

\*\* PUBLIC DISCLOSURE COPY \*\*  
**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Form **990**

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

**2022**  
 Open to Public Inspection

Department of the Treasury  
 Internal Revenue Service

**A** For the 2022 calendar year, or tax year beginning and ending

<b>B</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	<b>C</b> Name of organization <b>LAND TRUST ALLIANCE, INC.</b>	<b>D</b> Employer identification number <b>04-2751357</b>
	Doing business as	<b>E</b> Telephone number (202) 800-2235
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1250 H STREET, NW 500</b>	<b>G</b> Gross receipts \$ <b>20,692,398.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>WASHINGTON, DC 20005</b>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number
<b>I</b> 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		
<b>J</b> Website: <b>WWW.LANDTRUSTALLIANCE.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		
<b>L</b> Year of formation: <b>1982</b>		<b>M</b> State of legal domicile: <b>MA</b>

Part I Summary		Prior Year	Current Year
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO SAVE THE PLACES PEOPLE LOVE BY STRENGTHENING LAND CONSERVATION ACROSS AMERICA.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	23
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	82
	<b>6</b> Total number of volunteers (estimate if necessary)	6	0
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,600.
<b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	14,062,716.	13,933,870.
	<b>9</b> Program service revenue (Part VIII, line 2g)	1,128,736.	1,648,796.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	140,028.	379,012.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,331,480.	15,961,678.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,708,350.	5,331,711.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,412,546.	8,525,582.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	72,601.	95,609.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	1,924,169.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,935,977.	4,794,427.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,129,474.	18,747,329.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	3,202,006.	-2,785,651.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 25,859,298.	End of Year 22,081,546.
	<b>21</b> Total liabilities (Part X, line 26)	6,185,950.	6,888,502.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	19,673,348.	15,193,044.

**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.

<b>Sign Here</b>	Signature of officer	Date			
	<b>CHASE WARDEN, CHIEF OF &amp; FIN OFFICER</b>	11-10-23			
<b>Paid</b>	Print/Type preparer's name <b>RAYMOND BARBAGALLO</b>	Preparer's signature <i>Raymond Barbagallo</i>	Date 2023.11.09	Check if self-employed <input type="checkbox"/>	PTIN <b>P00173692</b>
	<b>Firm's name</b> <b>CHERRY BEKAERT ADVISORY LLC</b>	<b>Firm's EIN</b> <b>88-2730877</b>			
<b>Preparer Use Only</b>	<b>Firm's address</b> <b>6116 EXECUTIVE BLVD STE 600 ROCKVILLE, MD 20852</b>	<b>Phone no.</b> 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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code ) (Expenses \$ 1,493,191. including grants of \$ 153,550. ) (Revenue \$ 1,600. )

GOVERNMENT RELATIONS AND OUTREACH

SEE SCHEDULE O FOR COMPLETE DESCRIPTION

4b (Code ) (Expenses \$ 12,450,827. including grants of \$ 5,091,349. ) (Revenue \$ 1,339,429. )

EDUCATION AND CAPACITY BUILDING

SEE SCHEDULE O FOR COMPLETE DESCRIPTION

4c (Code ) (Expenses \$ 1,856,222. including grants of \$ 86,812. ) (Revenue \$ 306,167. )

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 15,800,240.

**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. See instructions</i>	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)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
25b			X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
28a			X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b			X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
29			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
31			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
32			X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
33		X	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
34		X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35a		X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
35b		X	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36			X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
37			X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	X	
38		X	

**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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1a			101
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
1b			0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
1c		X	

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax shelter transactions, charitable contributions, and other IRS filings.

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

Table with 2 columns: Question, Answer. Rows include: 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, X Upon request; 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANDREW J. BOWMAN PRESIDENT AND CEO	40.00			X				455,805.	0.	49,610.
(2) CHASE WARDEN COO AND CFO	40.00			X				296,825.	0.	74,218.
(3) JENNIFER MILLER HERZOG CHIEF PROGRAM OFFICER	40.00				X			220,190.	0.	69,705.
(4) ELIZABETH WARD CHIEF MARKETING & COMMUNICATIONS OFF	40.00					X		216,139.	0.	68,672.
(5) ERIN HESKETT VP OF CONSERVATION INITIAT	40.00			X				157,455.	0.	71,331.
(6) NATHAN HDGGE DIRECTOR OF IT	40.00					X		159,563.	0.	64,319.
(7) MONICA POVEDA VP OF FINANCE	40.00					X		215,500.	0.	7,001.
(8) LORI FAETH DIRECTOR OF GOV'T RELATION	40.00					X		170,840.	0.	32,577.
(9) RENEE KIVIKKO VP OF EDUCATION	40.00			X				169,874.	0.	32,328.
(10) DARRYL B. GREEN SR. DIR OF ACCTING & GRANTS MNGT	40.00					X		169,540.	0.	25,471.
(11) MICHAEL A. POLEMIS CHAIR	4.00	X	X					0.	0.	0.
(12) ALAN M. BELL VICE CHAIR	3.00	X	X					0.	0.	0.
(13) JUDITH STOCKDALE VICE CHAIR	3.00	X	X					0.	0.	0.
(14) WILLIAM MULLIGAN SECRETARY	3.00	X	X					0.	0.	0.
(15) ROBERTO SERRALLES TREASURER	3.00	X	X					0.	0.	0.
(16) LISE AANGENBRUG DIRECTOR	3.00	X						0.	0.	0.
(17) DAVID CALLE 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) SAM COOK, JR. DIRECTOR	3.00	X						0.	0.	0.
(19) ASHLEY DEMOSTHENES DIRECTOR	3.00	X						0.	0.	0.
(20) BLAIR C. FITZSIMONS DIRECTOR	3.00	X						0.	0.	0.
(21) CHERYL FOX DIRECTOR	3.00	X						0.	0.	0.
(22) GIL JENKINS DIRECTOR	3.00	X						0.	0.	0.
(23) GLENN LAMB DIRECTOR	3.00	X						0.	0.	0.
(24) DOUG LAND DIRECTOR	3.00	X						0.	0.	0.
(25) KATHY K. LEAVENWORTH DIRECTOR	3.00	X						0.	0.	0.
(26) CARY F. LEPTUCK DIRECTOR	3.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								2,231,731.	0.	495,232.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								2,231,731.	0.	495,232.

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 35

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
RSM US LLP 5155 PAYSHERE CIRCLE, CHICAGO, IL 60674	CONSULTING SERVICES	401,880.
CAPITOL TAX PARTNERS, LLP, 101 CONSTITUTION AVE NW, SUITE 675 EAST,	CONSULTING SERVICES	180,000.
CORDIA RESOURCES, 8330 BOONE BLVD., SUITE 350, VIENNA, VA 22182	CONSULTING SERVICES	116,551.

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





**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a Federated campaigns	1a				
	b Membership dues	1b	2,310,127.			
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	4,496,146.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,127,597.			
	g Noncash contributions included in lines 1a-1f	1g \$				
	h <b>Total. Add lines 1a-1f</b>		13,933,870.			
	<b>Program Service Revenue</b>	2 a CONFERENCE & WORKSHOPS	Business Code 900099	1,136,617.	1,136,617.	
b OTHER PROGRAM REVENUE		900099	500,165.	498,565.	1,600.	
c PUBLICATIONS		900099	12,014.	12,014.		
d						
e						
f All other program service revenue						
g <b>Total. Add lines 2a-2f</b>			1,648,796.			
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)		211,239.		211,239.	
	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	4,898,493.		
			(ii) Other			
	b Less: cost or other basis and sales expenses	7b	4,730,720.			
	c Gain or (loss)	7c	167,773.			
	d Net gain or (loss)		167,773.		167,773.	
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						
<b>Miscellaneous Revenue</b>	11 a	Business Code				
	b					
	c					
	d All other revenue					
	e <b>Total. Add lines 11a-11d</b>					
<b>12 Total revenue. See instructions</b>		15,961,678.	1,647,196.	1,600.	379,012.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,331,711.	5,331,711.		
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	876,458.	744,989.	131,469.	
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	5,899,501.	4,349,908.	449,251.	1,100,342.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	386,204.	284,272.	29,089.	72,843.
9 Other employee benefits	927,704.	689,171.	72,727.	165,806.
10 Payroll taxes	435,715.	326,822.	36,821.	72,072.
11 Fees for services (nonemployees):				
a Management	1,691,553.	1,666,088.	25,465.	
b Legal	71,598.	71,598.		
c Accounting	55,495.		55,495.	
d Lobbying	166,000.	166,000.		
e Professional fundraising services. See Part IV, line 17	95,609.			95,609.
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	225,705.	105,487.	9,488.	110,730.
14 Information technology	926,214.	758,539.	27,995.	139,680.
15 Royalties				
16 Occupancy	485,919.	392,183.	14,259.	79,477.
17 Travel	371,044.	318,177.	17,695.	35,172.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	624,217.	494,354.	96,349.	33,514.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	112,098.	89,887.	3,287.	18,924.
23 Insurance	64,584.	11,054.	53,530.	
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 _____				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>18,747,329.</b>	<b>15,800,240.</b>	<b>1,022,920.</b>	<b>1,924,169.</b>
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	5,090,925.	1	3,791,245.
	2	Savings and temporary cash investments	4,177,733.	2	5,395,601.
	3	Pledges and grants receivable, net	3,163,803.	3	3,334,532.
	4	Accounts receivable, net	372,834.	4	277,383.
	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	1,844.	8	127.
	9	Prepaid expenses and deferred charges	401,992.	9	381,673.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,475,414.		
		10a			
	b	Less: accumulated depreciation	884,398.	10c	591,016.
		10b			
	11	Investments - publicly traded securities	9,553,161.	11	5,837,902.
	12	Investments - other securities. See Part IV, line 11	79,903.	12	79,903.
	13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14		
15	Other assets. See Part IV, line 11	2,866,491.	15	2,392,164.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	25,859,298.	16	22,081,546.	
Liabilities	17	Accounts payable and accrued expenses	1,092,347.	17	605,122.
	18	Grants payable	384,273.	18	862,023.
	19	Deferred revenue	1,270,061.	19	2,708,527.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,439,269.	25	2,712,830.
	26	<b>Total liabilities.</b> Add lines 17 through 25	6,185,950.	26	6,888,502.
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	5,829,903.	27	4,206,272.
	28	Net assets with donor restrictions	13,843,445.	28	10,986,772.
	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	<b>Total net assets or fund balances</b>	19,673,348.	32	15,193,044.	
33	<b>Total liabilities and net assets/fund balances</b>	25,859,298.	33	22,081,546.	

**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	15,961,678.
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,747,329.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,785,651.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	19,673,348.
5	Net unrealized gains (losses) on investments	5	-1,694,653.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	15,193,044.

**Part XII Financial Statements and Reporting**

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

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

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization <b>LAND TRUST ALLIANCE, INC.</b>	Employer identification number <b>04-2751357</b>
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12,474,370.	11,015,922.	13,208,158.	14,062,716.	13,933,870.	64,695,036.
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	12,474,370.	11,015,922.	13,208,158.	14,062,716.	13,933,870.	64,695,036.
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 1, column (f)						3,104,243.
6 Public support. Subtract line 5 from line 4.						61,590,793.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	12,474,370.	11,015,922.	13,208,158.	14,062,716.	13,933,870.	64,695,036.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	226,283.	270,619.	182,257.	129,895.	211,239.	1,020,293.
9 Net income from unrelated business activities, whether or not the business is regularly carried on			700.	2,700.	1,600.	5,000.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						65,720,329.
12 Gross receipts from related activities, etc. (see instructions)					12	6,662,484.
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 2022 (line 6, column (f), divided by line 11, column (f))	14	93.72 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	87.74 %

16a 33 1/3% support test - 2022. 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

b 33 1/3% support test - 2021. 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

17a 10% -facts-and-circumstances test - 2022. 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

b 10% -facts-and-circumstances test - 2021. 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

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

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) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (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; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (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; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number and Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number and Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2022. 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 - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

**Section B. Type I Supporting Organizations**

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2		

**Section C. Type II Supporting Organizations**

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

**Section D. All Type III Supporting Organizations**

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

**Section E. Type III Functionally Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	5
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2022 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-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	<b>Total of lines 3a through 3e</b>		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8	<b>Breakdown of line 7:</b>		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Lined area for supplemental information.



**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

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)(v), 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/>	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 375,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 370,572.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 484,972.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 637,935.	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	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ 545,968.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$	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
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2022**

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

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ..... \$ \_\_\_\_\_

3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$ \_\_\_\_\_

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$ \_\_\_\_\_

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No

4a Was a correction made? .....  Yes  No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$ \_\_\_\_\_

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... \$ \_\_\_\_\_

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... \$ \_\_\_\_\_

4 Did the filing organization file Form 1120-POL for this year? .....  Yes  No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(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)	177,909.													
c	Total lobbying expenditures (add lines 1a and 1b)	177,909.													
d	Other exempt purpose expenditures	18,473,811.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	18,651,720.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total	
2a	Lobbying nontaxable amount	912,849.	857,273.	753,463.	1,000,000.	3,523,585.
b	Lobbying ceiling amount (150% of line 2a, column(e))					5,285,378.
c	Total lobbying expenditures	148,677.	108,892.	293,416.	177,909.	728,894.
d	Grassroots nontaxable amount	228,212.	214,318.	188,366.	250,000.	880,896.
e	Grassroots ceiling amount (150% of line 2d, column(e))					1,321,344.
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)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

**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."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

**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.

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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

2022

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

**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	7,494,579.	5,518,122.	4,998,523.	4,204,585.	4,637,278.
b Contributions	0.	1,502,050.	6,800.	63,657.	
c Net investment earnings, gains, and losses	-1,308,628.	689,207.	717,100.	922,981.	-255,844.
d Grants or scholarships	237,800.	214,800.	205,100.	192,700.	176,849.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	5,948,151.	7,494,579.	5,517,323.	4,998,523.	4,204,585.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 22.0800 %
  - b Permanent endowment 77.9200 %
  - 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   |     | X  |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(i), are the related organizations listed as required on Schedule R? |     |    |
| 3b  |     |    |
- 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.	50,471.	47,852.
d Equipment		1,354,366.	812,716.	541,650.
e Other		22,725.	21,211.	1,514.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 591,016.



**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, 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) .....		
<b>Total.</b> (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	2,266,522.
(2) WEB SITE IN PROGRESS	125,642.
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITY - OPERATING	2,673,204.
(3) CONDITIONAL CONTRIBUTION	39,626.
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASBASC 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	15,361,249.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-1,694,653.	
b	Donated services and use of facilities	2b	7,074.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	1,238,662.	
e	Add lines 2a through 2d	2e	-448,917.	
3	Subtract line 2e from line 1	3	15,810,166.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	151,512.	
c	Add lines 4a and 4b	4c	151,512.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	15,961,678.	

**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	19,744,068.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	7,074.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	1,141,177.	
e	Add lines 2a through 2d	2e	1,148,251.	
3	Subtract line 2e from line 1	3	18,595,817.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	151,512.	
c	Add lines 4a and 4b	4c	151,512.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	18,747,329.	

**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	1,238,662.
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PART XI, LINE 4B - OTHER ADJUSTMENTS:

INTERCOMPANY TRANSFERS	151,512.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES OF THE LAND TRUST ACCREDITATION COMMISSION	1,141,177.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

INTERCOMPANY TRANSFER	151,512.
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**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**  
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.

OMB No. 1545-0047

**2022**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

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

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

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

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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
IMPACT COMMUNICATIONS, INC. - 735 8TH STREET, SE, FLOOR 2, SOCIAL CAPITAL, INC. - 980 N MICHIGAN AVE., CHICAGO, IL	ANNUAL APPEAL		X	60,059.	12,600.	47,459.
FIREFLY IMAGEWORKS - 2515 OBERLIN DR, ALEXANDRIA, VA	CORPORATE CAMPAIGN SUPPORT		X	0.	7,500.	-7,500.
LEXIS NEXIS - 1150 18TH STREET, NW, SUITE 250, FREEWILL - P.O. BOX 5322, KINGWOOD, TX 77325	FUNDRAISING VIDEOS		X	0.	41,134.	-41,134.
	RESEARCH DATABASE		X	0.	19,190.	-19,190.
	PLANNED GIVING CAMPAIGN		X	0.	9,339.	-9,339.
<b>Total</b>				<b>60,059.</b>	<b>89,763.</b>	<b>-29,704.</b>

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		%
b An outside facility		%
- 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 (ii) 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](http://www.irs.gov/Form990) for the latest information.

Name of the organization

LAND TRUST ALLIANCE, INC.

**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 criteria used to award the grants or assistance? .....
- 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 or 22. 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) De noncas
ADIRONDACK LAND TRUST /NATURE CONSERVANCY - P.O. BOX 130 - KEENE, NY 12942	22-2559576	501(C)(3)	29,000.	0.		
BLUE MOUNTAIN LAND TRUST PO BOX 1473 WALLA WALLA, WA 99362	91-1989279	501(C)(3)	10,000.	0.		
DESCHUTES LAND TRUST 210 NW IRVING AVENUE BEND, OR 97701-2050	93-1186407	501(C)(3)	55,252.	0.		
FRIENDS OF THE COLUMBIA GORGE LAND TRUST - 123 NE 3RD AVE - PORTLAND, OR 97232	56-2563880	501(C)(3)	42,775.	0.		
GREENBELT LAND TRUST PO BOX 1721 CORVALLIS, OR 97339	94-3113836	501(C)(3)	41,381.	0.		
HUDSON HIGHLANDS LAND TRUST PO BOX 226 GARRISON, NY 10524	13-3528266	501(C)(3)	68,000.	0.		

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for 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) De non-ca:
MCKENZIE RIVER TRUST 120 SHELTON MCMURPHEY BLVD EUGENE, OR 97401-2411	93-1029808	501(C)(3)	40,078.	0.		
MONTEZUMA LAND CONSERVANCY PO BOX 1522 CORTEZ, CO 81321-1522	31-1632961	501(C)(3)	14,025.	0.		
NORTH COAST LAND CONSERVANCY PO BOX 67 SEASIDE, OR 97138	93-0957815	501(C)(3)	24,000.	0.		
SOUTHERN OREGON LAND CONSERVAN 84 4TH STREET ASHLAND, OR 97520-0032	93-0724691	501(C)(3)	43,998.	0.		
THE WETLANDS CONSERVANCY 4640 SW MACADAM PORTLAND, OR 97239	93-0797197	501(C)(3)	30,589.	0.		
BAYOU LAND CONSERVANCY 10330 LAKE ROAD #J HOUSTON, TX 77070	76-0557498	501(C)(3)	15,600.	0.		
OREGON DESERT LAND TRUST 2843 NW LOLO DR. #200 BEND, OR 97703	82-2857455	501(C)(3)	58,960.	0.		
KANIKSU LAND TRUST P.O. BOX 2123, 1215 MICHIGAN ST., S SANDPOINT, ID 83864	47-0898549	501(C)(3)	15,000.	0.		
ARIZONA LAND AND WATER TRUST 2810 NN ALVERNON WAY SUITE 600 TUCSON, AZ 85712	86-6148507	501(C)(3)	10,120.	0.		

**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) De non-ca:
NORTHWOODS LAND TRUST, INC. P.O. BOX 321 EAGLE RIVER, WI 54521	31-1776860	501(C)(3)	11,000.	0.		
PRICKLY PEAR LAND TRUST 40 W. LAWRENCE ST. HELENA, MT 59601	81-0506568	501(C)(3)	13,000.	0.		
WASHINGTON ASSOCIATION OF LAND TRUSTS - P.O. BOX 2001 - SEATTLE, WA 98111	26-3186170	501(C)(3)	23,900.	0.		
MOUNT GRACE LAND CONSERVATION TRUST - 1461 OLD KEENE ROAD - ATHJOL, MA 01331	04-2938967	501(C)(3)	13,000.	0.		
WESTERN RESERVE LAND CONSERVANCY 3850 CHAGRIN RIVER RD. MORELAND HILLS, OH 44022	34-1571233	501(C)(3)	30,100.	0.		
OREGON AGRICULTURAL TRUST, INC. P.O. BOX 7359 SALEM, OR 97303	84-3396259	501(C)(3)	32,048.	0.		
UPPER PENINSULA LAND CONSERVANCY 148 WEST HEWITT AVENUE MARQUETTE, MI 49855	38-3467972	501(C)(3)	18,500.	0.		
BLACK SWAMP CONSERVANCY P.O. BOX 332 PERRYSEBURG, OH 43552	34-1746749	501(C)(3)	5,850.	0.		
LAND TRUST ACCREDITATION COMMISSION - 1250 H. ST. NW - WASHINGTON, DC 20005	20-4622209	501(C)(3)	232,800.	0.		

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

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GENESEE LAND TRUST, INC. 46 PRINCE STREET ROCHESTER, NY 14607	22-3033712	501(C)(3)	62,200.	0.		
THE NATURE CONSERVANCY 715 L ST. ANCHORAGE, AK 99501	53-0242652	501(C)(3)	94,935.	0.		
THOUSAND ISLANDS LAND TRUST, INC. P.O. BOX 238 CLAYTON, NY 13624-1013	22-2629183	501(C)(3)	148,050.	0.		
COLUMBIA LAND CONSERVANCY, INC. 49 MAIN STREET CHATHAM, NY 12037	22-2757332	501(C)(3)	137,300.	0.		
FINGER LAKES LAND TRUST, INC. 202 E COURT STREET ITHACA, NY 14850	22-2983688	501(C)(3)	130,000.	0.		
MOHONK PRESERVE P.O. BOX 715 NEW PALTZ, NY 12561	14-1609484	501(C)(3)	124,500.	0.		
MIANUS RIVER GORGE 167 MIANUS RIVER ROAD BEDFORD, NY 10506-1808	13-3523329	501(C)(3)	110,000.	0.		
PECONIC LAND TRUST 296 HAMPTON ROAD SOUTHAMPTON, NY 11969	11-2667021	501(C)(3)	100,000.	0.		
RENSSELAER PLATEAU ALLIANCE 167 BRAINARD ROAD AVERILL PARK, NY 12018	94-3444825	501(C)(3)	100,000.	0.		

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WESTCHESTER LAND TRUST, INC. 403 HARRIS ROAD BEDFORD HILLS, NY 10507	13-3507910	501(C)(3)	100,000.	0.		
WESTERN NEW YORK LAND CONSERVANCY, INC. - P.O. BOX 471 - EAST AURORA, NY 14052 0471	22-3160426	501(C)(3)	100,000.	0.		
NORTH SHORE LAND ALLIANCE, INC. P.O. BOX 658 OYSTER BAY, NY 11771	56-2368769	501(C)(3)	90,000.	0.		
OSTEGO LAND TRUST P.O. BOX 173 COOPERSTOWN, NY 13326-0173	13-3499394	501(C)(3)	72,372.	0.		
AGRICULTURAL STEWARDSHIP ASSOCIATION - 2531 STATE ROUTE 40 - GREENWICH, NY 12834	22-3084628	501(C)(3)	68,346.	0.		
BUFFALO NIAGARA RIVER LAND TRUST 43 HAMILTON ST BUFFALO, NY 14207	46-2654753	501(C)(3)	63,366.	0.		
CAZENOVIA PRESERVATION FOUNDATION P.O. BO X627 CAZENOVIA, NY 13035	16-6101151	501(C)(3)	60,758.	0.		
NATURE SANCTUARY SOCIETY OF WESTERN NEW YORK, INC. - P.O. BOX 828 - WEST SENECA, NY 14224	16-1377177	501(C)(3)	59,275.	0.		
CHAMPLAIN AREA TRAILS P.O. BO X193 WESTPORT, NY 12993	26-4004845	501(C)(3)	56,740.	0.		

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KINGSTONLAND TRUST, INC. P.O. BOX 2701 KINGSTON, NY 12402	26-2338986	501(C)(3)	53,714.	0.		
CHAUTAQUA WATERSHED CONSERVANCY P.O. BOX 45 LAKEWOOD, NY 14750	16-1389010	501(C)(3)	51,024.	0.		
CAPITAL ROOTS, INC. 594 RIVER STREET TROY, NY 12180	14-1596291	501(C)(3)	50,000.	0.		
EDMUND NILES HUYCK PRESERVE AND BIOLOGICAL RESOURCE STATION - P.O. BOX 189 - RENSSELAERVILLE, NY 12147-0189	14-1338387	501(C)(3)	50,000.	0.		
NEW JERSEY CONSERVATION FOUNDATION 170 LONGVIEW ROAD FAR HILLS, NJ 07931-2623	22-6065456	501(C)(3)	50,000.	0.		
RENSSELAER LAND TRUST, INC. 415 RIVER STREET TROY, NY 12180	14-1708890	501(C)(3)	50,000.	0.		
SARATOGA P.L.A.N. 112 SPRING STREET SARATOGA SPRINGS, NY 12866	14-1705013	501(C)(3)	50,000.	0.		
TUG HILL TOMORROW LAND TRUST P.O. BOX 6063 WATERTOWN, NY 13601	22-3115498	501(C)(3)	49,040.	0.		
TRUST FOR PUBLIC LAND 101 MONTGOMERY STREET SAN FRANCISCO, CA 94105	23-7222333	501(C)(3)	48,750.	0.		

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LAKE GEORGE LAND CONSERVANCY P.O. BOX 1250 BOLTON LANDING, NY 12814	22-2902944	501(C)(3)	47,670.	0.		
MOHAWK HUDSON LAND CONSERVANCY 425 KENWOOD AVE DELMAR, NY 12054	14-1754157	501(C)(3)	45,860.	0.		
GREEN GUERRILLAS, INC. 30 3RD AVE., #848 BROOKLYN, NY 11217	13-2903183	501(C)(3)	45,802.	0.		
WILTON WILDLIFE PRESERVE PARK 80 SCOUT ROAD GANSEVOORT, NY 12866	14-1825475	501(C)(3)	40,000.	0.		
OPEN SPACE INSTITUTE, INC. 1350 BROADWAY NEW YORK, NY 10018	52-1053406	501(C)(3)	37,500.	0.		
ONTARIO BAYS INITIATIVE P.O. BOX 117 CHAUMONT, NY 13622	16-1461521	501(C)(3)	35,782.	0.		
OREGON COMMUNITY FOUNDATION 1221 SW YAMHILL STREET, SUITE 100 PORTLAND, OR 97205	23-7315673	501(C)(3)	35,000.	0.		
WALLKILL VALLEY LAND TRUST P.O. BOX 208 NEW PALTZ, NY 12561	22-2867070	501(C)(3)	34,750.	0.		
BROOKLYN QUEENS LAND TRUST 30 3RD AVENUE BROOKLYN, NY 11212	61-1441052	501(C)(3)	34,450.	0.		

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WOODSTOCK LAND CONSERVANCY P.O. BOX 864 WOODSTOCK, NY 12498	22-2950482	501(C)(3)	33,765.	0.		
KLAMATH LAKE LAND TRUST P.O. BOX 5142 KLAMATH FALLS, OR 97601	27-2927649	501(C)(3)	33,500.	0.		
GRASSROOTS GARDENS OF WESTERN NEW YORK - 389 BROADWAY - BUFFALO, NY 14204	16-1479159	501(C)(3)	33,333.	0.		
LAND CONSERVANCY OF WEST MICHIGAN 400 ANN STREET NW GRAND RAPIDS, MI 49504	38-2363129	501(C)(3)	30,500.	0.		
NORTH OLYMPIC LAND TRUST P.O. BOX 2945 PORT ANGELES, WA 98362	91-1500378	501(C)(3)	30,000.	0.		
THE FRONTIER LAND ALLIANCE 3800 N MESA ST EL PASO, TX 79902	42-1645381	501(C)(3)	29,150.	0.		
TEATOWN LAKE RESERVATION 1600 SPRING VALLEY ROAD OSSINING, NY 10562-1643	23-7154985	501(C)(3)	27,302.	0.		
DUCKS UNLIMITED, INC. C/O GRANT MCKENZIE WASHINGTON, DC 20001	13-5643799	501(C)(3)	26,500.	0.		
SAN JOAQUIN RIVER PKWY&CONS TRUST 11605 OLD FRIANT ROAD FRESNO, CA 93730	77-0196692	501(C)(3)	23,250.	0.		

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KACHEMAK HERITAGE LAND TRUST 315 KLONDIKE AVENUE HOMER, AK 99603	94-3104608	501(C)(3)	21,972.	0.		
PUTNAM COUNTY LAND TRUST P.O. BOX 36 BREWSTER, NY 10509	23-7058465	501(C)(3)	21,375.	0.		
AMERICAN FARMLAND TRUST 1150 CONNECTICUT AVE., NW WASHINGTON, DC 20036	52-1190211	501(C)(3)	21,144.	0.		
NORTHEASTERN CAVE CONSERVANCY, INC. - P.O. BOX 254 - SCHCHARIE, NY 12157	13-4043653	501(C)(3)	19,829.	0.		
CAPITAL LAND TRUST 4405 7TH AVE SE LACEY, WA 98503	91-1413484	501(C)(3)	19,550.	0.		
SEMPERVIRENS FUND 951 MARINERS ISLAND BLVD, SUITE 300 SAN MATEO, CA 94404	94-2155097	501(C)(3)	19,500.	0.		
GENESEE VALLEY CONSERVANCY P.O. BOX 73 GENESEO, NY 14454	23-3061147	501(C)(3)	19,211.	0.		
WALLOWA LAND TRUST P.O. BOX 516 ENTERPRISE, OR 97828	20-1037078	501(C)(3)	17,710.	0.		
HENRY L. FERGUSON MUSEUM P.O. BOX 554 FISHERS ISLAND, NY 06390	11-6015380	501(C)(3)	17,500.	0.		



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LEMHI REGIONAL LAND TRUST P.O. BOX 871 SALMON, ID 83467	20-2753508	501(C)(3)	16,416.	0.		
COASTAL PRAIRIE CONSERVANCY 5615 KIRBY DRIVE HOUSTON, TX 77005	76-0377029	501(C)(3)	16,350.	0.		
SOLANO LAND TRUST 198 DOBBINS ST VACAVILLE, CA 95688	94-3015363	501(C)(3)	16,240.	0.		
ESSEX COUNTY GREENBELT ASSOCIATION P.O. BOX 1026 ESSEX, MA 01929	04-2664297	501(C)(3)	16,000.	0.		
ALLEGHENY LAND TRUST 416 THORN STREET SEWICKLEY, PA 15143 8856	25-1718611	501(C)(3)	15,000.	0.		
LA PLATA OPEN SPACE CONSERVANCY P.O. BOX 1651 DURANGO, CO 81302	84-1204273	501(C)(3)	15,000.	0.		
NEW MEXICO LAND CONSERVANCY P.O. BOX 6759 SANTA FE, NM 87502-6759	06-1648104	501(C)(3)	15,000.	0.		
NORTHERN CA REGIONAL LT 30 INDEPENDENCE CIRCLE CHICO, CA 95973	68-0216430	501(C)(3)	15,000.	0.		
RIVER REVITALIZATION FOUNDATION 2134 N. RIVERBOAT ROAD MILWAUKEE, WI 53212	39-1887400	501(C)(3)	15,000.	0.		

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SANCTUARY FOREST, INC. P.O. BOX 166 WHITEHORN, CA 95589	94-2676195	501(C)(3)	15,000.	0.		
TENNGREEN LAND CONSERVANCY 1213A 16TH AVENUE SOUTH NASHVILLE, TN 37212	62-1557574	501(C)(3)	15,000.	0.		
WILDLIFE HERITAGE FOUNDATION 563 2ND ST LINCOLN, CA 95648	94-3352965	501(C)(3)	15,000.	0.		
ISLAND HERITAGE LAND TRUST P.O. BOX 42, 420 SUNSET ROAD DEER ISLE, MA 04627	01-0426251	501(C)(3)	14,816.	0.		
LAND TRUST OF THE TREASURE VALLEY P.O. BOX 106 BOISE, ID 83701	84-1380693	501(C)(3)	14,155.	0.		
DUTCHESS LAND CONSERVANCY P.O. BOX 138 MILLBROOK, NY 12545	14-1667526	501(C)(3)	13,750.	0.		
GALVESTON BAY FOUNDATION, INC. 1725 HIGHWAY 146 KEMAH, TX 77565	76-0279876	501(C)(3)	13,100.	0.		
TEXAS AGRICULTURAL LAND TRUST P.O. BOX 6152 SAN ANTONIO, TX 78209	26-0161807	501(C)(3)	13,000.	0.		
LANCASTER FARMLAND TRUST 125 LANCASTER AVE STRASBURG, PA 17579-9606	20-4233446	501(C)(3)	12,500.	0.		

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MAINE FARMLAND TRUST 97 MAIN STREET BELFAST, ME 04915-6536	01-0528014	501(C)(3)	12,000.	0.		
NEBRASKA LAND TRUST 3201 PIONEERS BLVD LINCOLN, NE 68502	47-0843794	501(C)(3)	12,000.	0.		
SOUTHERN TIER LAND CONSERVANCY, INC. - P.O. BOX 1112 - VESTAL, NY 13851	85-3490424	501(C)(3)	11,500.	0.		
TETON REGIONAL LAND TRUST P.O. BOX 247 DRIGGS, ID 83422	94-3146525	501(C)(3)	11,500.	0.		
NORTH SALEM OPEN LAND FOUNDATION P.O. BOX 176 NORTH SALEM, NY 10560-0176	13-2877957	501(C)(3)	10,620.	0.		
GUADALUPE BLANCO RIVER TRUST P.O. BOX 1343 SEGUIN, TX 78155	73-1628865	501(C)(3)	10,500.	0.		
WAREHAM LAND TRUST P.O. BOX 718 WAREHAM, MA 02571-0718	04-3548680	501(C)(3)	10,500.	0.		
PINES AND PRAIRIES LAND TRUST P.O. BOX 737 BASTROP, TX 78602	74-2989863	501(C)(3)	10,150.	0.		
CATOCTIN LAND TRUST P.O. BOX 6152 FREDERICK, MD 21705	01-0578410	501(C)(3)	10,000.	0.		

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COASTSIDE LAND TRUST 788 MAIN STREET HALF MOON BAY, CA 94019	94-3290067	501(C)(3)	10,000.	0.		
GRAND TRAVERSE REGIONAL LAND CONSERVANCY - 3860 NORTH LONG LAKE ROAD - TRAVERSE CITY, MI 49684	38-2994229	501(C)(3)	10,000.	0.		
MENDOCINO LAND TRUST, INC. 215 S MAIN ST FORT BRAGG, CA 95437	94-2362450	501(C)(3)	10,000.	0.		
RIDGE AND VALLEY CONSERVANCY 145 SPRING STREET NEWTON, NJ 07860	22-3181864	501(C)(3)	10,000.	0.		
SAGINAW BASIN LAND CONSERVANCY 706 S EUCLID AVE BAY CITY, MI 48706	38-3360248	501(C)(3)	10,000.	0.		
THREE VALLEY CONSERVATION TRUST P.O. BOX 234 OXFORD, OH 45056	31-1418241	501(C)(3)	10,000.	0.		
CATSKILL CENTER FOR CONSERVATION & DEVELOPMENT - 43355 ROUTE 28 - ARKVILLE, NY 12406	23-7058142	501(C)(3)	9,715.	0.		
LC CREATIVE SOLUTIONS, LLC. 2525 WEWATTA WAY DENVER, CO 80216	86-1453639	501(C)(3)	9,525.	0.		
GREEN SPACES ALLIANCE OF SOUTH TEXAS - 108 EAST MISTLETOW AVE - SAN ANTONIO, TX 78212	74-2884531	501(C)(3)	9,500.	0.		

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SHIRLEY HEINZE LAND TRUST, INC. 109 W 700 NORTH VALPARAISO, IN 46385	35-2153969	501(C)(3)	9,500.	0.		
NEW YORK AGRICULTURAL LAND TRUST P.O. BOX 216 ELBRIDGE, NY 13060	20-5679522	501(C)(3)	9,465.	0.		
HOUSTON AUDUBON 440 WILCHESTER BLVD HOUSTON, TX 77079	23-7011870	501(C)(3)	9,100.	0.		
VALLEY CONSERVATION COUNCIL, INC. P.O. BOX 988 STAUNTON, VA 24402	54-1548245	501(C)(3)	9,000.	0.		
HILL COUNTRY CONSERVANCY P.O. BOX 163125 AUSTIN, TX 78716	74-2948145	501(C)(3)	8,700.	0.		
BITTER ROOT LAND TRUST, INC. P.O. BOX 1806 HAMILTON, MT 59840	31-1595967	501(C)(3)	8,500.	0.		
LANDMARK CONSERVANCY, INC. 500 EAST MAIN STREET MENOMONIE, WI 54751	39-1872550	501(C)(3)	8,500.	0.		
COLUMBIA LAND TRUST 850 OFFICER'S ROW VANCOUVER, WA 98661	94-3140861	501(C)(3)	8,400.	0.		
ICE AGE TRAIL ALLIANCE 2110 MAIN STREET CROSS PLAINS, WI 53528	39-6076028	501(C)(3)	8,000.	0.		

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LAKE FOREST OPEN LANDS ASSOCIATION 350 NORTH WAUKEGAN ROAD LAKE FOREST, IL 60045	36-6162709	501(C)(3)	8,000.	0.		
RIO GRANDE AGRICULTURAL LAND TRUST P.O. BOX 40043 ALBUQUERQUE, NM 87196-0043	74-2854002	501(C)(3)	7,906.	0.		
GREAT PENINSULA CONSERVANCY 423 PACIFIC AVENUE BREMERTON, WA 98337	91-1110978	501(C)(3)	7,500.	0.		
LITTLE RIVER WETLANDS PROJECT 5000 SMITH ROAD FORT WAYNE, IN 46804	35-1809569	501(C)(3)	7,500.	0.		
LITTLE TRAVERSE CONSERVANCY 3264 POWELL ROAD HARBOR SPRINGS, MI 49770	23-7567810	501(C)(3)	7,500.	0.		
OJAI VALLEY LAND CONSERVANCY ATTN: JANET HANSTAD OJAI, CA 93024-1092	77-0169682	501(C)(3)	7,000.	0.		
TEXAS LAND CONSERVANCY P.O. BOX 162481 AUSTIN, TX 78716	75-1825883	501(C)(3)	6,730.	0.		
HAWAIIAN ISLAND LAND TRUST 126 QUEEN STREET HONOLULU, HI 96813	99-0353223	501(C)(3)	6,000.	0.		
PALOUSE LAND TRUST P.O BOX 8506 MOSCOW, ID 83843	94-3219418	501(C)(3)	5,500.	0.		

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) De non-ca:
TRANSITION HABITAT CONSERVANCY P.O. BOX 721300 PINON HILLS, CA 92372	74-3146328	501(C)(3)	5,500.	0.		
NORTH CENTRAL CONSERVANCY TRUST 301 WEST CEDAR ST STEVENS POINT, WI 54481	39-1855857	501(C)(3)	5,300.	0.		
FOREST PARK CONSERVANCY 833 SW 11TH AVENUE PORTLAND, OR 97205	94-3103055	501(C)(3)	39,109.	0.		

**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)

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

LAND TRUST ALLIANCE, INC.

Employer identification number

04-2751357

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</td> </tr> </table>	<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)		
<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)									
<p><b>b</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</p>	<b>1b</b>									
<p><b>2</b> 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?</p>	<b>2</b>									
<p><b>3</b> 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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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				
<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									
<p><b>4</b> 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:</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p>	<b>4a</b>	X								
<p><b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan?</p>	<b>4b</b>	X								
<p><b>c</b> Participate in or receive payment from an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4c</b>	X								
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>										
<p><b>5</b> 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:</p> <p><b>a</b> The organization?</p>	<b>5a</b>	X								
<p><b>b</b> Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	<b>5b</b>	X								
<p><b>6</b> 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:</p> <p><b>a</b> The organization?</p>	<b>6a</b>	X								
<p><b>b</b> Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	<b>6b</b>	X								
<p><b>7</b> 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</p>	<b>7</b>	X								
<p><b>8</b> 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</p>	<b>8</b>	X								
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>									

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

Schedule J (Form 990) 2022

**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 organization 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 column (E).

(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
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation		
(1) ANDREW J. BOWMAN PRESIDENT AND CEO	(i)	455,805.	0.	0.	29,768.	19,8
	(ii)	0.	0.	0.	0.	
(2) CHASE WARDEN COO AND CPO	(i)	296,825.	0.	0.	24,400.	49,8
	(ii)	0.	0.	0.	0.	
(3) JENNIFER MILLER HERZOG CHIEF PROGRAM OFFICER	(i)	220,190.	0.	0.	18,464.	51,2
	(ii)	0.	0.	0.	0.	
(4) ELIZABETH WARD CHIEF MARKETING & COMMUNICATIONS OFFICER	(i)	216,139.	0.	0.	18,048.	50,6
	(ii)	0.	0.	0.	0.	
(5) ERIN HESKETT VP OF CONSERVATION INITIAT	(i)	157,455.	0.	0.	13,339.	57,9
	(ii)	0.	0.	0.	0.	
(6) NATHAN HODGE DIRECTOR OF IT	(i)	159,563.	0.	0.	11,160.	53,1
	(ii)	0.	0.	0.	0.	
(7) MONICA POVEDA VP OF FINANCE	(i)	215,500.	0.	0.	7,001.	
	(ii)	0.	0.	0.	0.	
(8) LCRI FAETH DIRECTOR OF GOV'T RELATION	(i)	170,840.	0.	0.	13,848.	18,7
	(ii)	0.	0.	0.	0.	
(9) RENEE KIVIKKO VP OF EDUCATION	(i)	169,874.	0.	0.	13,599.	18,7
	(ii)	0.	0.	0.	0.	
(10) DARRYL B. GREEN SR. DIR OF ACCTING & GRANTS MNGT	(i)	169,540.	0.	0.	11,130.	14,3
	(ii)	0.	0.	0.	0.	
	(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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

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 PASSAGE OF THE CHARITABLE CONSERVATION EASEMENT  
PROGRAM INTEGRITY ACT TO HALT THE ABUSE OF CONSERVATION DONATIONS WHICH  
THREATENED THE ENHANCED CONSERVATION EASEMENT TAX INCENTIVE. THROUGH  
OUR AMBASSADOR PROGRAM MANAGER, WE TRAIN AND ENGAGE LAND TRUST STAFF  
AND BOARD MEMBERS IN ACTIVELY PARTICIPATING IN THE POLICY PROCESS.  
AMBASSADORS TOOK CENTER STAGE AT OUR 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 SERVES AS THE PRIMARY POINT OF CONTACT  
FOR LAND TRUSTS TO UNDERSTAND THE FARM BILL AGRICULTURAL CONSERVATION

EASEMENT PROGRAM HELPING THEM TO WORK WITH LANDOWNERS TO PROTECT FARMS

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

Schedule O (Form 990) 2022

Name of the organization LAND TRUST ALLIANCE, INC.	Employer identification number 04-2751357
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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 2022. 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 459

ACCREDITED LAND TRUSTS IN 46 STATES AND TERRITORIES, REPRESENTING MORE

THAN 81% OF THE ACRES OF FARMLAND, FORESTS, WILDLIFE HABITAT AND

IMPORTANT WATER SUPPLIES STEWARDED BY LAND TRUSTS ACROSS THE COUNTRY.

WE COMPLETED GUIDANCE DOCUMENTATION AND DEVELOPED TRAINING RESOURCES

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

AND TECHNICAL GUIDELINES FOR OPERATING A LAND TRUST.

Name of the organization LAND TRUST ALLIANCE, INC.	Employer identification number 04-2751357
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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 554 LAND TRUST MEMBERS OF TERRAFIRMA IN 2022 HAVE DEMONSTRATED THE WISDOM OF COLLECTIVE CONSERVATION DEFENSE ADDING LEGAL SUPPORT AND RESOURCES FOR OVER 11.1 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 37,448 CONSERVATION PROPERTIES. WITH OVER 80 PERCENT OF THE LAND OWNED OR CONSERVED BY LAND TRUSTS SAFELY INSURED WITH TERRAFIRMA, OR HELD BY ORGANIZATIONS CAPABLE OF SELF-INSURANCE, THE LAND TRUST COMMUNITY HAS JUSTIFIABLY EARNED A REPUTATION FOR EXPERTLY SERVING THE PUBLIC INTEREST.

Name of the organization

LAND TRUST ALLIANCE, INC.

Employer identification number

04-2751357

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.

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

IN 2017, THE BOARD ESTABLISHED A COMPENSATION COMMITTEE WHICH CONTRACTS AN

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



**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

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

Name of the organization

LAND TRUST ALLIANCE, INC.

**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) Enc
ALLIANCE RISK MANAGEMENT SERVICES, LLC - 46 3045386, 1250 H STREET, NW, SUITE 600, WASHINGTON, DC 20005	RISK MANAGEMENT	VERMONT	306,167.	

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it has 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 cl status (if t 501(c
LAND TRUST ACCREDITATION COMMISSION - 22-4622209, 36 PHILADELPHIA STREET, SUITE 2, SARATOGA SPRINGS, NY 12866	ACCREDITATION	DISTRICT OF COLUMBIA	501(C)(3)	LINE 12

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



**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)

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 tr

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Meth
(1) LAND TRUST ACCREDITATION COMMISSION	B	232,800.	BOOK
(2) LAND TRUST ACCREDITATION COMMISSION	Q	189,647.	BOOK
(3)			
(4)			
(5)			
(6)			



