HUDSON HIGHLANDS LAND TRUST PO BOX 226 GARRISON, NY 10524	13-3528266	501(C)(3)	150,400.	0.			CAPACITY BUILDING
ICE AGE TRAIL ALLIANCE 2110 MAIN STREET CROSS PLAINS, WI 53528	39-6076028	501(C)(3)	8,000.	0.			CAPACITY BUILDING
IDAHO COALITION OF LAND TRUSTS PO BOX 1845 BOISE, ID 83701	46-4754548	501(C)(3)	15,000.	0.			CAPACITY BUILDING
INDIAN RIVER LAKES CONSERVANCY PO BOX 27 REDWOOD, NY 13679	16-1555636	501(C)(3)	48,760.	0.			CAPACITY BUILDING

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INLAND NORTHWEST LAND CONSERVANCY 35 W MAIN AVENUE SUITE 210 SPOKANE, WA 99201	91-1510539	501(C)(3)	13,000.	0.			CAPACITY BUILDING
JACKSON HOLE LAND TRUST PO BOX 2897 JACKSON, WY 83001	74-2138785	501(C)(3)	10,000.	0.			CAPACITY BUILDING
KANIKSU LAND TRUST PO BOX 2123 1215 MIICHIGAN STREET, SANDPOINT, ID 83864	47-0898549	501(C)(3)	10,500.	0.			CAPACITY BUILDING
LA PLATA OPEN SPACE CONSERVANCY PO BOX 1651 DURANGO, CO 81302	84-1204273	501(C)(3)	32,500.	0.			CAPACITY BUILDING
LAKE GEORGE LAND CONSERVANCY PO BOX 1250 BOLTON LANDING, NY 12814	22-2902944	501(C)(3)	68,300.	0.			CAPACITY BUILDING
LAND TRUST ACCREDITATION COMMISSION - 1250 H STREET NW #600 - WASHINGTON, DC 20005	22-4622209	501(C)(3)	245,200.	0.			CAPACITY BUILDING
LEELANAU CONSERVANCY PO BOX 1007 LELAND, MI 49654	38-2710855	501(C)(3)	5,500.	0.			CAPACITY BUILDING
LEMHI REGIONAL LAND TRUST 105 S CENTER STREET SALMON, ID 83467	20-2753508	501(C)(3)	10,500.	0.			CAPACITY BUILDING
LITTLE RIVER WETLANDS PROJECT 5000 SMITH ROAD FORT WAYNE, IN 46804	35-1809569	501(C)(3)	6,500.	0.			CAPACITY BUILDING

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LOWER SHORE LAND TRUST 100 RIVER STREET SNOW HILL, MD 21863	52-1701152	501(C)(3)	9,200.	0.			CAPACITY BUILDING
LUMMI ISLAND HERITAGE TRUST PO BOX 158 LUMMI ISLAND, WA 98262	91-1785342	501(C)(3)	12,545.	0.			CAPACITY BUILDING
MAGIC VALLEY LAND TRUST PO BOX 2544 TWIN FALLS, ID 83301	82-0498507	501(C)(3)	18,432.	0.			CAPACITY BUILDING
MAINE FARMLAND TRUST 97 MAIN STREET BELFAST, ME 04915-6536	01-0528014	501(C)(3)	100,000.	0.			CAPACITY BUILDING
METHOW CONSERVANCY PO BOX 71 WINTHROP, WA 98862	91-1588861	501(C)(3)	10,000.	0.			CAPACITY BUILDING
MIANUS RIVER GORGE 167 MIANUS RIVER ROAD BEDFORD, NY 10506-1808	13-3523329	501(C)(3)	39,700.	0.			CAPACITY BUILDING
MISSISSIPPI VALLEY CONSERVANCY 1309 NORPLEX DRIVE SUITE 9 LA CROSSE, WI 54602	39-1871201	501(C)(3)	10,500.	0.			CAPACITY BUILDING
MOHAWK HUDSON LAND CONSERVANCY 195 NEW KARNER ROAD ALBANY, NY 12205	14-1754157	501(C)(3)	20,900.	0.			CAPACITY BUILDING
MOHONK PRESERVE PO BOX 715 NEW PALTZ, NY 12561	14-1609484	501(C)(3)	77,500.	0.			CAPACITY BUILDING

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MOUNTAINS RETORATION TRUST DBA TREEPEOPLE LAND TRUST - 23075 MULHOLLAND HIGHWAY - CALABASAS, CA 91302	95-3677444	501(C)(3)	12,000.	0.			CAPACITY BUILDING
NEW YORK AGRICULTURAL LAND TRUST PO BOX 216 ELBRIDGE, NY 13060	20-5679522	501(C)(3)	38,650.	0.			CAPACITY BUILDING
NORTH COAST LAND CONSERVANCY INC. PO BOX 67 SEASIDE, OR 97138	93-0957815	501(C)(3)	59,938.	0.			CAPACITY BUILDING
NORTH OLYMPIC LAND TRUST 602 EAST FRONT STREET PORT ANGELES, WA 98362	91-1500378	501(C)(3)	22,000.	0.			CAPACITY BUILDING
NORTH SHORE LAND ALLIANCE INC. PO BOX 658 OYSTER BAY, NY 11771	56-2368769	501(C)(3)	92,700.	0.			CAPACITY BUILDING
NORTHEAST WILDERNESS TRUST 17 STATE STREET SUITE 302 MONTPELIER, VT 05602	01-0729039	501(C)(3)	100,000.	0.			CAPACITY BUILDING
OBI LAND TRUST PO BOX 117 CHAUMONT, NY 13622	16-1461521	501(C)(3)	26,730.	0.			CAPACITY BUILDING
OKANOGAN LAND TRUST PO BOX 325 OKANOGAN, WA 98840	94-3112454	501(C)(3)	13,000.	0.			CAPACITY BUILDING
OPEN SPACE INSTITUTE, INC. 1350 BROADWAY SUITE 201 NEW YORK, NY 10018	52-1053406	501(C)(3)	75,000.	0.			CAPACITY BUILDING

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OREGON AGRICULTURAL TRUST, INC. P.O. BOX 7359 SALEM, OR 97303	84-3396259	501(C)(3)	19,000.	0.			CAPACITY BUILDING
OREGON DESERT LAND TRUST 2843 NW LOLO DRIVE SUITE 200 BEND, OR 97703	82-2857455	501(C)(3)	15,500.	0.			CAPACITY BUILDING
OUTDOOR PROMISE 217 LIBERTY STREET #1465 NEWBURGH, NY 12550	46-2901973	501(C)(3)	26,200.	0.			CAPACITY BUILDING
PACIFIC CREST TRAIL ASSOCIATION 2150 RIVER PLAZA DRIVE, SUITE 155 SACRAMENTO, CA 95833	33-0051202	501(C)(3)	10,000.	0.			CAPACITY BUILDING
PALMER LAND CONSERVANCY 102 S TEJON ST SUITE 360 COLORADO SPRINGS, CO 80903	84-0763346	501(C)(3)	10,000.	0.			CAPACITY BUILDING
PALOUSE LAND TRUST PO BOX 8506 MOSCOW, ID 83843	94-3219418	501(C)(3)	5,750.	0.			CAPACITY BUILDING
PAYETTE LAND TRUST 309 EAST LAKE ST., STE 5 MCCALL, ID 83638	94-3216558	501(C)(3)	13,000.	0.			CAPACITY BUILDING
PECONIC LAND TRUST 296 HAMPTON ROAD SOUTHAMPTON, NY 11969	11-2667021	501(C)(3)	61,200.	0.			CAPACITY BUILDING
PITNEY MEADOWS COMMUNITY FARM 112 SPRING STREET, SUITE 206 SARATOGA SPRINGS, NY 12866	81-2724904	501(C)(3)	23,600.	0.			CAPACITY BUILDING

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POUND RIDGE LAND CONSERVANCY 1361 OLD POST ROAD POUND RIDGE, NY 10576	51-0173458	501(C)(3)	35,000.	0.			CAPACITY BUILDING
PRICKLY PEAR LAND TRUST 40 W LAWRENCE ST STE A HELENA, MT 59601	81-0506568	501(C)(3)	7,500.	0.			CAPACITY BUILDING
PUERTO RICO CONSERVATION TRUST PO BOX 9023554 SAN JUAN, PR 00902	66-0288581	501(C)(3)	12,000.	0.			CAPACITY BUILDING
PUTNAM COUNTY LAND TRUST PO BOX 36 BREWSTER, NY 10509	23-7058465	501(C)(3)	26,000.	0.			CAPACITY BUILDING
RENSSELAER PLATEAU ALLIANCE 167 BRAINARD ROAD AVERILL PARK, NY 12018	94-3444825	501(C)(3)	71,600.	0.			CAPACITY BUILDING
RIO GRANDE HEADWATERS LAND TRUST 840 GRAND AVENUE DEL NORTE, CO 81132	84-1495770	501(C)(3)	25,000.	0.			CAPACITY BUILDING
SAGINAW BASIN LAND CONSERVANCY 706 S EUCLID AVE BAY CITY, MI 48706	38-3360248	501(C)(3)	15,900.	0.			CAPACITY BUILDING
SAN JUAN PRESERVATION TRUST PO BOX 759 FRIDAY HARBOR, WA 98250	91-1078355	501(C)(3)	12,000.	0.			CAPACITY BUILDING
SARATOGA P.L.A.N. 112 SPRING STREET SARATOGA SPRINGS, NY 12866	14-1706013	501(C)(3)	23,520.	0.			CAPACITY BUILDING

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SCENIC HUDSON LAND TRUST ONE CIVIC CENTER PLAZA SUITE 200 POUGHKEEPSIE, NY 12601-3156	13-2898799	501(C)(3)	100,000.	0.			CAPACITY BUILDING
SHEFFIELD LAND TRUST, INC. P.O. BOX 940, 96 MAIN STREET SHEFFIELD, MA 01257	04-3079035	501(C)(3)	100,000.	0.			CAPACITY BUILDING
SHERIDAN COMMUNITY LAND TRUST PO BOX 7185 SHERIDAN, WY 82801-7004	20-4385635	501(C)(3)	12,000.	0.			CAPACITY BUILDING
SHIRLEY HEINZE LAND TRUST INC 109 W 700 NORTH VALPARAISO, IN 46385	35-2153969	501(C)(3)	8,700.	0.			CAPACITY BUILDING
SOUTHERN OREGON LAND CONSERVANCY 84 4TH STREET ASHLAND, OR 97520-0032	93-0724691	501(C)(3)	15,000.	0.			CAPACITY BUILDING
TEATOWN LAKE RESERVATION 1600 SPRING VALLEY ROAD OSSINING, NY 10562-1643	23-7154985	501(C)(3)	51,700.	0.			CAPACITY BUILDING
TETON PO BOX 247 DRIGGS, ID 83422	94-3146525	501(C)(3)	30,500.	0.			CAPACITY BUILDING
THE DOWNSTREAM PROJECT PO BOX 1000 BERRYVILLE, VA 22611	26-0310939	501(C)(3)	7,800.	0.			CAPACITY BUILDING
THE LAND TRUST FOR TENNESSEE, INC. PO BOX 41027 NASHVILLE, TN 37204	62-1770549	501(C)(3)	10,000.	0.			CAPACITY BUILDING

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THE NATURE CONSERVANCY 195 NEW KARNER ROAD SUITE 200 ALBANY, NY 12205	53-0242652	501(C)(3)	150,000.	0.			CAPACITY BUILDING
THE NATURE CONSERVANCY-OR 821 SE 14TH AVENUE PORTLAND, OR 97214	53-0242652	501(C)(3)	19,216.	0.			CAPACITY BUILDING
THE WETLANDS CONSERVANCY 2540 NE MLK JR BLVD PORTLAND, OR 97212	93-0797197	501(C)(3)	15,500.	0.			CAPACITY BUILDING
THOUSAND ISLANDS LAND TRUST, INC. PO BOX 238 CLAYTON, NY 13624-1013	22-2629183	501(C)(3)	101,000.	0.			CAPACITY BUILDING
TRUST FOR PUBLIC LAND 632 BROADWAY #902 NEW YORK, NY 10018	23-7222333	501(C)(3)	100,000.	0.			CAPACITY BUILDING
TUG HILL TOMORROW LAND TRUST 120 WASHINGTON STREET, SUITE 510 WATERTOWN, NY 13601	22-3115498	501(C)(3)	20,000.	0.			CAPACITY BUILDING
UPPER VALLEY LAND TRUST UPPER VALLEY LAND TRUST - 19 BUCK ROAD - HANOVER, NH 03755	02-0387997	501(C)(3)	12,000.	0.			CAPACITY BUILDING
WALLKILL VALLEY LAND TRUST PO BOX 208 NEW PALTZ, NY 12561	22-2867070	501(C)(3)	34,500.	0.			CAPACITY BUILDING
WASHINGTON ASSOCIATION OF LAND TRUSTS - PO BOX 2001 - SEATTLE, WA 98111	26-3186170	501(C)(3)	15,000.	0.			CAPACITY BUILDING

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WESTCHESTER LAND TRUST, INC. 403 HARRIS ROAD BEDFORD HILLS, NY 10507	13-3507910	501(C)(3)	101,500.	0.			CAPACITY BUILDING
WESTERN NEW YORK LAND CONSERVANCY INC - PO BOX 471 - EAST AURORA, NY 14052-0471	22-3160426	501(C)(3)	151,500.	0.			CAPACITY BUILDING
WESTERN RESERVE LAND CONSERVANCY 3850 CHAGRIN RIVER ROAD MORELAND HILLS, OH 44022	34-1571233	501(C)(3)	34,750.	0.			CAPACITY BUILDING
WHATCOM LAND TRUST PO BOX 6131 BELLINGHAM, WA 98227	91-1246994	501(C)(3)	40,000.	0.			CAPACITY BUILDING
WHIDBEY CAMANO LAND TRUST 765 WONN RD C-201 GREENBANK, WA 98253	91-1261928	501(C)(3)	28,000.	0.			CAPACITY BUILDING
WILD RIVERS LAND TRUST 8325 HIGHWAY 101 PO BOX 1158 PORT ORFORD, OR 97465	93-1289894	501(C)(3)	12,500.	0.			CAPACITY BUILDING
WOOD RIVER LAND TRUST COMPANY 119 E. BULLION STREET HAILEY, ID 83333	84-0474191	501(C)(3)	22,500.	0.			CAPACITY BUILDING
WOODSTOCK LAND CONSERVANCY PO BOX 864 WOODSTOCK, NY 12498	22-2950482	501(C)(3)	15,000.	0.			CAPACITY BUILDING

Schedule I (Form 990)

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE ALLIANCE MONITORS THE USE OF REGRANT FUNDS THROUGH RIGOROUS REVIEW OF PROJECT BUDGETS; INTERIM AND FINAL GRANT REPORTS; ONGOING PROJECT TRACKING; AND SITE VISITS WITH GRANTEES WHERE APPROPRIATE. GRANTEES THAT ARE UNABLE TO COMPLETE PROJECTS OR TO USE FUNDS AS PROPOSED ARE TYPICALLY REQUIRED TO RETURN UNUSED FUNDS TO THE ALLIANCE.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

**LAND TRUST ALLIANCE, INC.**

Employer identification number

**04-2751357**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study         |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2023

**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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ANDREW J. BOWMAN PRESIDENT & CEO	(i)	480,154.	0.	0.	33,811.	25,418.	539,383.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CHASE WARDEN COO AND CFO	(i)	317,098.	0.	0.	26,324.	28,220.	371,642.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JENNIFER MILLER HERZOG CHIEF PROGRAM OFFICER	(i)	233,309.	0.	0.	18,500.	63,002.	314,811.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ELIZABETH WARD CHIEF MARKETING OFFICER	(i)	230,125.	0.	0.	18,500.	63,002.	311,627.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SUZANNE ERERA VP, DEVELOPMENT	(i)	173,642.	0.	0.	15,243.	63,002.	251,887.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MONICA POVEDA VP, FINANCE	(i)	232,081.	0.	0.	15,085.	0.	247,166.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ERIN HESKETT VP, CONSERVATION INITIATIVE	(i)	162,004.	0.	0.	13,833.	71,325.	247,162.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) NATHAN HODGE DIRECTOR, IT	(i)	165,163.	0.	0.	13,380.	67,821.	246,364.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) LORI FAETH DIRECTOR, GOVT RELATIONS	(i)	182,047.	0.	0.	14,755.	23,027.	219,829.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) RENEE KIVIKKO VP, EDUCATION	(i)	175,784.	0.	0.	14,103.	23,027.	212,914.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization: **LAND TRUST ALLIANCE, INC.**  
Employer identification number: **04-2751357**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	11	104,669.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... **29**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....  
 b If "Yes," describe the arrangement in Part II.  
 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....  
 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....  
 b If "Yes," describe in Part II.  
 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2023

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

LAND TRUST ALLIANCE, INC.

Employer identification number

04-2751357

**FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

THE LAND TRUST ALLIANCE UNITES AND CHAMPIONS ORGANIZATIONS IN LOCAL  
COMMUNITIES WORKING TO SAVE NATURAL AREAS. BECAUSE OF OUR INNOVATIVE  
WORK MORE LANDOWNERS CHOOSE TO PROTECT THEIR LAND, CONSERVATION LEADERS  
ARE MORE EFFECTIVE AT SAVING LAND, STRONG NONPROFITS AND LEGAL SYSTEMS  
ARE MAINTAINED TO PROTECT LAND IN PERPETUITY, AND THE PUBLIC COMMITMENT  
TO CONSERVATION IS DEEPENED.

**FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:**

CLIMATE IN MIND, COMMUNITY CONSERVATION AND PUBLIC ENGAGEMENT. AT THE  
END OF THE YEAR, THERE WERE 462 ACCREDITED LAND TRUSTS IN 46 STATES AND  
TWO TERRITORIES, REPRESENTING MORE THAN 81% OF THE ACRES OF FARMLAND,  
FORESTS, WILDLIFE HABITAT AND IMPORTANT WATER SUPPLIES STEWARDED BY  
LAND TRUSTS ACROSS THE COUNTRY. WE UPDATED GUIDANCE FOR IMPLEMENTING  
THE 2017 EDITION OF LAND TRUST STANDARDS AND PRACTICES, THE ETHICAL AND  
TECHNICAL GUIDELINES FOR OPERATING A LAND TRUST, AND LAUNCHED 3 NEW  
TOOLKITS DEVOTED TO INTEGRATING REMOTE MONITORING INTO A LAND TRUST'S  
STEWARDSHIP PROGRAM, UNDERSTANDING HEIRS' PROPERTY (A SIGNIFICANT  
CONTRIBUTOR TO AFRICAN AMERICAN LAND LOSS) AND GROWING LAND TRUST DEI  
COMPETENCIES.

**FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:**

SERVES AS THE PRIMARY POINT OF CONTACT FOR LAND TRUSTS TO UNDERSTAND  
THE FARM BILL AGRICULTURAL CONSERVATION EASEMENT PROGRAM HELPING THEM  
TO WORK WITH LANDOWNERS TO PROTECT FARMS AND RANCHES. IN ADDITION, WE

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization LAND TRUST ALLIANCE, INC.	Employer identification number 04-2751357
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EDUCATE LAND TRUSTS ON FEDERAL CONSERVATION PROGRAMS TO ENSURE THEY  
HAVE INFORMATION ABOUT LAND CONSERVATION TOOLS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

COLLECTIVE CONSERVATION DEFENSE ADDING LEGAL SUPPORT AND RESOURCES FOR  
OVER 11.5 MILLION ACRES OF CONSERVED LAND. TERRAFIRMA RISK RETENTION  
GROUP LLC, THE CHARITABLE RISK POOL LAUNCHED BY THE ALLIANCE IN 2011  
AND OWNED THE INSURED BY LAND TRUSTS, COVERED OVER 38,000 CONSERVATION  
PROPERTIES. WITH OVER 80 PERCENT OF THE LAND OWNED OR CONSERVED BY LAND  
TRUSTS SAFELY INSURED WITH TERRAFIRMA, OR HELD BY ORGANIZATIONS CAPABLE  
OF SELF- INSURANCE, THE LAND TRUST COMMUNITY HAS JUSTIFIABLY EARNED A  
REPUTATION FOR EXPERTLY SERVING THE PUBLIC INTEREST.

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

THE DRAFT FORM 990 IS EMAILED TO ALL DIRECTORS WITH INSTRUCTIONS TO DIRECT  
ALL QUESTIONS, COMMENTS, OR REVISIONS TO THE AUDIT COMMITTEE OR CHIEF  
OPERATING AND FINANCIAL OFFICER. THE AUDIT COMMITTEE REVIEWS THE RETURN  
WITH REPRESENTATIVES OF THE FIRM PREPARING THE RETURN AND AFTER IT  
COMPLETES ITS REVIEW AND ADDRESSES ANY QUESTIONS OR COMMENTS FROM OTHER  
BOARD MEMBERS, DIRECTS THE CHIEF OPERATING AND FINANCIAL OFFICER TO SIGN  
AND FILE THE RETURNS.

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

IN THE EVENT OF A POTENTIAL CONFLICT INVOLVING BOARD MEMBERS, IT IS THE  
OBLIGATION OF THE BOARD MEMBER TO BRING THE MATTER TO THE ATTENTION OF THE  
CHAIRMAN OF THE BOARD WHO WILL REFER THE MATTER TO THE AUDIT COMMITTEE OF  
THE BOARD TO REVIEW, MAKE RECOMMENDATIONS AND DISCLOSE ACTIONS TAKEN AT THE  
NEXT BOARD MEETING. STAFF WITH POTENTIAL CONFLICTS WILL DISCLOSE THEM IN

Name of the organization LAND TRUST ALLIANCE, INC.	Employer identification number 04-2751357
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WRITING TO THE PRESIDENT WHO WILL REVIEW THEM, TAKE APPROPRIATE ACTIONS AND REPORT SUBSTANTIVE CONFLICT ISSUES TO THE AUDIT COMMITTEE OF THE BOARD ON A REGULAR BASIS. THE FACTS AND CIRCUMSTANCES SURROUNDING THE POTENTIAL CONFLICT, JUSTIFICATION FOR PROCEEDING WITH THE POTENTIAL CONFLICT AND THE RECOMMENDED COURSE OF ACTION TO BE TAKEN TO MITIGATE THE ALLIANCE'S PARTICIPATION IN THE CONFLICT WILL BE DOCUMENTED. AT A MINIMUM THE MITIGATION ACTIONS SHOULD INCLUDE ASKING THE INDIVIDUAL INVOLVED IN THE POTENTIAL CONFLICT TO RECUSE AND ABSENT HIMSELF OR HERSELF FROM ANY INVOLVEMENT IN DISCUSSIONS OR DECISIONS PERTAINING TO THE POTENTIAL CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15:

IN 2017, THE BOARD ESTABLISHED A COMPENSATION COMMITTEE WHICH CONTRACTS AN INDEPENDENT REVIEW OF THE COMPENSATION OF THE PRESIDENT, CHIEF OPERATING & FINANCIAL OFFICER, CHIEF PROGRAM OFFICER, CHIEF MARKETING AND COMMUNICATIONS OFFICER. THE LAST REVIEW WAS COMPLETED IN 2023 AND INCLUDED A REVIEW OF COMPARABILITY DATA. A COPY OF THE CONSULTANT'S WRITTEN REPORT WAS PROVIDED TO THE COMPENSATION COMMITTEE.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK, AL, AR, AZ, CA, CO, CT, DC, FL, GA, IL, KS, KY, MA, ME, MD, MI, MS, MN, NC, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV

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

FORM 990 AND FINANCIAL STATEMENTS ARE AVAILABLE ON THE ALLIANCE WEBSITE: WWW.LANDTRUSTALLIANCE.ORG. THE CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.



**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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Name of the organization **LAND TRUST ALLIANCE, INC.** Employer identification number **04-2751357**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ALLIANCE RISK MANAGEMENT SERVICES, LLC - 46-3045386, 1250 H STREET NW, SUITE 600, WASHINGTON, DC 20005	RISK MANAGEMENT	VERMONT	433,414.	442,489.	LAND TRUST ALLIANCE, INC

**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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
LAND TRUST ACCREDITATION COMMISSION - 22-4622209, 36 PHILADELPHIA STREET, SUITE 2, SARATOGA SPRINGS, NY 12866	ACCREDITATION	DISTRICT OF COLUMBIA	501(C)(3)	LINE 12A, I	LAND TRUST ALLIANCE, INC	<input checked="" type="checkbox"/>	

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

Schedule R (Form 990) 2023

**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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....	X	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) LAND TRUST ACCREDITATION COMMISSION	L	87,772.	COST
(2) LAND TRUST ACCREDITATION COMMISSION	B	245,200.	COST
(3) LAND TRUST ACCREDITATION COMMISSION	S	125,000.	COST
(4)			
(5)			
(6)			



**Part VII** Supplemental Information

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

Multiple horizontal lines for supplemental information.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2023

For calendar year 2023 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury Internal Revenue Service

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

Form 990-T header section containing organization name (LAND TRUST ALLIANCE, INC.), address (1250 H STREET NW, #600 WASHINGTON, DC 20005), EIN (04-2751357), and book value of assets (24,729,245).

Form 990-T middle section containing organization type (501(c) corporation), filing status (filing only to claim), and books in care of (CHASE WARDEN).

Table for Part I: Total Unrelated Business Taxable Income. Rows include total income, deductions, and final unrelated business taxable income of 0.

Table for Part II: Tax Computation. Rows include tax on corporations, trusts, proxy tax, and other tax amounts, resulting in a total tax of 0.

Table for Part III: Tax and Payments. Rows include foreign tax credit, other credits, amounts due from various forms, and total tax liability of 0.

<b>Part III Tax and Payments</b> <i>(continued)</i>			
<b>6 a</b>	Payments: Preceding year's overpayment credited to the current year .....	<b>6a</b>	
<b>b</b>	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	<b>6b</b>	
<b>c</b>	Tax deposited with Form 8868 .....	<b>6c</b>	
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>	
<b>e</b>	Backup withholding (see instructions) .....	<b>6e</b>	
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>	
<b>g</b>	Elective payment election amount from Form 3800 .....	<b>6g</b>	
<b>h</b>	Payment from Form 2439 .....	<b>6h</b>	
<b>i</b>	Credit from Form 4136 .....	<b>6i</b>	
<b>j</b>	Other (see instructions) .....	<b>6j</b>	
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6j .....	<b>7</b>	
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>8</b>	
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....	<b>10</b>	
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2024 estimated tax</b> <span style="float: right;"><b>Refunded</b></span>	<b>11</b>	

<b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)			
<b>1</b>	At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here _____	<b>Yes</b>	<b>No</b>
<b>2</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? ..... If "Yes," see instructions for other forms the organization may have to file.		<b>X</b>
<b>3</b>	Enter the amount of tax-exempt interest received or accrued during the tax year ..... \$ _____		
<b>4</b>	Enter available pre-2018 NOL carryovers here \$ <u>3,415.</u> Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
<b>5</b>	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
	541800	\$ 15,054.	
		\$	
		\$	
		\$	
<b>6 a</b>	Reserved for future use .....		
<b>b</b>	Reserved for future use .....		

**Part V Supplemental Information**

Provide any additional information. See instructions.

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	 Signature of officer	11 / 06 / 2024 Date	<b>CHIEF OP &amp; FIN OFFICER</b> Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	FRANK SMITH	FRANK SMITH	11 / 05 / 24	P00639053
	Firm's name	Firm's EIN		88-1478669
	Firm's address		Phone no.	
	CBIZ ADVISORS, LLC 1899 L STREET, NW #850 WASHINGTON, DC 20036		202-227-4000	

FORM 990-T

PRE-2018 NET OPERATING LOSS DEDUCTION

STATEMENT 1

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/15	6.	0.	6.	6.
12/31/16	2,828.	0.	2,828.	2,828.
12/31/17	581.	0.	581.	581.
NOL CARRYOVER AVAILABLE THIS YEAR			3,415.	3,415.

**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1  
OMB No. 1545-0047

**2023**

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

<b>A</b> Name of the organization <b>LAND TRUST ALLIANCE, INC.</b>	<b>B</b> Employer identification number <b>04-2751357</b>
<b>C</b> Unrelated business activity code (see instructions) <b>541800</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

**E** Describe the unrelated trade or business **ADVERTISING**

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c</b> Balance			
<b>2</b> Cost of goods sold (Part III, line 8)	<b>1c</b>			
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>2</b>			
<b>4 a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	<b>3</b>			
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions	<b>4a</b>			
<b>c</b> Capital loss deduction for trusts	<b>4b</b>			
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	<b>4c</b>			
<b>6</b> Rent income (Part IV)	<b>5</b>			
<b>7</b> Unrelated debt-financed income (Part V)	<b>6</b>			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>7</b>			
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>8</b>			
<b>10</b> Exploited exempt activity income (Part VIII)	<b>9</b>	1,300.	789.	511.
<b>11</b> Advertising income (Part IX)	<b>10</b>			
<b>12</b> Other income (see instructions; attach statement)	<b>11</b>			
<b>13 Total.</b> Combine lines 3 through 12	<b>12</b>	1,300.	789.	511.
	<b>13</b>			

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

<b>1</b> Compensation of officers, directors, and trustees (Part X)				
<b>2</b> Salaries and wages				
<b>3</b> Repairs and maintenance				
<b>4</b> Bad debts				
<b>5</b> Interest (attach statement). See instructions				
<b>6</b> Taxes and licenses				250.
<b>7</b> Depreciation (attach Form 4562). See instructions	<b>7</b>			
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>			
<b>9</b> Depletion				
<b>10</b> Contributions to deferred compensation plans				
<b>11</b> Employee benefit programs				
<b>12</b> Excess exempt expenses (Part VIII)				
<b>13</b> Excess readership costs (Part IX)				
<b>14</b> Other deductions (attach statement) <b>SEE STATEMENT 2</b>				1,750.
<b>15 Total deductions.</b> Add lines 1 through 14				2,000.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)				-1,489.
<b>17</b> Deduction for net operating loss. See instructions				0.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16				-1,489.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

**Part III Cost of Goods Sold** Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	<b>Total.</b> Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_  
 B  \_\_\_\_\_  
 C  \_\_\_\_\_  
 D  \_\_\_\_\_

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5 <b>Total deductions.</b> Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)	0.			

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_  
 B  \_\_\_\_\_  
 C  \_\_\_\_\_  
 D  \_\_\_\_\_

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.			
9 Allocable deductions. Multiply line 3c by line 6				
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11 <b>Total dividends-received deductions</b> included in line 10	0.			

**Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).	
<b>Totals</b>			0.	0.	

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: <u>WEBSITE ADVER</u>		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	1,300.
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	789.
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	511.
5	Gross income from activity that is not unrelated business income	5	0.
6	Expenses attributable to income entered on line 5	6	0.
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	0.



FORM 990-T (A)		OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION			AMOUNT
TAX PREP FEES			1,750.
TOTAL TO SCHEDULE A, PART II, LINE 14			1,750.

990-T SCH A		POST-2017 NET OPERATING LOSS DEDUCTION		STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	957.	0.	957.	957.
12/31/19	573.	0.	573.	573.
12/31/20	550.	0.	550.	550.
12/31/21	12,308.	0.	12,308.	12,308.
12/31/22	666.	0.	666.	666.
NOL CARRYOVER AVAILABLE THIS YEAR			15,054.	15,054.

FORM 990-T (A)		PART VIII - EXPENSES DIRECTLY CONNECTED WITH PRODUCTION OF UNRELATED BUSINESS INCOME		STATEMENT 4
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
WEBSITE ADVERTISING		789.		
	- SUBTOTAL -	1	789.	
TOTAL OF FORM 990-T, SCHEDULE A, PART VIII, COLUMN 3			789.	