

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.

2024

Open to Public Inspection

A For the **2024** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization LAND TRUST ALLIANCE, INC.		D Employer identification number 04-2751357
	Doing business as		E Telephone number (202) 800-2235
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 31,614,819.
	1250 H STREET NW, #600		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20005		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: ASHLEY DEMOSTHENES SAME AS C ABOVE		If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.LANDTRUSTALLIANCE.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1982	M State of legal domicile: MA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO SAVE THE PLACES PEOPLE LOVE BY STRENGTHENING LAND CONSERVATION ACROSS AMERICA.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	89
	6 Total number of volunteers (estimate if necessary)	6	20
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,400.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 17,121,891.	Current Year 19,032,805.
	9 Program service revenue (Part VIII, line 2g)	2,631,995.	2,577,252.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	360,292.	740,298.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	426.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,114,604.	22,350,355.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,888,484.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		9,735,350.	10,885,219.
16a Professional fundraising fees (Part IX, column (A), line 11e)		23,153.	9,602.
b Total fundraising expenses (Part IX, column (D), line 25)		2,177,026.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,363,176.	5,536,699.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	21,010,163.	22,197,252.	
19 Revenue less expenses. Subtract line 18 from line 12	-895,559.	153,103.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 24,729,245.	End of Year 24,724,933.
	21 Total liabilities (Part X, line 26)	9,523,047.	8,919,536.
	22 Net assets or fund balances. Subtract line 21 from line 20	15,206,198.	15,805,397.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	ASHLEY DEMOSTHENES, CHIEF EXECUTIVE OFFICER Type or print name and title				
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	FRANK SMITH	FRANK SMITH	11/14/25		P00639053
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	CBIZ ADVISORS, LLC 1899 L STREET, NW #850 WASHINGTON, DC 20036	88-1478669		202-227-4000	

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

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. LAND TRUST ALLIANCE, INC.	Taxpayer identification number (TIN) 04-2751357
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1250 H STREET NW, #600	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20005	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **MONICA POVEDA**
1250 H STREET NW, #600 - WASHINGTON, DC 20005

Telephone No. **202-800-2240** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 **24** or
 tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

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 \$ 15,618,281. including grants of \$ 5,683,867.) (Revenue \$ 2,121,236.)

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 77 TRAININGS, 47 SELF-STUDY ONLINE COURSES AND 7 TOOLKITS ON ALL ASPECTS OF CONSERVATION WORK, INCLUDING RISK MANAGEMENT, FUNDRAISING, AND BOARD AND PROFESSIONAL DEVELOPMENT FOR MORE THAN 13,500 REGISTRANTS IN 2024. 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 AND PUBLIC ENGAGEMENT.

4b (Code:) (Expenses \$ 2,471,711. including grants of \$ 81,865.) (Revenue \$)

GOVERNMENT RELATIONS 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 \$ 914,263. including grants of \$) (Revenue \$ 456,016.)

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 UPHELD 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 562 LAND TRUST MEMBERS OF TERRAFIRMA IN 2025 HAVE DEMONSTRATED THE WISDOM OF

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

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

4e Total program service expenses 19,004,255.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21, with sub-questions a-f for questions 11, 12, and 20. 'X' marks indicate 'Yes' responses.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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, 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 Enter the number of voting members of the governing body at the end of the tax year (15); 1b Enter the number of voting members included on line 1a, above, who are independent (15); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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 Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

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. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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
MONICA POVEDA - 202-800-2240
1250 H STREET NW, #600, WASHINGTON, DC 20005

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) JENNIFER MILLER HERZOG INTERIM CEO, CHIEF PROGRAM OFFICER	40.00			X			289,018.	0.	82,768.	
(2) CHASE WARDEN COO AND CFO	40.00			X			338,290.	0.	28,315.	
(3) ANDREW J. BOWMAN PRESIDENT & CEO TO 07/2024	40.00			X			310,742.	0.	44,627.	
(4) ELIZABETH WARD CHIEF MARKETING OFFICER	40.00					X	239,963.	0.	91,732.	
(5) SUZANNE ERERA VP, DEVELOPMENT	40.00					X	203,714.	0.	87,390.	
(6) MONICA POVEDA VP, FINANCE	40.00					X	245,310.	0.	17,598.	
(7) NATHAN HODGE DIRECTOR, IT	40.00					X	171,813.	0.	90,375.	
(8) ERIN HESKETT VP, CONSERVATION INITIATIVE	40.00					X	168,522.	0.	92,098.	
(9) CAMILA LORCA JIMENEZ CONTROLLER	40.00					X	151,115.	0.	81,712.	
(10) RENEE KIVIKKO VP, EDUCATION	40.00					X	182,631.	0.	40,110.	
(11) MICHAEL A. POLEMIS CHAIR	4.00	X		X			0.	0.	0.	
(12) JUDITH STOCKDALE VICE CHAIR	3.00	X		X			0.	0.	0.	
(13) BLAIR C. FITZSIMONS SECRETARY	3.00	X		X			0.	0.	0.	
(14) ROBERTO SERRALLES TREASURER	3.00	X		X			0.	0.	0.	
(15) DAVID CALLE DIRECTOR	3.00	X					0.	0.	0.	
(16) SAM COOK, JR. DIRECTOR	3.00	X					0.	0.	0.	
(17) CHERYL FOX DIRECTOR	3.00	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) GLENN LAMB DIRECTOR	3.00	X						0.	0.	0.
(19) DOUG LAND DIRECTOR	3.00	X						0.	0.	0.
(20) KATHY K. LEAVENWORTH DIRECTOR	3.00	X						0.	0.	0.
(21) THOMAS D. SAUNDERS DIRECTOR	3.00	X						0.	0.	0.
(22) JULIE R. SHARPE DIRECTOR	3.00	X						0.	0.	0.
(23) VALERIE GORDON DIRECTOR	3.00	X						0.	0.	0.
(24) ROEL LOPEZ DIRECTOR	3.00	X						0.	0.	0.
(25) KRISTINA ORTEZ DIRECTOR	3.00	X						0.	0.	0.
(26) ALAN M. BELL VICE CHAIR TO 03/2024	3.00	X		X				0.	0.	0.
1b Subtotal								2,301,118.	0.	656,725.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,301,118.	0.	656,725.

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 54

	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
CHERRY BEKAERT ADVISORY LLC PO BOX 25549, RICHMOND, VA 23260	CONSULTING SERVICES	191,845.
RSM US LLP 5155 PAYSHERE CIRCLE, CHICAGO, IL 60674	CONSULTING SERVICES	189,694.
ISAACSON MILLER, INC. 263 SUMMER STREET, BOSTON, MA 02210	CONSULTING SERVICES	165,210.
CAPITOL TAX PARTNERS, LLP, 101 CONSTITUTION AVE NW SUITE 675 EAST,	CONSULTING SERVICES	120,000.

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 4

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	1 a	Federated campaigns	1a					
	b	Membership dues	1b	2,643,894.				
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	6,243,556.				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	10,145,355.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 585,622.				
	h	Total. Add lines 1a-1f		19,032,805.				
Program Service Revenue	2 a	CONFERENCE AND WORKSHOPS	Business Code	900099	1,553,090.	1,553,090.		
	b	FEE FOR SERVICE	Business Code	900099	1,012,417.	1,010,017.	2,400.	
	c	PUBLICATION SALES	Business Code	900099	11,745.	11,745.		
	d						
	e						
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			2,577,252.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			467,808.		467,808.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
					9,536,954.			
	b	Less: cost or other basis and sales expenses	7b	9,264,464.				
c	Gain or (loss)	7c	272,490.					
d	Net gain or (loss)			272,490.		272,490.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d	All other revenue						
	e	Total. Add lines 11a-11d						
12	Total revenue. See instructions			22,350,355.	2,574,852.	2,400.	740,298.	

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

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	5,765,732.	5,765,732.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,577,122.	1,292,898.	220,727.	63,497.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	7,063,005.	5,571,516.	202,080.	1,289,409.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	469,156.	371,367.	10,321.	87,468.
9 Other employee benefits	1,196,866.	777,608.	233,918.	185,340.
10 Payroll taxes	579,070.	458,532.	27,467.	93,071.
11 Fees for services (nonemployees):				
a Management				
b Legal	46,420.	20,280.	24,201.	1,939.
c Accounting	87,875.	16,093.	69,309.	2,473.
d Lobbying	110,950.	110,950.		
e Professional fundraising services. See Part IV, line 17	9,602.			9,602.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,834,730.	1,685,457.	59,730.	89,543.
12 Advertising and promotion	274.	249.		25.
13 Office expenses	606,225.	475,293.	16,899.	114,033.
14 Information technology	860,664.	789,459.	16,187.	55,018.
15 Royalties				
16 Occupancy	366,307.	301,695.	14,537.	50,075.
17 Travel	396,537.	333,106.	7,819.	55,612.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	819,630.	713,545.	63,673.	42,412.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	363,685.	315,400.	10,864.	37,421.
23 Insurance	43,402.	5,075.	38,239.	88.
24 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.)				
a _____				
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	22,197,252.	19,004,255.	1,015,971.	2,177,026.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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
Assets	1 Cash - non-interest-bearing	2,149,394.	1	2,920,553.
	2 Savings and temporary cash investments	3,465,551.	2	2,738,192.
	3 Pledges and grants receivable, net	1,509,490.	3	4,407,699.
	4 Accounts receivable, net	1,176,051.	4	128,425.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	0.	7	510,000.
	8 Inventories for sale or use	127.	8	2,117.
	9 Prepaid expenses and deferred charges	539,205.	9	548,858.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,915,896.		
	b Less: accumulated depreciation	10b 1,493,328.	914,977.	10c 1,422,568.
	11 Investments - publicly traded securities	10,993,550.	11	8,179,871.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,980,900.	15	3,866,650.
16 Total assets. Add lines 1 through 15 (must equal line 33)	24,729,245.	16	24,724,933.	
Liabilities	17 Accounts payable and accrued expenses	865,904.	17	713,857.
	18 Grants payable	700,689.	18	826,116.
	19 Deferred revenue	4,062,001.	19	3,406,032.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,894,453.	25	3,973,531.
	26 Total liabilities. Add lines 17 through 25	9,523,047.	26	8,919,536.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	4,582,504.	27	3,855,822.
	28 Net assets with donor restrictions	10,623,694.	28	11,949,575.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	15,206,198.	32	15,805,397.
	33 Total liabilities and net assets/fund balances	24,729,245.	33	24,724,933.

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	22,350,355.
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,197,252.
3	Revenue less expenses. Subtract line 2 from line 1	3	153,103.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15,206,198.
5	Net unrealized gains (losses) on investments	5	446,096.
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	15,805,397.

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? _____ 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		X
b	Were the organization's financial statements audited by an independent accountant? _____ 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	X	
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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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 (2024)

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13208158.	14062716.	13933870.	17121891.	19032805.	77359440.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	13208158.	14062716.	13933870.	17121891.	19032805.	77359440.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6354739.
6 Public support. Subtract line 5 from line 4.						71004701.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	13208158.	14062716.	13933870.	17121891.	19032805.	77359440.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	182,257.	129,895.	211,239.	360,096.	467,808.	1351295.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	700.	2,700.	1,600.			5,000.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				426.		426.
11 Total support. Add lines 7 through 10						78716161.
12 Gross receipts from related activities, etc. (see instructions)					12	9,055,944.
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	90.20	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	91.72	%
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. 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 stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. 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 stop here. 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 10% -facts-and-circumstances test - 2023. 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 stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. 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

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the 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

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. 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 - 2023. 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

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Contains questions 11a, 11b, 11c regarding gift acceptance.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1 and 2 regarding governing body power and organization operation.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains question 1 regarding directors/trustees of supported organizations.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1, 2, 3 regarding support provided, relationship, and significant voice.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1, 2a, 2b, 3a, 3b regarding the Integral Part Test and activities.

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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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	Distributable Amount. 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 - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 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-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

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)

(Rev. December 2024) 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 for the latest information.

OMB No. 1545-0047

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

[X] 501(c)(3) (enter number) organization

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

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

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

[] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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).

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>1,750,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>750,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>650,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>600,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>533,333.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <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 LAND TRUST ALLIANCE, INC.	Employer identification number 04-2751357
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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/>	\$ 447,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LAND TRUST ALLIANCE, INC.	Employer identification number 04-2751357
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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
5	ASSIGNMENT OF NOTE RECEIVABLE _____ _____ _____	\$ 533,333.	02/01/24
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

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

2024

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 I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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 (EIN) 04-2751357
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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 EINs 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.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	114,135.													
c Total lobbying expenditures (add lines 1a and 1b)	114,135.													
d Other exempt purpose expenditures	22,068,606.													
e Total exempt purpose expenditures (add lines 1c and 1d)	22,182,741.													
f 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="width: 30%;">IF the amount on line 1e, column (a) or (b), is:</th> <th>THEN 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:	THEN 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:	THEN 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.													
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j 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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount	753,463.	1,000,000.	1,000,000.	1,000,000.	3,753,463.
b Lobbying ceiling amount (150% of line 2a, column(e))					5,630,195.
c Total lobbying expenditures	293,416.	177,909.	127,200.	114,135.	712,660.
d Grassroots nontaxable amount	188,366.	250,000.	250,000.	250,000.	938,366.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,407,549.
f 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 questions about lobbying activities like volunteers, paid staff, media, mailings, etc.

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 questions about dues, lobbying expenditures, and carryover.

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 questions about dues, section 162(e) expenditures, and carryover.

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 providing supplemental information.

SCHEDULE D
(Form 990)

(Rev. December 2024)

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

**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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	7,396,315.	5,948,151.	7,494,579.	5,518,122.	4,998,523.
b Contributions	295,056.	658,308.		1,502,050.	6,800.
c Net investment earnings, gains, and losses	927,130.	1,035,056.	-1,308,628.	689,207.	717,100.
d Grants or scholarships	260,007.	245,200.	237,800.	214,800.	205,100.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	8,358,494.	7,396,315.	5,948,151.	7,494,579.	5,517,323.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 21.9300 %
 - b** Permanent endowment 47.6600 %
 - c** Term endowment 30.4100 %
- 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		132,107.	70,954.	61,153.
d Equipment		2,783,789.	1,422,374.	1,361,415.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) **1,422,568.**

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, 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)		
Total. (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	1,998,801.
(2) DUE FROM RELATED ORG	1,787,946.
(3) DEPOSITS	79,903.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	3,866,650.

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	2,343,897.
(3) DUE TO RELATED	1,629,634.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	3,973,531.

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.

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

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.

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

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:

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

Part XIII Supplemental Information (continued)

FOLLOWING THE DATE FILED. THERE ARE CURRENTLY NO EXAMINATIONS PENDING OR IN PROGRESS.

Lined area for supplemental information.

**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 for instructions and the latest information.

OMB No. 1545-0047

**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
ADIRONDACK LAND TRUST PO BOX 130 KEENE, NY 12942	22-2559576	501(C)(3)	100,000.	0.			CAPACITY BUILDING
AGRICULTURAL STEWARDSHIP ASSOCIATION - 2531 STATE ROUTE 40 - GREENWICH, NY 12834	22-3084628	501(C)(3)	50,588.	0.			CAPACITY BUILDING
ALASKA FARMLAND TRUST 248 E DAHLIA AVENUE PALMER, AK 99645	20-2860877	501(C)(3)	11,000.	0.			CAPACITY BUILDING
AQUIDNECK LAND TRUST 790 AQUIDNECK AVENUE MIDDLETOWN, RI 02842	22-3073770	501(C)(3)	9,800.	0.			CAPACITY BUILDING
ASPEN VALLEY LAND TRUST 320 MAIN STREET SUITE 204 CARBONDALE, CO 81623	84-0574754	501(C)(3)	20,000.	0.			CAPACITY BUILDING
BALTIMORE GREEN SPACE 1212 NORTH WOLFE ST BALTIMORE, MD 21213	26-0530374	501(C)(3)	6,000.	0.			CAPACITY BUILDING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 122.

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) (Rev. 12-2024)

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
BEAR YUBA LAND TRUST PO BOX 1004 GRASS VALLEY, CA 95945	68-0256981	501(C)(3)	15,000.	0.			CAPACITY BUILDING
BITTER ROOT LAND TRUST INC. PO BOX 1806 HAMILTON, MT 59840	31-1595967	501(C)(3)	10,500.	0.			CAPACITY BUILDING
BLOOMINGDALE MANAGEMENT ADVISORS 611 W 111TH STREET ROOM 28 NEW YORK, NY 10025	21-5825696	501(C)(3)	9,875.	0.			CAPACITY BUILDING
BLUE HILL HERITAGE TRUST PO BOX 222 BLUE HILL, ME 04614	22-2655830	501(C)(3)	11,800.	0.			CAPACITY BUILDING
BROOKLYN QUEENS LAND TRUST 30 3RD AVENUE RM 842 BROOKLYN, NY 11212	61-1441052	501(C)(3)	100,000.	0.			CAPACITY BUILDING
BUFFALO NIAGARA RIVER LAND TRUST 52 AMHERST STREET BUFFALO, NY 14207	46-2654753	501(C)(3)	104,750.	0.			CAPACITY BUILDING
CATOCTIN LAND TRUST P.O. BOX 615 FREDERICK, MD 21705	01-0578410	501(C)(3)	10,000.	0.			CAPACITY BUILDING
CAZENOVIA PRESERVATION FOUNDATION PO BOX 627 CAZENOVIA, NY 13035	16-6101151	501(C)(3)	45,000.	0.			CAPACITY BUILDING
CENTRAL COLORADO CONSERVANCY PO BOX 942 SALIDA, CO 81201	84-1594923	501(C)(3)	33,000.	0.			CAPACITY BUILDING

Schedule I (Form 990)

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
CENTRAL NEW YORK LAND TRUST 7 FENNELLS STREET 2ND FLOOR SKANEATELES, NY 13152	23-7399316	501(C)(3)	100,000.	0.			CAPACITY BUILDING
COASTAL PRAIRIE CONSERVANCY 5615 KIRBY DRIVE SUITE 867 HOUSTON, TX 77005	76-0377029	501(C)(3)	15,500.	0.			CAPACITY BUILDING
COLORADO WEST LAND TRUST 1006 MAIN STREET GRAND JUNCTION, CO 81501	74-2155358	501(C)(3)	13,000.	0.			CAPACITY BUILDING
COLUMBIA LAND CONSERVANCY INC 49 MAIN STREET CHATHAM, NY 12037	22-2757332	501(C)(3)	80,300.	0.			CAPACITY BUILDING
CONSERVATION FOUNDATION OF THE GULF COAST - PO BOX 902 - OSPREY, FL 34229	20-0345249	501(C)(3)	15,750.	0.			CAPACITY BUILDING
COWICHE CANYON CONSERVANCY PO BOX 877 YAKIMA, WA 98907	91-1312184	501(C)(3)	11,143.	0.			CAPACITY BUILDING
CRESTED BUTTE LAND TRUST PO BOX 2224 CRESTED BUTTE, CO 81224	84-1190830	501(C)(3)	15,000.	0.			CAPACITY BUILDING
DISABLED HIKERS 171 CAMPBELL STREET FORKS, WA 98331	85-4055270	501(C)(3)	20,000.	0.			CAPACITY BUILDING
DUCKS-NY 7322 NEWMAN BOULEVARD, BUILDING 2; DEXTER, MI 48130	13-5643799	501(C)(3)	52,558.	0.			CAPACITY BUILDING

Schedule I (Form 990)

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
DUTCHESS LAND CONSERVANCY PO BOX 138 MILLBROOK, NY 12545	14-1667526	501(C)(3)	57,106.	0.			CAPACITY BUILDING
EAGLE VALLEY LAND TRUST PO BOX 3016 EDWARDS, CO 81632	74-2205958	501(C)(3)	12,000.	0.			CAPACITY BUILDING
EDMUND NILES HUYCK PRESERVE AND BIOLOGICAL RESOURCE STATION - P.O. BOX 189 - RENSSELAERVILLE, NY 12147	14-1338387	501(C)(3)	56,475.	0.			CAPACITY BUILDING
FINGER LAKES LAND TRUST INC 202 EAST COURT ST ITHACA, NY 14850	22-2983688	501(C)(3)	100,000.	0.			CAPACITY BUILDING
FRIENDS OF THE COLUMBIA GORGE, INC. - 123 NE 3RD AVE SUITE 108 - PORTLAND, OR 97232	56-2563880	501(C)(3)	13,000.	0.			CAPACITY BUILDING
FRIENDS OF TRYON CREEK 11321 S TERWILLIGER BLVD PORTLAND, OR 97219	23-7079356	501(C)(3)	5,250.	0.			CAPACITY BUILDING
GALLATIN VALLEY LAND TRUST P O BOX 7021 BOZEMAN, MT 59771	81-0464513	501(C)(3)	15,500.	0.			CAPACITY BUILDING
GALVESTON BAY FOUNDATION INC. 1725 HIGHWAY 146 KEMAH, TX 77565	76-0279876	501(C)(3)	11,000.	0.			CAPACITY BUILDING
GENESEE VALLEY CONSERVANCY PO BOX 73 GENESEO, NY 14454	23-3061147	501(C)(3)	332,007.	0.			CAPACITY BUILDING

Schedule I (Form 990)

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
GENESSEE LAND TRUST, INC. 46 PRINCE STREET SUITE LL005 ROCHESTER, NY 14607	22-3033712	501(C)(3)	119,333.	0.			CAPACITY BUILDING
GERARD RODRIGUEZ 2323 NW SAVIER ST, APT 210 PORTLAND, OR 97210	61-1907073	501(C)(3)	10,000.	0.			CAPACITY BUILDING
GLACIAL LAKES CONSERVANCY 529 ONTARIO AVE. SHEBOYGAN, WI 53081	39-1849140	501(C)(3)	5,750.	0.			CAPACITY BUILDING
GRASSLAND BIRD TRUST INC. 12 SPRING STREET, SUITE 1W SCHUYLERVILLE, NY 12871	27-4846966	501(C)(3)	83,333.	0.			CAPACITY BUILDING
GRASSROOTS GARDENS OF WESTERN NEW YORK - 389 BROADWAY - BUFFALO, NY 14204	16-1479159	501(C)(3)	50,000.	0.			CAPACITY BUILDING
GREEN GUERRILLAS INC. 893 BERGEN STREET BROOKLYN, NY 11238	13-2903183	501(C)(3)	45,500.	0.			CAPACITY BUILDING
GREEN SPACES ALLIANCE OF SOUTH TEXAS (BEXAR LAND TRUST INC) - 108 EAST MISTLETOE AVE - SAN ANTONIO, TX 78212	74-2884531	501(C)(3)	5,500.	0.			CAPACITY BUILDING
GREENE LAND TRUST P.O. BOX 387 COXSACKIE, NY 12051	20-2696414	501(C)(3)	10,000.	0.			CAPACITY BUILDING
GUADALUPE BLANCO RIVER TRUST PO BOX 1343 SEGUIN, TX 78155	73-1628865	501(C)(3)	5,500.	0.			CAPACITY BUILDING

Schedule I (Form 990)

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
GUIDESTONE COLORADO PO BOX 1056 SALIDA, CO 81201	20-8782291	501(C)(3)	10,200.	0.			CAPACITY BUILDING
HENRY L FERGUSON MUSEUM PO BOX 554 FISHERS ISLAND, NY 06390	11-6015380	501(C)(3)	45,000.	0.			CAPACITY BUILDING
HIGHSTEAD FOUNDATION PO BOX 1097 REDDING, CT 06875	39-1966972	501(C)(3)	14,500.	0.			CAPACITY BUILDING
HUDSON HIGHLANDS LAND TRUST PO BOX 226 GARRISON, NY 10524	13-3528266	501(C)(3)	100,400.	0.			CAPACITY BUILDING
INDIAN RIVER LAKES CONSERVANCY PO BOX 27 REDWOOD, NY 13679	16-1555636	501(C)(3)	64,226.	0.			CAPACITY BUILDING
JACKSON HOLE LAND TRUST PO BOX 2897 JACKSON, WY 83001	74-2138785	501(C)(3)	5,600.	0.			CAPACITY BUILDING
JAMES TORIO 274 MOLO ST WAILUA, HI 96746	57-5292745	501(C)(3)	6,000.	0.			CAPACITY BUILDING
JEFFERSON LAND TRUST 1033 LAWRENCE STREET PORT TOWNSEND, WA 98368	91-1465078	501(C)(3)	15,000.	0.			CAPACITY BUILDING
JOHN MUIR LAND TRUST 924 MAIN STREET MARTINEZ, CA 94553	68-0194652	501(C)(3)	15,000.	0.			CAPACITY BUILDING

Schedule I (Form 990)

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
KACHEMAK HERITAGE LAND TRUST 315 KLONDIKE AVENUE HOMER, AK 99603	94-3104608	501(C)(3)	11,000.	0.			CAPACITY BUILDING
KANIKSU LAND TRUST PO BOX 2123 SANDPOINT, ID 83864	47-0898549	501(C)(3)	30,000.	0.			CAPACITY BUILDING
KANSAS LAND TRUST PO BOX 508 LAWRENCE, KS 66044	48-1090912	501(C)(3)	6,400.	0.			CAPACITY BUILDING
LAKE FORK VALLEY CONSERVANCY PO BOX 123 LAKE CITY, CO 81235	84-1487921	501(C)(3)	10,000.	0.			CAPACITY BUILDING
LAKE GEORGE LAND CONSERVANCY PO BOX 1250 BOLTON LANDING, NY 12814	22-2902944	501(C)(3)	377,600.	0.			CAPACITY BUILDING
LEELANAU CONSERVANCY PO BOX 1007 LELAND, MI 49654	38-2710855	501(C)(3)	5,500.	0.			CAPACITY BUILDING
LEGACY LAND CONSERVANCY 6276 JACKSON ROAD SUITE G ANN ARBOR, MI 48013	38-2899980	501(C)(3)	5,300.	0.			CAPACITY BUILDING
LEWISBORO LAND TRUST PO BOX 496 SOUTH SALEM, NY 10598	46-4891866	501(C)(3)	18,000.	0.			CAPACITY BUILDING
LITTLE RIVER WETLANDS PROJECT 5000 SMITH ROAD FORT WAYNE, IN 46804	35-1809569	501(C)(3)	7,550.	0.			CAPACITY BUILDING

Schedule I (Form 990)

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

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LOWER SHORE LAND TRUST 100 RIVER STREET SNOW HILL, MD 21863	52-1701152	501(C)(3)	5,750.	0.			CAPACITY BUILDING
MAGIC VALLEY LAND TRUST PO BOX 2544 TWIN FALLS, ID 83301	82-0498507	501(C)(3)	15,000.	0.			CAPACITY BUILDING
MIANUS RIVER GORGE 167 MIANUS RIVER ROAD BEDFORD, NY 10506	13-3523329	501(C)(3)	123,593.	0.			CAPACITY BUILDING
MOHAWK HUDSON LAND CONSERVANCY 195 NEW KARNER ROAD ALBANY, NY 12205	14-1754157	501(C)(3)	47,825.	0.			CAPACITY BUILDING
MOHONK PRESERVE PO BOX 715 NEW PALTZ, NY 12561	14-1609484	501(C)(3)	162,000.	0.			CAPACITY BUILDING
MONTEZUMA LAND CONSERVANCY 321 E. NORTH STREET CORTEZ, CO 81321	31-1632961	501(C)(3)	15,000.	0.			CAPACITY BUILDING
MOTHER LODE LAND TRUST PO BOX 1435 JACKSON, CA 95642	94-3137444	501(C)(3)	19,729.	0.			CAPACITY BUILDING
MOUNT GRACE LAND CONSERVATION TRUST - 1461 OLD KEENE ROAD - ATHOL, MA 01331	04-2938967	501(C)(3)	16,000.	0.			CAPACITY BUILDING
MOUNTAIN AREA LAND TRUST 908 NOB HILL ROAD EVERGREEN, CO 80439	84-6256809	501(C)(3)	11,550.	0.			CAPACITY BUILDING

Schedule I (Form 990)

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
NATURE SANCTUARY SOCIETY OF WESTERN NEW YORK INC - P.O. BOX 828 - WEST SENECA, NY 14224	16-1377177	501(C)(3)	7,929.	0.			CAPACITY BUILDING
NORTH SHORE LAND ALLIANCE INC. PO BOX 658 OYSTER BAY, NY 11771	56-2368769	501(C)(3)	93,380.	0.			CAPACITY BUILDING
NORTHCENTRAL PA CONSERVANCY P.O. BOX 2083 WILLIAMSPORT, PA 17703	23-2606163	501(C)(3)	5,230.	0.			CAPACITY BUILDING
NORTHEAST WILDERNESS TRUST 17 STATE STREET SUITE 302 MONTPELIER, VT 05602	01-0729039	501(C)(3)	75,000.	0.			CAPACITY BUILDING
NORTHEASTERN CAVE CONSERVANCY, INC PO BOX 254 SCHOHARIE, NY 12157	13-4043653	501(C)(3)	10,000.	0.			CAPACITY BUILDING
OBI LAND TRUST PO BOX 117 CHAUMONT, NY 13622	16-1461521	501(C)(3)	12,550.	0.			CAPACITY BUILDING
OMNI RHODE ISLAND, LLC ONE WEST EXCHANGE STREET PROVIDENCE, RI 02903	46-1002879	501(C)(3)	10,690.	0.			CAPACITY BUILDING
OPEN SPACE INSTITUTE, INC. 1350 BROADWAY SUITE 201 NEW YORK, NY 10018	52-1053406	501(C)(3)	82,000.	0.			CAPACITY BUILDING
OPENLANDS 25 E. WASHINGTON CHICAGO, IL 60602	36-2649603	501(C)(3)	16,600.	0.			CAPACITY BUILDING

Schedule I (Form 990)

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
ORANGE COUNTY LAND TRUST 50 OGDEN DRIVE MOUNTAINVILLE, NY 10953	13-3692034	501(C)(3)	49,750.	0.			CAPACITY BUILDING
OTSEGO LAND TRUST PO BOX 173 COOPERSTOWN, NY 13326	13-3499394	501(C)(3)	100,000.	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
PAYETTE LAND TRUST 309 EAST LAKE ST., STE 5 MCCALL, ID 83638	94-3216558	501(C)(3)	8,000.	0.			CAPACITY BUILDING
PITNEY MEADOWS COMMUNITY FARM 112 SPRING STREET, SUITE 206 SARATOGA SPRING, NY 12866	81-2724904	501(C)(3)	85,240.	0.			CAPACITY BUILDING
PLACER LAND TRUST 922 LINCOLN WAY, SUITE 200 AUBURN, CA 95603	68-0223143	501(C)(3)	12,500.	0.			CAPACITY BUILDING
POUND RIDGE LAND CONSERVANCY 1361 OLD POST ROAD POUND RIDGE, NY 10576	51-0173458	501(C)(3)	98,750.	0.			CAPACITY BUILDING
PRICKLY PEAR LAND TRUST PO BOX 892 HELENA, MT 59624	81-0506568	501(C)(3)	10,000.	0.			CAPACITY BUILDING
RENSSELAER PLATEAU ALLIANCE 167 BRAINARD ROAD AVERILL PARK, NY 12018	94-3444825	501(C)(3)	106,248.	0.			CAPACITY BUILDING

Schedule I (Form 990)

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

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RIO GRANDE HEADWATERS LAND TRUST 840 GRAND AVENUE DEL NORTE, CO 81132	84-1495770	501(C)(3)	10,000.	0.			CAPACITY BUILDING
SAGEBRUSH STEPPE LAND TRUST, INC. 109 NORTH ARTHUR AVE SUITE 300 POCATELLO, ID 83204	82-6092501	501(C)(3)	6,400.	0.			CAPACITY BUILDING
SAN JOAQUIN RIVER PARKWAY AND CONSERVATION TRUST INC. - 11605 OLD FRIANT ROAD - FRESNO, CA 93730	77-0196692	501(C)(3)	12,750.	0.			CAPACITY BUILDING
SANTA FE CONSERVATION TRUST PO BOX 23985 SANTA FE, NM 87502	85-0418988	501(C)(3)	22,300.	0.			CAPACITY BUILDING
SARATOGA P.L.A.N. 112 SPRING STREET SARATOGA SPRINGS, NY 12866	14-1706013	501(C)(3)	50,000.	0.			CAPACITY BUILDING
SCENIC HUDSON LAND TRUST ONE CIVIC CENTER PLAZA, SUITE 200 POUGHKEEPSIE, NY 12601	13-2898799	501(C)(3)	350,000.	0.			CAPACITY BUILDING
SHERIDAN COMMUNITY LAND TRUST 14 LANE LN SHERIDAN, WY 82801	20-4385635	501(C)(3)	16,000.	0.			CAPACITY BUILDING
SHIRLEY HEINZE LAND TRUST INC 109 W 700 NORTH VALPARAISO, IN 46385	35-2153969	501(C)(3)	14,000.	0.			CAPACITY BUILDING
SISKIYOU LAND TRUST PO BOX 938 MOUNT SHASTA, CA 96067	68-0235003	501(C)(3)	6,000.	0.			CAPACITY BUILDING

Schedule I (Form 990)

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
SOUTH HERO LAND TRUST PO BOX 455 SOUTH HERO, VT 05486	04-3391477	501(C)(3)	15,000.	0.			CAPACITY BUILDING
SOUTHERN APPALACHIAN HIGHLANDS CONSERVANCY - 372 MERRIMON AVENUE - ASHEVILLE, NC 28801	62-1098890	501(C)(3)	6,000.	0.			CAPACITY BUILDING
SOUTHERN PLAINS LAND TRUST, INC. PO BOX 1016 LAMAR, CO 81052	84-1470479	501(C)(3)	25,500.	0.			CAPACITY BUILDING
TALL PINES CONSERVANCY W330N4465 LAKELAND DR NASHOTAH, WI 53058	39-1966972	501(C)(3)	8,000.	0.			CAPACITY BUILDING
TEATOWN LAKE RESERVATION 1600 SPRING VALLEY ROAD OSSINING, NY 10562	23-7154985	501(C)(3)	46,980.	0.			CAPACITY BUILDING
TETON REGIONAL LAND TRUST PO BOX 247 DRIGGS, ID 83422	94-3146525	501(C)(3)	19,500.	0.			CAPACITY BUILDING
TEXAS LAND CONSERVANCY PO BOX 162481 AUSTIN, TX 78716	75-1825883	501(C)(3)	5,500.	0.			CAPACITY BUILDING
THE CONSERVATION FOUNDATION 10 S 404 KNOCH KNOLLS ROAD NAPERVILLE, IL 60565	23-7221206	501(C)(3)	17,000.	0.			CAPACITY BUILDING
THE DOWNSTREAM PROJECT PO BOX 1000 BERRYVILLE, VA 22611	26-0310939	501(C)(3)	6,000.	0.			CAPACITY BUILDING

Schedule I (Form 990)

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
THE FRONTERA LAND ALLIANCE 1201 N MESA ST EL PASO, TX 79902	42-1645381	501(C)(3)	8,000.	0.			CAPACITY BUILDING
THE LITTLE FORKS CONSERVANCY, INC P. O. BOX 2847 MIDLAND, MI 48641	38-3353122	501(C)(3)	9,000.	0.			CAPACITY BUILDING
THE NATURE CONSERVANCY 4245 N FAIRFAX DRIVE SUITE 100 ARLINGTON, VA 22203	53-0242652	501(C)(3)	139,000.	0.			CAPACITY BUILDING
THE NATURE CONSERVANCY-OR 821 SE 14TH AVENUE PORTLAND, OR 97214	53-0242652	501(C)(3)	38,384.	0.			CAPACITY BUILDING
THOUSAND ISLANDS LAND TRUST, INC. PO BOX 238 CLAYTON, NY 13624	22-2629183	501(C)(3)	110,529.	0.			CAPACITY BUILDING
TRUST FOR PUBLIC LAND P.O. BOX 889336 LOS ANGELES, CA 90088	23-7222333	501(C)(3)	28,825.	0.			CAPACITY BUILDING
TUG HILL TOMORROW LAND TRUST 120 WASHINGTON STREET, SUITE 510 WATERTOWN, NY 13601	22-3115498	501(C)(3)	41,440.	0.			CAPACITY BUILDING
WALLKILL VALLEY LAND TRUST PO BOX 208 NEW PALTZ, NY 12561	22-2867070	501(C)(3)	40,000.	0.			CAPACITY BUILDING
WALLOWA LAND TRUST PO BOX 516 ENTERPRISE, OR 97828	20-1037078	501(C)(3)	15,000.	0.			CAPACITY BUILDING

Schedule I (Form 990)

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
WASHINGTON ASSOCIATION OF LAND TRUSTS - PO BOX 2001 - SEATTLE, WA 98111	26-3186170	501(C)(3)	17,000.	0.			CAPACITY BUILDING
WESTCHESTER LAND TRUST, INC. 403 HARRIS ROAD BEDFORD HILLS, NY 10507	13-3507910	501(C)(3)	106,155.	0.			CAPACITY BUILDING
WESTERN NEW YORK LAND CONSERVANCY INC - PO BOX 471 - EAST AURORA, NY 14052	22-3160426	501(C)(3)	32,000.	0.			CAPACITY BUILDING
WINNAKEE LAND TRUST PO BOX 610 RHINEBECK, NY 12572	14-1722963	501(C)(3)	37,500.	0.			CAPACITY BUILDING
WOOD RIVER LAND TRUST COMPANY 119 E. BULLION STREET HAILEY, ID 83333	84-0474191	501(C)(3)	8,475.	0.			CAPACITY BUILDING
WOODSTOCK LAND CONSERVANCY PO BOX 864 WOODSTOCK, NY 12498	22-2950482	501(C)(3)	62,770.	0.			CAPACITY BUILDING
WYOMING STOCK GROWERS LAND TRUST PO BOX 268 CHEYENNE, WY 82003	83-6047954	501(C)(3)	8,500.	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

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 GRANTEEES WHERE APPROPRIATE. GRANTEEES 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)**

(Rev. December 2024)
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 for instructions and the latest information.

OMB No. 1545-0047

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? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- 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? **5a**
- b** Any related organization? **5b**
- 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? **6a**
- b** Any related organization? **6b**
- 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
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) (Rev. 12-2024)

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) JENNIFER MILLER HERZOG INTERIM CEO, CHIEF PROGRAM OFFICER	(i)	289,018.	0.	0.	18,500.	64,268.	371,786.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CHASE WARDEN COO AND CFO	(i)	338,290.	0.	0.	26,400.	1,915.	366,605.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ANDREW J. BOWMAN PRESIDENT & CEO TO 07/2024	(i)	310,742.	0.	0.	28,600.	16,027.	355,369.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ELIZABETH WARD CHIEF MARKETING OFFICER	(i)	239,963.	0.	0.	18,500.	73,232.	331,695.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SUZANNE ERERA VP, DEVELOPMENT	(i)	203,714.	0.	0.	17,824.	69,566.	291,104.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MONICA POVEDA VP, FINANCE	(i)	245,310.	0.	0.	15,945.	1,653.	262,908.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) NATHAN HODGE DIRECTOR, IT	(i)	171,813.	0.	0.	14,839.	75,536.	262,188.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ERIN HESKETT VP, CONSERVATION INITIATIVE	(i)	168,522.	0.	0.	14,410.	77,688.	260,620.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) CAMILA LORCA JIMENEZ CONTROLLER	(i)	151,115.	0.	0.	10,481.	71,231.	232,827.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) RENEE KIVIKKO VP, EDUCATION	(i)	182,631.	0.	0.	14,691.	25,419.	222,741.	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

2024

Open to Public Inspection

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

Go to 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	8	52,289.	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 (NOTE RECEIVABLE)	X	1	533,333.	FMV
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**

	Yes	No
30a During the year, did the organization receive by contribution any property reported on 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?		X
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?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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.		

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

Schedule M (Form 990) 2024

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.

Lined area for supplemental information.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 for instructions and the latest information.

OMB No. 1545-0047

**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:
AT THE END OF THE YEAR, THERE WERE 470 ACCREDITED LAND TRUSTS IN 46
STATES AND TWO TERRITORIES, REPRESENTING MORE THAN 84% 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. WE
LAUNCHED A NEW RESOURCE, THE ECOSYSTEM SERVICES VALUATION TOOL, TO HELP
LAND TRUSTS ESTIMATE THE VALUE OF BENEFITS GENERATED BY THE ECOSYSTEMS
THEY STEWARD. SINCE ITS LAUNCH IN MAY, THE TOOL HAS BECOME ONE OF THE
MOST VISITED RESOURCES OF THE YEAR.

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
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 12.2 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 41,000 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
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 FINANCIAL OFFICER AND / OR CHIEF EXECUTIVE 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

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization LAND TRUST ALLIANCE, INC.	Employer identification number 04-2751357
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NEXT BOARD MEETING. STAFF WITH POTENTIAL CONFLICTS WILL DISCLOSE THEM IN 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 FINANCIAL OFFICER, CHIEF EXECUTIVE OFFICER, AND CHIEF OPERATING OFFICER, CHIEF PROGRAM OFFICER, CHIEF MARKETING AND COMMUNICATIONS OFFICER. THE LAST REVIEW WAS COMPLETED IN 2022 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)**

(Rev. January 2025)

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 for instructions and the latest information.

OMB No. 1545-0047

**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	456,017.	898,505.	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) (Rev. 1-2025)

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
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s 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	B	245,200.	COST
(2) LAND TRUST ACCREDITATION COMMISSION	L	99,008.	COST
(3) LAND TRUST ACCREDITATION COMMISSION	S	125,000.	COST
(4)			
(5)			
(6)			

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

2024

For calendar year 2024 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 an 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 (24,724,933).

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

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, proxy tax, and total tax of 0.

Table for Part III: Tax and Payments. Rows include foreign tax credit, other credits, and total tax of 0.

Part III Tax and Payments (continued)			
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	0.
6 a	Payments: Preceding year's overpayment credited to the current year	6a	
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	
c	Tax deposited with Form 8868	6c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e	Backup withholding (see instructions)	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
g	Elective payment election amount from Form 3800	6g	
h	Payment from Form 2439	6h	
i	Credit from Form 4136	6i	
j	Other (see instructions)	6j	
7	Total payments. Add lines 6a through 6j	7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	
11	Enter the amount of line 10 you want: Credited to 2025 estimated tax Refunded	11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)		Yes	No
1	At any time during the 2024 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		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4	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.		
5	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	\$ 16,543.	
		\$	
		\$	
		\$	
6 a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here	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	Date	Title	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	FRANK SMITH	FRANK SMITH	11/14/25	PTIN P00639053
	Firm's name	Firm's EIN		
	CBIZ ADVISORS, LLC	88-1478669		
	Firm's address	Phone no.		
	1899 L STREET, NW #850 WASHINGTON, DC 20036	202-227-4000		

May the IRS discuss this return with the preparer shown below (see instructions)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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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 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

2024

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

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

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

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance			
2 Cost of goods sold (Part III, line 8)	1c			
3 Gross profit. Subtract line 2 from line 1c	2			
	3			
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10	2,400.	4,659.	-2,259.
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13	2,400.	4,659.	-2,259.

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

1 Compensation of officers, directors, and trustees (Part X)		1	
2 Salaries and wages		2	
3 Repairs and maintenance		3	
4 Bad debts		4	
5 Interest (attach statement). See instructions		5	
6 Taxes and licenses		6	250.
7 Depreciation (attach Form 4562). See instructions	7		
8 Less depreciation claimed in Part III and elsewhere on return	8a	8b	
9 Depletion		9	
10 Contributions to deferred compensation plans		10	
11 Employee benefit programs		11	
12 Excess exempt expenses (Part VIII)		12	
13 Excess readership costs (Part IX)		13	
14 Other deductions (attach statement) SEE STATEMENT 2		14	1,750.
15 Total deductions. Add lines 1 through 14		15	2,000.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		16	-4,259.
17 Deduction for net operating loss. See instructions		17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16		18	-4,259.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

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	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. 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 Total deductions. 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 Total gross income (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 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11 Total dividends-received deductions 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
(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).	
Totals				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).
Totals		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	2,400.
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	4,659.
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	-2,259.
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.

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
a Add columns A through D. Enter here and on Part I, line 11, column (A)				0.

3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0.

Part XI Supplemental Information (see instructions)

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.
12/31/23	1,489.	0.	1,489.	1,489.
NOL CARRYOVER AVAILABLE THIS YEAR			16,543.	16,543.

FORM 990-T (A)		PART VIII - EXPENSES DIRECTLY CONNECTED WITH PRODUCTION OF UNRELATED BUSINESS INCOME		STATEMENT 4
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
WEBSITE ADVERTISING			4,659.	
	- SUBTOTAL -	1		4,659.
TOTAL OF FORM 990-T, SCHEDULE A, PART VIII, COLUMN 3				4,659.

Alternative Minimum Tax-Corporations

2024

Attach to your tax return.

Go to www.irs.gov/Form4626 for instructions and the latest information.

Name of corporation

Employer identification number (EIN)

LAND TRUST ALLIANCE, INC.

04-2751357

- A** Is the corporation filing this form a member of a controlled group treated as a single employer under sections 59(k)(1)(D) and 52? Yes No
If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the controlled group treated as a single employer taken into account in the determination of "applicable corporation" under section 59(k)(1)(D).
- B** Is the corporation filing this form a member of a foreign-parented multinational group (FPMG) within the meaning of section 59(k)(2)(B)? Yes No
If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the FPMG under section 59(k)(2)(B).

Part I Applicable Corporation Determination (Report all amounts in U.S. dollars.)

If you have already determined in current or prior years you are an applicable corporation, skip Part I and continue to Part II.

	(a) First Preceding Year Ended 12/31/2023	(b) Second Preceding Year Ended 12/31/2022	(c) Third Preceding Year Ended 12/31/2021
1 Net income or loss per applicable financial statement(s) (AFS) (see inst):			
a Consolidated net income or loss per the AFS of the corporation	-147,039.	-4,382,819.	3,816,493.
b Include AFS net income or loss of other includible entities (add net income and subtract net loss)			
c Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	160,193.	-97,485.	-70,984.
d Adjustment for certain consolidating entries (see instructions)			
e Specified additional net income or loss item B. Reserved for future use			
f AFS net income or loss of all entities in the test group before adjustments. Combine lines 1a through 1d	13,154.	-4,480,304.	3,745,509.
2 Adjustments (see instructions):			
a Financial statements covering different tax years			
b Corporations that are not included on the taxpayer's consolidated return			
c Aggregate pro-rata share of adjusted net income from controlled foreign corporations (CFCs) for which the corporation is a U.S. shareholder. If zero or less, enter -0- (attach Schedule A (Form 4626)) (see instructions for special rules if completing this form for an FPMG)			
d Amounts that are not effectively connected to a U.S. trade or business (see instructions for special rules if completing this form for an FPMG)			
e Certain taxes			
f Patronage dividends and per-unit retain allocations (cooperatives only)			
g Alaska native corporations			
h Certain credits			
i Mortgage servicing income			
j Tax-exempt entities (organizations subject to tax under section 511)	-13,154.	4,480,304.	-3,745,509.
k Depreciation			
l Qualified wireless spectrum			
m Covered transactions			
n Adjustments related to bankruptcy and insolvency			
o Certain insurance company adjustments			
p Adjustment P - Reserved for future use			
q Adjustment Q - Reserved for future use			
r Adjustment R - Reserved for future use			
s Adjustment S - Reserved for future use			
z Other			
3 Specified adjustment. Reserved for future use			
4 Total adjustments. Combine lines 2a through 2z	-13,154.	4,480,304.	-3,745,509.
5 AFSI. Combine lines 1f and 4			
6 AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 5			6
7 3-year average annual AFSI (see instructions)			7

Part I **Applicable Corporation Determination** (Report all amounts in U.S. dollars.) *(continued)*

- 8** Is line 7 more than \$1 billion?
 - Yes.** Continue to line 9.
 - No.** STOP here and attach to your tax return.
- 9** Is the corporation a member of an FPMG within the meaning of section 59(k)(2)(B)?
 - Yes.** Continue to line 10.
 - No.** Continue to Part II.

	(a) First Preceding Year Ended	(b) Second Preceding Year Ended	(c) Third Preceding Year Ended	
10 AFSI for purposes of the \$100 million test before adjustments:				
a AFSI from line 5	10a			
b Aggregation differences (see instructions)	10b			
c Total AFSI for purposes of the \$100 million test before adjustments. Combine lines 10a and 10b	10c			
11 Adjustments:				
a Income not effectively connected to a U.S. trade or business	11a			
b Aggregate pro-rata share of adjusted net income from CFCs for which the corporation is a U.S. shareholder. If zero or less, enter -0- (attach Schedule A (Form 4626)) (see instructions)	11b			
c Reserved for future use - Other adjustments 1	11c			
d Reserved for future use - Other adjustments 2	11d			
12 Total adjustments. Combine lines 11a and 11b	12			
13 Total AFSI for purposes of the \$100 million test. Combine lines 10c and 12	13			
14 AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 13				14
15 3-year average annual AFSI for purposes of the \$100 million test				15

- 16** Is line 15 \$100 million or more?
 - Yes.** Continue to Part II.
 - No.** STOP here. Attach to your tax return.

Part II Corporate Alternative Minimum Tax (CAMT)

1 Net income or loss per AFS (see instructions):		
a Consolidated net income or loss per the AFS of the corporation	1a	- 5,259.
b Include AFS net income or loss of other includible entities (add net income and subtract net loss)	1b	
c Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	1c	
d Adjustment for certain consolidating entries (see instructions)	1d	
e Specified additional net income or loss item D. Reserved for future use	1e	
f AFS net income or loss before adjustments. Combine lines 1a through 1d	1f	- 5,259.
2 Adjustments (see instructions):		
a Financial statements covering different tax years	2a	
b Reserved for future use - Adjustment 2b	2b	
c Corporations that are not included on the taxpayers - consolidated return (see instructions)	2c	
d The corporation's distributive share of adjusted financial statement income of partnerships	2d	
e Aggregate pro-rata share of adjusted net income from CFCs for which the corporation is a U.S. shareholder. Enter the amount from Part VI, Section II, line 3	2e	
f Amounts that are not effectively connected to a U.S. trade or business	2f	
g Certain taxes. Enter the amount from Part III, line 7	2g	
h Patronage dividends and per-unit retain allocations (cooperatives only)	2h	
i Alaska native corporations	2i	
j Certain credits	2j	
k Mortgage servicing income	2k	
l Covered benefit plans described in section 56A(c)(11)(B)	2l	
m Tax-exempt entities (organizations subject to tax under section 511)	2m	
n Depreciation	2n	
o Qualified wireless spectrum	2o	
p Covered transactions	2p	
q Adjustments related to bankruptcy and insolvency	2q	
r Certain insurance company adjustments	2r	
s AFSI adjustment S - Reserved for future use	2s	
t AFSI adjustment T - Reserved for future use	2t	
u AFSI adjustment U - Reserved for future use	2u	
z Other	2z	
3 Total adjustments. Combine lines 2a through 2z	3	
4 AFSI before financial statement net operating loss carryover. Combine lines 1f and 3	4	- 5,259.
5 Financial statement net operating loss (FSNOL) (see instructions)	5	
6 AFSI. Subtract line 5 from line 4. If zero or less, enter -0-	6	
7 Multiply line 6 by 15% (0.15)	7	
8 Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see inst)	8	
9 Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0-	9	
10 Regular tax liability (see instructions)	10	
11 Base erosion minimum tax (see instructions)	11	
12 Combine lines 10 and 11	12	
13 Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	13	

Part III Adjustment for Certain Taxes Under Section 56A(c)(5)

1 Current income tax provision - Foreign	1	
2 Current income tax provision - Federal	2	
3 Deferred income tax provision - Foreign	3	
4 Deferred income tax provision - Federal	4	
5 Income taxes included in equity method investment income	5	
6a Adjustment A - Reserved for future use	6a	
b Adjustment B - Reserved for future use	6b	
c Adjustment C - Reserved for future use	6c	
d Adjustment D - Reserved for future use	6d	
e Adjustment E - Reserved for future use	6e	
f Adjustment F - Reserved for future use	6f	
g Adjustment G - Reserved for future use	6g	
h Adjustment H - Reserved for future use	6h	
z Income taxes in other places	6z	
7 Total. Combine lines 1 through 6z. Enter here and on Part II, line 2g	7	

Part IV Corporate Alternative Minimum Tax - Foreign Tax Credit

Section I - CAMT Foreign Tax Credit

1	Domestic corporation CAMT foreign income taxes:			
a	Total foreign taxes paid or accrued as reported on Form 1118, Schedule B, Part I, column 2(j)	1a		
b	Adjustment	1b		
c	Adjustment	1c		
d	Adjustment	1d		
e	Adjustment	1e		
f	Adjustment	1f		
g	Adjustment	1g		
2	Total domestic corporation CAMT foreign income taxes. Combine lines 1a through 1g.....			2
3	Allowable CFC CAMT foreign income taxes:			
a	Pro-rata share of CFC CAMT foreign income taxes from Part IV, Section II, line 11, column (n)	3a		
b	Other	3b		
c	Carryover of excess foreign taxes (from Part IV, Section III, line 4, column (vii))	3c		
d	Total CFC CAMT foreign income taxes. Add lines 3a, 3b, and 3c			3d
e	Percentage specified in section 55(b)(2)(A)(i)	3e	15%	
f	Aggregate pro-rata share of adjusted net income from CFCs for which the corporation is a U.S. shareholder. Enter the amount from Part VI, Section II, line 3 (see instructions)	3f		
g	CFC CAMT FTC limitation (multiply line 3e by line 3f)			3g
h	Allowable CFC CAMT foreign income taxes (lesser of line 3d or line 3g)			3h
4	CAMT FTC Line 4 - Reserved for future use			4
5	CAMT FTC Line 5 - Reserved for future use			5
6	Total CAMT foreign income taxes. Combine lines 2 and 3h. Enter this amount on Part II, line 8.....			6

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. LAND TRUST ALLIANCE, INC.	Taxpayer identification number (TIN) 04-2751357
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1250 H STREET NW, #600	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20005	

Enter the Return Code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **MONICA POVEDA**
1250 H STREET NW, #600 - WASHINGTON, DC 20005

Telephone No. **202-800-2240** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 **24** or
 tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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