

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

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

A For the 2021 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) 1250 H STREET, NW		Room/suite 600	G Gross receipts \$ 20,063,215. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20005				
	F Name and address of principal officer: ANDREW J. BOWMAN SAME AS C ABOVE				
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	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	68
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,700.
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	Current Year
	9 Program service revenue (Part VIII, line 2g)	13,551,780.	14,062,716.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,077,865.	1,128,736.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	192,586.	140,028.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,822,231.	15,331,480.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,007,166.	1,708,350.
Expenses	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)	6,825,631.	7,412,546.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	95,881.	72,601.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,691,376.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,312,659.	2,935,977.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,241,337.	12,129,474.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	580,894.	3,202,006.
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	25,898,885.	25,859,298.
22 Net assets or fund balances. Subtract line 21 from line 20	9,112,313.	6,185,950.	
		16,786,572.	19,673,348.

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	11-14-22	
	CHASE WARDEN, CHIEF OP & FIN OFFICER	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name RAYMOND BARBAGALLO	2022.11.12 04:35:11 -05'00'	Check if self-employed <input type="checkbox"/>	PTIN P00173692
	Firm's name Firm's address CHERRY BEKAERT LLP 6116 EXECUTIVE BLVD STE 600 ROCKVILLE, MD 20852	Firm's EIN 56-0574444	Phone no. 301-589-9000	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O.

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

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

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

4a (Code:) (Expenses \$ 1,646,602. including grants of \$ 291,556.) (Revenue \$ 15,208.) GOVERNMENT RELATIONS AND OUTREACH SEE SCHEDULE O FOR COMPLETE DESCRIPTION

4b (Code:) (Expenses \$ 6,984,933. including grants of \$ 1,354,519.) (Revenue \$ 793,384.) EDUCATION AND CAPACITY BUILDING SEE SCHEDULE O FOR COMPLETE DESCRIPTION

4c (Code:) (Expenses \$ 924,574. including grants of \$ 62,275.) (Revenue \$ 317,444.) CONSERVATION PERMANENCE SEE SCHEDULE O FOR COMPLETE DESCRIPTION

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 9,556,109.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

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 ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 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 response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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; 1b Enter the number of voting members included on line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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?; 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?; 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 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 SEE SCHEDULE O
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 CHASE WARDEN - (202) 800-2235 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANDREW J. BOWMAN PRESIDENT AND CEO	40.00			X				428,908.	0.	44,299.
(2) CHASE WARDEN COO AND CFO	40.00			X				252,790.	0.	58,111.
(3) ELIZABETH WARD VP OF COMMUNICATIONS	40.00					X		179,421.	0.	57,455.
(4) ERIN HESKETT VP OF CONSERVATION INITIAT	40.00					X		148,209.	0.	61,513.
(5) NATHAN HODGE DIRECTOR OF IT	40.00					X		142,947.	0.	54,894.
(6) RENEE KIVIKKO VP OF EDUCATION	40.00					X		155,781.	0.	41,929.
(7) LORI FAETH DIRECTOR OF GOV'T RELATION	40.00					X		153,576.	0.	28,308.
(8) JAMESON S. FRENCH CHAIR	4.00	X		X				0.	0.	0.
(9) JUDITH STOCKDALE VICE CHAIR	3.00	X		X				0.	0.	0.
(10) FREDERICH RICH VICE CHAIR	3.00	X		X				0.	0.	0.
(11) WILLIAM MULLIGAN SECRETARY/TREASURER	3.00	X		X				0.	0.	0.
(12) LAURA A. JOHNSON IMMEDIATE PAST CHAIR	3.00	X						0.	0.	0.
(13) LISE AANGEENBRUG DIRECTOR	3.00	X						0.	0.	0.
(14) ALAN M. BELL GOVERNANCE COMMITTEE CHAIR	3.00	X						0.	0.	0.
(15) PETER HAUSMANN DIRECTOR	3.00	X						0.	0.	0.
(16) DOUG LAND DIRECTOR	3.00	X						0.	0.	0.
(17) KATHY LEAVENWORTH 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) CARY F. LEPTUCK AUDIT COMMITTEE CHAIR	3.00	X					0.	0.	0.	
(19) JIM MILLSTEIN DIRECTOR	3.00	X					0.	0.	0.	
(20) GEORGE OLSEN DIRECTOR	3.00	X					0.	0.	0.	
(21) KRIS PICKLER DIRECTOR	3.00	X					0.	0.	0.	
(22) MICHAEL POLEMIS PROGRAM COMMITTEE CHAIR	3.00	X					0.	0.	0.	
(23) STEVEN E. ROSENBERG CONSERVATION DEFENSE COMMI	3.00	X					0.	0.	0.	
(24) THOMAS SAUNDERS DIRECTOR	3.00	X					0.	0.	0.	
(25) ROBERTO SERRALLES DIRECTOR	3.00	X					0.	0.	0.	
(26) JULIE SHARPE DIRECTOR	3.00	X					0.	0.	0.	
1b Subtotal							1,461,632.	0.	346,509.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							1,461,632.	0.	346,509.	

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 16

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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
CAPITOL TAX PARTNERS, LLP, 101 CONSTITUTION AVE NW, SUITE 675 EAST, INDUFOR NORTH AMERICA, LLC., 902 WILLIAM MEADE COURT, DAVIDSONVILLE, MD 21035	CONSULTING SERVICES	150,000.
	CONSULTING SERVICES	141,195.

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 2

SEE PART VII, SECTION A CONTINUATION SHEETS

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 (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
(27) GALE SPEARS DIRECTOR	3.00 5.00	X						0.	0.	0.
(28) DARRELL WOOD DIRECTOR	3.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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	2,142,698.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,618,620.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	10,301,398.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			14,062,716.			
Program Service Revenue	2 a CONFERENCE & WORKSHOPS	Business Code	900099	699,090.	699,090.		
	b OTHER PROGRAM REVENUE		900099	419,740.	417,040.	2,700.	
	c PUBLICATIONS		900099	9,906.	9,906.		
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			1,128,736.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			129,895.		129,895.	
	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				
				4,741,868.			
	b Less: cost or other basis and sales expenses	7b		4,731,735.			
c Gain or (loss)	7c		10,133.				
d Net gain or (loss)			10,133.		10,133.		
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			15,331,480.	1,126,036.	2,700.	140,028.	

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 ...	1,708,350.	1,708,350.		
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	784,108.	666,492.	117,616.	
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	4,977,207.	3,571,531.	351,355.	1,054,321.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	420,576.	309,376.	34,235.	76,965.
9 Other employee benefits	792,795.	547,831.	110,549.	134,415.
10 Payroll taxes	437,860.	322,090.	35,642.	80,128.
11 Fees for services (nonemployees):				
a Management	1,050,984.	936,993.	113,991.	
b Legal	65,907.	63,697.		2,210.
c Accounting	36,515.		36,515.	
d Lobbying	211,500.	211,500.		
e Professional fundraising services. See Part IV, line 17	72,601.			72,601.
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.)				
12 Advertising and promotion				
13 Office expenses	288,487.	210,808.	3,606.	74,073.
14 Information technology	618,541.	517,832.	17,441.	83,268.
15 Royalties				
16 Occupancy	506,627.	401,520.	14,804.	90,303.
17 Travel	10,305.	8,413.	549.	1,343.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	28,486.	7,775.	15,967.	4,744.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	91,591.	71,901.	2,685.	17,005.
23 Insurance	27,034.		27,034.	
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	12,129,474.	9,556,109.	881,989.	1,691,376.
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 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	6,153,028.	1	5,090,925.
	2 Savings and temporary cash investments	3,986,715.	2	4,177,733.
	3 Pledges and grants receivable, net	4,712,325.	3	3,163,803.
	4 Accounts receivable, net	233,410.	4	372,834.
	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		7	
	8 Inventories for sale or use	4,339.	8	1,844.
	9 Prepaid expenses and deferred charges	345,166.	9	401,992.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,084,875.		
	b Less: accumulated depreciation	10b 934,263.		
	11 Investments - publicly traded securities	170,787.	10c	150,612.
	12 Investments - other securities. See Part IV, line 11	7,175,403.	11	9,553,161.
	13 Investments - program-related. See Part IV, line 11	80,903.	12	79,903.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,036,809.	15	2,866,491.	
	25,898,885.	16	25,859,298.	
Liabilities	17 Accounts payable and accrued expenses	1,701,882.	17	1,092,347.
	18 Grants payable	1,232,893.	18	384,273.
	19 Deferred revenue	1,169,276.	19	1,270,061.
	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	1,103,800.	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	3,904,462.	25	3,439,269.
	26 Total liabilities. Add lines 17 through 25	9,112,313.	26	6,185,950.
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	2,352,350.	27	5,829,903.
	28 Net assets with donor restrictions	14,434,222.	28	13,843,445.
	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	16,786,572.	32	19,673,348.
33 Total liabilities and net assets/fund balances	25,898,885.	33	25,859,298.	

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	15,331,480.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,129,474.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,202,006.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16,786,572.
5	Net unrealized gains (losses) on investments	5	543,503.
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	-858,733.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	19,673,348.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____
- 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 _____

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13,680,258.	12,474,370.	11,015,922.	13,208,158.	14,062,716.	64,441,424.
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	13,680,258.	12,474,370.	11,015,922.	13,208,158.	14,062,716.	64,441,424.
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)						7,045,493.
6 Public support. Subtract line 5 from line 4.						57,395,931.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	13,680,258.	12,474,370.	11,015,922.	13,208,158.	14,062,716.	64,441,424.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	167,200.	226,283.	270,619.	182,257.	129,895.	976,254.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						65,417,678.
12 Gross receipts from related activities, etc. (see instructions)					12	6,526,606.
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 2021 (line 6, column (f), divided by line 11, column (f))	14	87.74 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	86.54 %
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. 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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2021. 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 - 2020. 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 in line 12 on 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, and 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 powers 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, and 3 regarding support provided, officers, and investment policies.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1, 2a, 2b, 3a, and 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 (<i>explain in detail in Part VI</i>):		
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 (<i>describe in Part VI</i>). 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 2021 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-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, 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 2021. 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 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

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.)

Horizontal lines for supplemental information input.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

LAND TRUST ALLIANCE, INC.

Employer identification number

04-2751357

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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
1	<hr/> <hr/> <hr/>	\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 310,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 360,837.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 340,546.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 400,000.	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
---	--

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/>	\$ 1,278,074.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 650,000.	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.)

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
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

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

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization <p style="text-align: center;">LAND TRUST ALLIANCE, INC.</p>	Employer identification number <p style="text-align: center;">04-2751357</p>
--	---

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

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

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

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

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

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

(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)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	293,416.													
c	Total lobbying expenditures (add lines 1a and 1b)	293,416.													
d	Other exempt purpose expenditures	11,775,843.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	12,069,259.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	753,463.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	188,366.													
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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	871,947.	912,849.	857,273.	753,463.	3,395,532.
b Lobbying ceiling amount (150% of line 2a, column(e))					5,093,298.
c Total lobbying expenditures	194,240.	148,677.	108,892.	293,416.	745,225.
d Grassroots nontaxable amount	217,987.	228,212.	214,318.	188,366.	848,883.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,273,325.
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, lobbying expenditures, and taxable amount.

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)

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

2021

Open to Public Inspection

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

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

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

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

Form for Part II Conservation Easements. Includes checkboxes for preservation purposes (land, habitat, open space, historic area, structure), a table for conservation contribution details (2a-2d), and questions about monitoring, expenses, and reporting.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting art collections and a table for revenue and assets.

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 on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,517,323.	4,998,523.	4,204,585.	4,637,278.	4,102,165.
b Contributions	1,500,000.	6,800.	63,657.		-3,510.
c Net investment earnings, gains, and losses	689,206.	717,100.	922,981.	-255,844.	701,723.
d Grants or scholarships	214,800.	205,100.	192,700.	176,849.	163,100.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	7,491,729.	5,517,323.	4,998,523.	4,204,585.	4,637,278.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 21.1439 %
 - b Permanent endowment 78.8560 %
 - c Term endowment _____ %
- 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		98,323.	41,482.	56,841.
d Equipment		963,827.	876,007.	87,820.
e Other		22,725.	16,774.	5,951.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				150,612.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) RIGHT OF USE ASSET	2,656,491.
(2) WEB SITE IN PROGRESS	210,000.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	2,866,491.

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 - FINANCING	1,745.
(3) LEASE LIABILITY - OPERATING	3,097,727.
(4) CONDITIONAL CONTRIBUTION	339,797.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,439,269.

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	16,775,984.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a 543,503.		
b	Donated services and use of facilities	2b 25,262.		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d 1,075,535.		
e	Add lines 2a through 2d		2e	1,644,300.
3	Subtract line 2e from line 1		3	15,131,684.
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 199,796.		
c	Add lines 4a and 4b		4c	199,796.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	15,331,480.

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	12,959,491.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a 25,262.		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d 1,004,551.		
e	Add lines 2a through 2d		2e	1,029,813.
3	Subtract line 2e from line 1		3	11,929,678.
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 199,796.		
c	Add lines 4a and 4b		4c	199,796.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	12,129,474.

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 XIII Supplemental Information (continued)

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 THAT SUCH TAX POSITION DOES NOT RESULT IN AN
 UNCERTAINTY REQUIRING RECOGNITION. THE ORGANIZATION IS NOT CURRENTLY UNDER
 EXAMINATION BY ANY TAXING JURISDICTION. THE ORGANIZATION'S FEDERAL AND
 STATE TAX RETURNS ARE GENERALLY OPEN FOR EXAMINATION FOR THREE YEARS
 FOLLOWING THE DATE FILED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

REVENUE OF THE LAND TRUST ACCREDITATION COMMISSION	1,075,535.
--	------------

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INTERCOMPANY TRANSFERS	199,796.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES OF THE LAND TRUST ACCREDITATION COMMISSION	1,004,551.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

INTERCOMPANY TRANSFER	199,796.
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SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2021

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

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

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a [X] Mail solicitations b [X] Internet and email solicitations c [X] Phone solicitations d [X] In-person solicitations e [X] Solicitation of non-government grants f [X] Solicitation of government grants g [] Special fundraising events

2 a Did the organization have a written or oral agreement with any individual... [X] Yes [] No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes rows for IMPACT COMMUNICATIONS, INC., SOCIAL CAPITAL, INC., FIREFLY IMAGEWORKS, and LEXIS NEXIS.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

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

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

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

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

(I) NAME OF FUNDRAISER: IMPACT COMMUNICATIONS, INC.

(I) ADDRESS OF FUNDRAISER:

735 8TH STREET, SE, FLOOR 2, WASHINGTON, DC 20003

(I) NAME OF FUNDRAISER: SOCIAL CAPITAL, INC.

(I) ADDRESS OF FUNDRAISER: 980 N MICHIGAN AVE., CHICAGO, IL 60611

Part IV Supplemental Information *(continued)*

(I) NAME OF FUNDRAISER: FIREFLY IMAGEWORKS

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

(I) NAME OF FUNDRAISER: LEXIS NEXIS

(I) ADDRESS OF FUNDRAISER:

1150 18TH STREET, NW, SUITE 250, WASHINGTON, DC 20036

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**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 /NATURE CONSERVANCY - PO BOX 65 - KEENE VALLEY, NY 12943-0065	22-2559576	501(C)(3)	17,000.	0.			CAPACITY-BUILDING
BLUE MOUNTAIN LAND TRUST PO BOX 1473 WALLA WALLA, WA 99362	91-1989279	501(C)(3)	25,530.	0.			CAPACITY-BUILDING
COLUMBIA LAND TRUST 850 OFFICER'S ROW VANCOUVER, WA 98661	94-3140861	501(C)(3)	26,274.	0.			CAPACITY-BUILDING
DESCHUTES LAND TRUST 210 NW IRVING AVENUE BEND, OR 97701-2050	93-1186407	501(C)(3)	113,671.	0.			CAPACITY-BUILDING
FRIENDS OF THE COLUMBIA GORGE LAND TRUST - 123 NE 3RD AVE - PORTLAND, OR 97232	56-2563880	501(C)(3)	26,114.	0.			CAPACITY-BUILDING
GREENBELT LAND TRUST PO BOX 1721 CORVALLIS, OR 97339	94-3113836	501(C)(3)	74,157.	0.			CAPACITY-BUILDING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 70.

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

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

Schedule I (Form 990) 2021

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
HUDSON HIGHLANDS LAND TRUST PO BOX 226 GARRISON, NY 10524	13-3528266	501(C)(3)	20,000.	0.			CAPACITY-BUILDING
MCKENZIE RIVER TRUST 120 SHELTON MCMURPHEY BLVD EUGENE, OR 97401-2411	93-1029808	501(C)(3)	83,226.	0.			CAPACITY-BUILDING
MONTEZUMA LAND CONSERVANCY PO BOX 1522 CORTEZ, CO 81321-1522	31-1632961	501(C)(3)	8,200.	0.			CAPACITY-BUILDING
NORTH COAST LAND CONSERVANCY PO BOX 67 SEASIDE, OR 97138	93-0957815	501(C)(3)	29,375.	0.			CAPACITY-BUILDING
SOUTHERN OREGON LAND CONSERVAN 84 4TH STREET ASHLAND, OR 97520-0032	93-0724691	501(C)(3)	48,442.	0.			CAPACITY-BUILDING
THE WETLANDS CONSERVANCY 4640 SW MACADAM PORTLAND, OR 97239	93-0797197	501(C)(3)	15,000.	0.			CAPACITY-BUILDING
WILD RIVERS LAND TRUST PO BOX 1158 PORT ORFORD, OR 97465	93-1289894	501(C)(3)	10,850.	0.			CAPACITY-BUILDING
WEST VIRGINIA RIVERS COALITION P.O. BO X11823 CHARLESTON, WV 25339	52-1736621	501(C)(3)	30,000.	0.			CAPACITY-BUILDING
KATY PRAIRIE CONSERVANCY 5615 KIRBY DRIVE, SUITE 867 HOUSTON, TX 77005	76-0377029	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
COALITION OF OREGON LAND TRUSTS 511 SE MORRISON STREET PORTLAND, OR 97214	45-1510255	501(C)(3)	20,233.	0.			CAPACITY-BUILDING
BAYOU LAND CONSERVANCY 10330 LAKE ROAD #J HOUSTON, TX 77070	76-0557498	501(C)(3)	12,250.	0.			CAPACITY-BUILDING
OREGON DESERT LAND TRUST 2843 NW LOLO DR. #200 BEND, OR 97703	82-2857455	501(C)(3)	20,500.	0.			CAPACITY-BUILDING
PACIFIC FOREST TRUST, INC. 1001A O'REILLY AVE SAN FRANCISCO, CA 94129	68-0292509	501(C)(3)	16,000.	0.			CAPACITY-BUILDING
NORTHEAST WILDERNESS TRUST 17 STATE ST. #302 MONTPELIER, VT 05602	01-0729039	501(C)(3)	10,000.	0.			CAPACITY-BUILDING
PALMER LAND TRUST P.O. BOX 1281 COLORADO SPRINGS, CO 80904	84-0763346	501(C)(3)	17,000.	0.			CAPACITY-BUILDING
EASTERN SIERRA LAND TRUST 250 N FOWLER BISHOP, CA 93514	77-0566099	501(C)(3)	15,000.	0.			CAPACITY-BUILDING
KANIKSU LAND TRUST P.O. BOX 2123, 1215 MICHIGAN ST., S SANDPOINT, ID 83864	47-0898549	501(C)(3)	8,370.	0.			CAPACITY-BUILDING
FOREST PARK CONSERVANCY 833 SW 11TH AVENUE, SUITE 800 PORTLAND, OR 97205	94-3103055	501(C)(3)	18,277.	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
RIO GRANDE HEADWATERS LAND TRUST 840 GRAND AVENUE DEL NORTE, CO 81132	84-1495770	501(C)(3)	6,500.	0.			CAPACITY-BUILDING
ARIZONA LAND AND WATER TRUST 2810 NN ALVERNON WAY SUITE 600 TUCSON, AZ 85712	86-6148507	501(C)(3)	13,000.	0.			CAPACITY-BUILDING
FOREVER MARYLAND FOUNDATION, INC. 2331 ROCK SPRING ROAD FOREST HILL, MD 21050	22-3952845	501(C)(3)	30,000.	0.			CAPACITY-BUILDING
BLUE RIDGE CONSERVANCY 166 FURMAN RD., STE C BOONE, NC 28607	58-2502695	501(C)(3)	5,500.	0.			CAPACITY-BUILDING
LEGACY LAND CONSERVANCY 6276 JACKSON ROAD ANN ARBOR, MI 48013	38-2899980	501(C)(3)	5,500.	0.			CAPACITY-BUILDING
NORTHWOODS LAND TRUST, INC. P.O. BOX 321 EAGLE RIVER, WI 54521	31-1776860	501(C)(3)	5,500.	0.			CAPACITY-BUILDING
SIERRA FOOTHILL CONSERVANCY P.O. BOX 691 MARIPOSA MARIPOSA, CA 95338	93-6301478	501(C)(3)	6,000.	0.			CAPACITY-BUILDING
WYOMING STOCK GROWERS LAND TRUST P.O. BOX 268 CHEYENNE, WY 82003	83-6047954	501(C)(3)	6,000.	0.			CAPACITY-BUILDING
LAND TRUST FOR SANTA BARBARA COUNTY - 1530 CHAPALA ST. - SANTA BARBARA, CA 93101	95-3797404	501(C)(3)	7,000.	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
PRICKLY PEAR LAND TRUST 40 W. LAWRENCE ST. HELENA, MT 59601	81-0506568	501(C)(3)	7,000.	0.			CAPACITY-BUILDING
WOOD RIVER LAND TRUST COMPANY 119 E. BULLION STREET HAILEY, ID 83333	84-0474191	501(C)(3)	7,475.	0.			CAPACITY-BUILDING
GALLATIN VALLEY LAND TRUST P.O. BOX 7021 BOZEMAN, MT 59771	81-0464513	501(C)(3)	8,000.	0.			CAPACITY-BUILDING
MINNESOTA LAND TRUST 2356 UNIVERSITY AVENUE W ST. PAUL, MN 55114	41-1713652	501(C)(3)	8,000.	0.			CAPACITY-BUILDING
NATURAL LAND INSTITUTE 320 S THIRD STREET ROCKFORD, IL 61104	36-2478025	501(C)(3)	9,000.	0.			CAPACITY-BUILDING
OTSEGO LAND TRUST P.O. BOX 173 COOPERSTOWN, NY 13326	13-3499394	501(C)(3)	9,000.	0.			CAPACITY-BUILDING
WASHINGTON ASSOCIATION OF LAND TRUSTS - P.O. BOX 2001 - SEATTLE, WA 98111	26-3186170	501(C)(3)	9,100.	0.			CAPACITY-BUILDING
CENTRAL INDIANA LAND TRUST, INC. 1500 N. DELAWARE STREET INDIANAPOLIS, IN 46202	35-1816493	501(C)(3)	10,000.	0.			CAPACITY-BUILDING
HUNTERDON LAND TRUST 111 MINE STREET FLEMINGTON, NJ 08822	23-3477465	501(C)(3)	10,000.	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
LAND TRUST OF VIRGINIA ATTN: SALLY PRICE MIDDLEBURG, VA 20118	54-1601471	501(C)(3)	10,000.	0.			CAPACITY-BUILDING
MASSACHUSETTS AUDUBON SOCIETY, INC. - ATTN: NANCY COWAN - LINCOLN, MA 01733	04-2104702	501(C)(3)	10,000.	0.			CAPACITY-BUILDING
NORTH FLORIDA LAND TRUST 843 W MONROE STREET JACKSONVILLE, FL 32202	59-3609167	501(C)(3)	10,000.	0.			CAPACITY-BUILDING
SCENIC HUDSON LAND TRUST ONE CIVIC CENTER PLAZA, SUITE 200 POUGHKEEPSIE, NY 12601	13-2898799	501(C)(3)	40,000.	0.			CAPACITY-BUILDING
SUDBURY VALLEY TRUSTEES 18 WOLBACH ROAD SUDBURY, MA 01776	04-6049963	501(C)(3)	10,000.	0.			CAPACITY-BUILDING
CALIFORNIA COUNCIL OF LAND TRUSTS 1029 J STREET SACRAMENTO, CA 95814	01-0826246	501(C)(3)	10,850.	0.			CAPACITY-BUILDING
MOUNT GRACE LAND CONSERVATION TRUST - 1461 OLD KEENE ROAD - ATHJOL, MA 01331	04-2938967	501(C)(3)	11,000.	0.			CAPACITY-BUILDING
WESTERN RESERVE LAND CONSERVANCY ATT: COLT MORELAND HILLS, OH 44022	34-1571233	501(C)(3)	11,300.	0.			CAPACITY-BUILDING
BRANDYWINE CONSERVANCY & MUSEUM ART - P.O. BOX 141 - CHADDS FORD, PA 19317	51-6020908	501(C)(3)	12,000.	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
IDAHO COALITON OF LAND TRUSTS P.O. BOX 1845 BOISE, ID 83701	46-4754548	501(C)(3)	12,000.	0.			CAPACITY-BUILDING
IOWA NATURAL HERITAGE FOUNDATION 505 5TH AVENUE DES MOINES, IA 50309	42-1127544	501(C)(3)	12,000.	0.			CAPACITY-BUILDING
LOOKOUT MOUNTAIN CONSERVANCY P.O. BOX 76 LOOKOUT MOUNTAIN, TN 37350	62-1460535	501(C)(3)	12,000.	0.			CAPACITY-BUILDING
THE VITAL GROUND FOUNDATION 20 FORT MISSOULA ROAD MISSOULA, MT 59804	87-0483446	501(C)(3)	12,000.	0.			CAPACITY-BUILDING
UPPER SAVANNAH LAND TRUST 430 HELIX ROAD GREENWOOD, SC 29646	57-1109364	501(C)(3)	12,000.	0.			CAPACITY-BUILDING
BALTIMORE GREEN SPACE 1212 NORTH WHOLFE ST BALTIMORE, MD 21213	26-0530374	501(C)(3)	13,000.	0.			CAPACITY-BUILDING
NORTHWEST CONNECTICUT LAND CONSERVANCY - 5 MAPLE ST - KENT, CT 06757	06-6082034	501(C)(3)	13,800.	0.			CAPACITY-BUILDING
LOWER SHORE LAND TRUST 100 RIVER STREET SNOW HILL, MD 21863	52-1701152	501(C)(3)	45,000.	0.			CAPACITY-BUILDING
OREGON AGRICULTURAL TRUST, INC. P.O. BOX 7359 SALEM, OR 97303	84-3396259	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
SHASTA LAND TRUST 5170 BECHELLI LN REDDING, CA 96002	68-0441184	501(C)(3)	17,000.	0.			CAPACITY-BUILDING
UPPER PENINSULA LAND CONSERVANCY 148 WEST HEWITT AVENUE MARQUETTE, MI 49855	38-3467972	501(C)(3)	17,500.	0.			CAPACITY-BUILDING
SONOMA LAND TRUST 822 FIFTH STREET SANTA ROSA, CA 95404	51-0197006	501(C)(3)	20,000.	0.			CAPACITY-BUILDING
BLACK SWAMP CONSERVANCY P.O. BOX 332 PERRYSBURG, OH 43552	34-1746749	501(C)(3)	27,000.	0.			CAPACITY-BUILDING
SIX RIVERS LAND CONSERVANCY P.O. BOX 80902 ROCHESTER, MI 48308	38-3189562	501(C)(3)	31,250.	0.			CAPACITY-BUILDING
CONSERVATION FLORIDA, INC. 408 W UNIVERSITY AVE. GAINESVILLE, FL 32601	59-3613021	501(C)(3)	50,000.	0.			CAPACITY-BUILDING
LAND TRUST ACCREDITATION COMMISSION - 1250 H. ST. NW - WASHINGTON, DC 20005	20-4622209	501(C)(3)	209,800.	0.			CAPACITY-BUILDING
GENESEE LAND TRUST, INC. 46 PRINCE STREET ROCHESTER, NY 14607	22-3033712	501(C)(3)	10,000.	0.			CAPACITY-BUILDING
POTOMAC CONSERVANCY, INC. 962 WAYNE AVE., SUITE 540 SILVER SPRING, MD 20910	52-1842501	501(C)(3)	20,000.	0.			CAPACITY-BUILDING

Schedule I (Form 990)

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

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

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

PART I, LINE 2:

THE ALLIANCE MONITORS THE USE OF REGRANT FUNDS THROUGH RIGOROUS REVIEW OF
PROJECT BUDGETS; INTERIM AND FINAL GRANT REPORTS; ONGOING PROJECT TRACKING;
AND SITE VISITS WITH 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)**

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

2021

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ANDREW J. BOWMAN PRESIDENT AND CEO	(i)	428,908.	0.	0.	30,500.	13,799.	473,207.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CHASE WARDEN COO AND CFO	(i)	252,790.	0.	0.	18,500.	39,611.	310,901.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ELIZABETH WARD VP OF COMMUNICATIONS	(i)	179,421.	0.	0.	15,291.	42,164.	236,876.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ERIN HESKETT VP OF CONSERVATION INITIAT	(i)	148,209.	0.	0.	12,506.	49,007.	209,722.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) NATHAN HODGE DIRECTOR OF IT	(i)	142,947.	0.	0.	9,971.	44,923.	197,841.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) RENEE KIVIKKO VP OF EDUCATION	(i)	155,781.	0.	0.	12,737.	29,192.	197,710.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) LORI FAETH DIRECTOR OF GOV'T RELATION	(i)	153,576.	0.	0.	12,457.	15,851.	181,884.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

LAND TRUST ALLIANCE, INC.

Employer identification number

04-2751357

FORM 990, PART III, LINE 1:

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:

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 FULL AND DEDICATED FUNDING FOR THE LAND AND WATER
CONSERVATION FUND AND TO ADVANCE OTHER POLICY PRIORITIES. 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 VIRTUAL 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 LED THE COMMUNITY IN URGING CONGRESS AND
TREASURY OFFICIALS TO ADDRESS THE CHALLENGE OF ABUSIVE TAX SHELTER
TRANSACTIONS THAT THREATEN THE ENHANCED CONSERVATION EASEMENT TAX

INCENTIVE AND COULD DAMAGE PUBLIC SUPPORT FOR CONSERVATION. THE

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

Schedule O (Form 990) 2021

Name of the organization

LAND TRUST ALLIANCE, INC.

Employer identification number

04-2751357

ALLIANCE SERVES AS THE PRIMARY POINT OF CONTACT FOR LAND TRUSTS TO

UNDERSTAND THE 2018 FARM BILL AGRICULTURAL CONSERVATION EASEMENT

PROGRAM HELPING THEM 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 4B:

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, ONLINE LEARNING CENTER AND CURRICULUM, WE

PROVIDED 185+ VIRTUAL TRAININGS AND 50+ SELF-STUDY ONLINE COURSES ON

ALL ASPECTS OF CONSERVATION WORK, INCLUDING RISK MANAGEMENT, DEI,

FUNDRAISING, CLIMATE CHANGE, AND BOARD AND PROFESSIONAL DEVELOPMENT FOR

MORE THAN 10,000 REGISTRANTS IN 2021. OUR TRANSFORMATIVE LEADERSHIP

TRAINING AND LAND TRUST EXCELLENCE PROGRAMS CONTINUED TO INVEST IN

HIGH-POTENTIAL LEADERS AND ORGANIZATIONS WITH AN ADDED EMPHASIS ON

STRATEGIC COMMUNICATIONS, CONSERVATION PLANNING WITH CLIMATE IN MIND,

COMMUNITY CONSERVATION AND PUBLIC ENGAGEMENT. THERE WERE 453

ACCREDITED LAND TRUSTS IN 46 STATES AND TWO TERRITORIES, REPRESENTING

MORE THAN 79% OF THE ACRES OF FARMLAND, FORESTS, WILDLIFE HABITAT AND

IMPORTANT WATER SUPPLIES STEWARDED BY LAND TRUSTS ACROSS THE COUNTRY.

WE COMPLETED GUIDANCE DOCUMENTATION AND DEVELOPED TRAINING RESOURCES

FOR THE 2017 EDITION OF LAND TRUST STANDARDS AND PRACTICES, THE ETHICAL

Name of the organization LAND TRUST ALLIANCE, INC.	Employer identification number 04-2751357
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AND TECHNICAL GUIDELINES FOR OPERATING A LAND TRUST.

FORM 990, PART III, LINE 4C:

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 JUDGEMENT OF LAND TRUSTS THEREFORE IS WORTHY OF REGULATORY AND JUDICIAL DEFERENCE. THE 545 LAND TRUST MEMBERS OF TERRAFIRMA HAVE DEMONSTRATED THE WISDOM OF COLLECTIVE CONSERVATION DEFENSE ADDING LEGAL SUPPORT AND RESOURCES FOR OVER 10 MILLION ACRES OF CONSERVED LAND. TERRAFIRMA RISK RETENTION GROUP, LLC, THE CHARITABLE RISK POOL LAUNCHED BY THE ALLIANCE IN 2011 AND OWNED BY THE INSURED LAND TRUSTS, COVERED OVER 36,000 CONSERVATION PROPERTIES. WITH OVER 95 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.

Name of the organization LAND TRUST ALLIANCE, INC.	Employer identification number 04-2751357
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FORM 990, PART VI, SECTION B, LINE 11B:

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

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

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

Name of the organization LAND TRUST ALLIANCE, INC.	Employer identification number 04-2751357
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FORM 990, PART VI, SECTION B, LINE 15:

IN 2017, THE BOARD ESTABLISHED A COMPENSATION COMMITTEE WHICH CONTRACTS AN INDEPENDENT REVIEW OF THE COMPENSATION OF THE PRESIDENT, CHIEF OPERATING & FINANCIAL OFFICER, CHIEF PROGRAM OFFICER, CHIEF MARKETING AND COMMUNICATIONS OFFICER. THE LAST REVIEW WAS COMPLETED IN 2020 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.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PRIOR PERIOD ADJUSTMENT TO CONTRIBUTIONS RECEIVABLE AND PROMISES TO GIVE -858,733.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2021

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	317,972.	148,000.	LAND TRUST ALLIANCE

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	X	

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

Schedule R (Form 990) 2021

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?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		X
1b	X	
1c		X
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l	X	
1m		X
1n	X	
1o		X
1p		X
1q	X	
1r		X
1s		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	209,800.	BOOK
(2) LAND TRUST ACCREDITATION COMMISSION	Q	189,647.	BOOK
(3)			
(4)			
(5)			
(6)			

