

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization LAND TRUST ALLIANCE, INC.		D Employer identification number 04-2751357
	Doing business as		
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number
	1250 H STREET, NW	600	(202) 800-2235
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20005		G Gross receipts \$ 20,919,499.
F Name and address of principal officer: ANDREW J. BOWMAN SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.LANDTRUSTALLIANCE.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1982	M State of legal domicile: MA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO SAVE THE PLACES PEOPLE LOVE BY STRENGTHENING LAND CONSERVATION ACROSS AMERICA.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	21	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	21	
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	68	
	6 Total number of volunteers (estimate if necessary)	300	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	2,500.	
7b Net unrelated business taxable income from Form 990-T, line 39	-573.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	12,474,370.	11,531,032.
	9 Program service revenue (Part VIII, line 2g)	1,342,013.	1,470,074.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	228,152.	269,915.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,044,535.	13,271,021.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,176,791.	3,778,164.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,414,395.	6,924,107.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	37,000.	53,550.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,847,745.	4,554,712.
Net Assets or Fund Balances	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,475,931.	15,310,533.
	19 Revenue less expenses. Subtract line 18 from line 12	-431,396.	-2,039,512.
	20 Total assets (Part X, line 16)	24,581,082.	22,365,926.
	21 Total liabilities (Part X, line 26)	6,998,105.	6,761,627.
	22 Net assets or fund balances. Subtract line 21 from line 20	17,582,977.	15,604,299.

Part II Signature Block

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

Sign Here	Signature of officer	Date
	CHASE WARDEN, CHIEF OF & FIN OFFICER	11-6-2020
Paid Preparer Use Only	Print/Type preparer's name RAYMOND BARBAGALLO	Preparer's signature Raymond Barbagallo
	Firm's name CHERRY BEKAERT LLP	Firm's EIN 56-0574444
	Firm's address 6116 EXECUTIVE BLVD STE 600 ROCKVILLE, MD 20852	Phone no. 301-589-9000

Part III Statement of Program Service AccomplishmentsCheck 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 ☒ 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 ☒ 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 \$ 2,328,614. including grants of \$ 494.) (Revenue \$)

GOVERNMENT RELATIONS AND OUTREACH

SEE SCHEDULE O FOR COMPLETE DESCRIPTION

4b (Code:) (Expenses \$ 9,285,111. including grants of \$ 3,772,670.) (Revenue \$ 1,236,126.)

EDUCATION AND CAPACITY BUILDING

SEE SCHEDULE O FOR COMPLETE DESCRIPTION

4c (Code:) (Expenses \$ 1,014,394. including grants of \$ 5,000.) (Revenue \$ 231,448.)

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 **12,628,119.**

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> ?	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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	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>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
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>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	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>	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>	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>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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>	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	105
b Enter the number of Forms W-2G included in 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?	1c	X

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b If "Yes," enter the name of the foreign country		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?		
Note: See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X
If "Yes," see instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
If "Yes," complete Form 4720, Schedule O.		

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 ☒

Section A. Governing Body and Management

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	21													
b Enter the number of voting members included on line 1a, above, who are independent		21												
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?			2							X				
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				3										X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					4									X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?						5								X
6 Did the organization have members or stockholders?							6							X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?								7a						X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?									7b					X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?										8a	X			
b Each committee with authority to act on behalf of the governing body?											8b	X		
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O												9		X

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

	10a	10b	11a	11b	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a														X
b 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?		10b													
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			11a	X											
b Describe in 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					12a	X									
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?						12b	X								
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done							12c	X							
13 Did the organization have a written whistleblower policy?								13	X						
14 Did the organization have a written document retention and destruction policy?									14	X					
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?															
a The organization's CEO, Executive Director, or top management official										15a	X				
b Other officers or key employees of the organization											15b	X			
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).															
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?												16a			X
b 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?													16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **SEE SCHEDULE O**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►
 CHASE WARDEN - (202) 800-2235
 1250 H STREET, NW, NO. 600, WASHINGTON, DC 20005

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

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

(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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMESON S. FRENCH CHAIR	3.00	X		X				0.	0.	0.
(2) LAURIE ANDREWS VICE CHAIR	3.00	X		X				0.	0.	0.
(3) FREDERICH RICH VICE CHAIR	3.00	X		X				0.	0.	0.
(4) WILLIAM MULLIGAN TREASURER/SECRETARY	3.00	X		X				0.	0.	0.
(5) LAURA A. JOHNSON IMMEDIATE PAST CHAIR	3.00	X						0.	0.	0.
(6) LISE AANGEENBRUG DIRECTOR	3.00	X						0.	0.	0.
(7) DAVID H. ANDERSON DIRECTOR	3.00	X						0.	0.	0.
(8) PETER HAUSMANN DIRECTOR	3.00	X						0.	0.	0.
(9) KATHY K. LEAVENWORTH DIRECTOR	3.00	X						0.	0.	0.
(10) MARY MCFADDEN DIRECTOR	3.00	X						0.	0.	0.
(11) JILL MILLSTEIN DIRECTOR	3.00	X						0.	0.	0.
(12) GEORGE OLSEN DIRECTOR	3.00	X						0.	0.	0.
(13) MICHAEL POLEMIS PROGRAM COMMITTEE CHAIR	3.00	X						0.	0.	0.
(14) BRUCE RUNNELS DIRECTOR	3.00	X						0.	0.	0.
(15) THOMAS D. SAUNDERS DIRECTOR	3.00	X						0.	0.	0.
(16) JULIE SHARPE DIRECTOR	3.00	X						0.	0.	0.
(17) JUDITH STOCKDALE STRATEGIC COMM COMMITTEE CHAIR	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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DARRELL WOOD DIRECTOR	3.00	X						0.	0.	0.
(19) ALAN M. BELL GOVERNANCE COMMITTEE CHAIR	3.00	X						0.	0.	0.
(20) CARY F. LEPTUCK AUDIT COMMITTEE CHAIR	3.00 5.00	X						0.	0.	0.
(21) FERNANDO LLOVERAS SAN MIGUEL GOVERNMENT RELATIONS COMMI	3.00	X						0.	0.	0.
(22) ANDREW J. BOWMAN PRESIDENT AND CEO	40.00			X				378,862.	0.	40,141.
(23) CHASE WARDEN COO AND CFO	40.00			X				214,030.	0.	24,431.
(24) WENDY JACKSON EXECUTIVE VICE PRESIDENT	40.00				X			204,473.	0.	23,640.
(25) ELIZABETH WARD VP OF COMMUNICATIONS	40.00					X		178,159.	0.	35,793.
(26) RENEE KIVIKKO VP OF EDUCATION	40.00					X		150,863.	0.	31,203.
1b Subtotal								1,126,387.	0.	155,208.
c Total from continuation sheets to Part VII, Section A								505,450.	0.	78,724.
d Total (add lines 1b and 1c)								1,631,837.	0.	233,932.

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 **21**

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

	Yes	No
3		X
4	X	
5		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

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

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
COMMUNITY IT INNOVATORS P.O. BOX 220278, CHANTILLY, VA 20153	COMPUTER CONSULTANT	191,141.
CAPITOL TAX PARTNERS, LLP, 101 CONSTITUTION AVE NW, WASHINGTON, DC 20001	CONSULTING	180,000.
CANTILEVER INSTRUCTION & DESIGN 55 BERKSHIRE DRIVE, ST. LOUIS, MO 63117	DESIGN CONSULTANT	151,074.
INDUFOR NORTH AMERICA, LLC., 902 WILLIAM MEADE COURT, DAVIDSONVILLE, MD 21035	EXEC SUPPORT & CONSULTING	126,859.
THE CLARUS CONSULTING GROUP, INC., 2201 5TH AVENUE SOUTH, SUITE 100, BIRMINGHAM,	CONSULTING	120,488.

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 **7**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2019)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ERIN HESKETT VPOF CONSERVATION INITIATIVES	40.00					X		144,358.	0.	35,983.
(28) CLARA NYMAN VP OF DEVELOPMENT(JAN-10/23/19)	40.00					X		222,107.	0.	24,064.
(29) LORI FAETH GOVERNMENT RELATIONS DIREC	40.00					X		138,985.	0.	18,677.
Total to Part VII, Section A, line 1c								505,450.		78,724.

Part VIII Statement of RevenueCheck 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
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	1,087.				
	b Membership dues	1b	1,573,046.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	3,086,109.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	6,870,790.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 150,996.				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a CONFERENCE & WORKSHOPS	Business Code 900004		1,157,908.	1,157,908.		
	b OTHER PROGRAM REVENUE	900004		299,349.	296,849.	2,500.	
	c PUBLICATIONS	900004		12,817.	12,817.		
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f				1,470,074.		
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			270,619.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		6a	(i) Real (ii) Personal				
b Less: rental expenses ...		6b					
c Rental income or (loss)		6c					
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities (ii) Other				
b Less: cost or other basis and sales expenses		7b		7,647,774.			
c Gain or (loss)		7c		7,648,478.			
d Net gain or (loss)				-704.			-704.
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a					
b Less: direct expenses		8b					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19		9a					
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
	12 Total revenue. See instructions				13,271,021.	1,467,574.	2,500.

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 ...	3,778,164.	3,778,164.		
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	885,577.	510,282.	361,329.	13,966.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,740,201.	3,504,100.	170,497.	1,065,604.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	306,871.	226,848.	11,038.	68,985.
9 Other employee benefits	620,243.	458,503.	22,309.	139,431.
10 Payroll taxes	371,215.	274,413.	13,352.	83,450.
11 Fees for services (nonemployees):				
a Management	1,804,440.	1,736,758.	15,330.	52,352.
b Legal	102,064.	102,064.		
c Accounting	38,535.		38,535.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	53,550.			53,550.
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	357,058.	241,837.	13,148.	102,073.
14 Information technology	480,891.	380,055.	13,562.	87,274.
15 Royalties				
16 Occupancy	545,646.	417,368.	18,175.	110,103.
17 Travel	458,404.	413,398.	11,740.	33,266.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	443,532.	395,604.	5,360.	42,568.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	10,847.	1,908.	2,282.	6,657.
23 Insurance	34,704.	6,236.	28,468.	
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 DESIGN, PRINTING & COPY	199,584.	158,494.	2,648.	38,442.
b BOARD MEETING EXPENSES	41,787.		41,734.	53.
c PROF DEVELOPMENT & RECR	37,220.	22,087.	985.	14,148.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	15,310,533.	12,628,119.	770,492.	1,911,922.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck 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	4,497,101.	1	3,802,243.
	2 Savings and temporary cash investments	4,760,015.	2	3,954,498.
	3 Pledges and grants receivable, net	4,820,775.	3	3,761,447.
	4 Accounts receivable, net	270,061.	4	372,910.
	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	8,901.	8	4,535.
	9 Prepaid expenses and deferred charges	278,773.	9	337,791.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 973,255.		
	b Less: accumulated depreciation	10b 784,804.		
	11 Investments - publicly traded securities	5,891,122.	11	6,456,753.
	12 Investments - other securities. See Part IV, line 11	79,603.	12	79,303.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,770,526.	15	3,407,995.
16 Total assets. Add lines 1 through 15 (must equal line 33)	24,581,082.	16	22,365,926.	
Liabilities	17 Accounts payable and accrued expenses	1,882,257.	17	1,243,671.
	18 Grants payable	606,647.	18	457,057.
	19 Deferred revenue	5,032.	19	1,023,764.
	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	4,504,169.	25	4,037,135.
	26 Total liabilities. Add lines 17 through 25	6,998,105.	26	6,761,627.
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	3,120,630.	27	2,191,585.
	28 Net assets with donor restrictions	14,462,347.	28	13,412,714.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	17,582,977.	32	15,604,299.
	33 Total liabilities and net assets/fund balances	24,581,082.	33	22,365,926.

Part XI Reconciliation of Net AssetsCheck 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	13,271,021.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,310,533.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,039,512.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17,582,977.
5	Net unrealized gains (losses) on investments	5	849,639.
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	-788,805.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	15,604,299.

Part XII Financial Statements and ReportingCheck 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 in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form **990** (2019)

SCHEDULE A
(Form 990 or 990-EZ)

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 for instructions and the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

LAND TRUST ALLIANCE, INC.

Employer identification number

04-2751357

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 or 990-EZ).)
- 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 in 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		
Total						

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13,706,410.	13,164,253.	13,680,258.	12,474,370.	11,531,032.	64,556,323.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	13,706,410.	13,164,253.	13,680,258.	12,474,370.	11,531,032.	64,556,323.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						11,480,724.
6 Public support. Subtract line 5 from line 4.						53,075,599.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	13,706,410.	13,164,253.	13,680,258.	12,474,370.	11,531,032.	64,556,323.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	145,821.	152,555.	167,200.	226,283.	270,619.	962,478.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						65,518,801.
12 Gross receipts from related activities, etc. (see instructions)					12	6,830,932.
13 First five 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 2019 (line 6, column (f) divided by line 11, column (f))	14	81.01	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	78.70	%
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			► <input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			► <input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			► <input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			► <input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			► <input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's 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

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	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 in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
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)? 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).		
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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
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 government entity (see instructions).			
2 Activities Test. Answer (a) and (b) 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? 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.			
2a			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
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? Provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	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).		

Schedule A (Form 990 or 990-EZ) 2019

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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Part VI

Supplemental Information.

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

Schedule B

(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization

LAND TRUST ALLIANCE, INC.

Employer identification number

04-2751357

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 350,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 300,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 2,584,798.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 365,685.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 1,000,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 300,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
LAND TRUST ALLIANCE, INC.	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		\$ 231,521.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

04-2751357

Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____ _____	\$ _____	_____

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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-.

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

Schedule C (Form 990 or 990-EZ) 2019

LHA

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)		148,677.													
c Total lobbying expenditures (add lines 1a and 1b)		148,677.													
d Other exempt purpose expenditures		15,108,306.													
e Total exempt purpose expenditures (add lines 1c and 1d)		15,256,983.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		912,849.													
<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)		228,212.													
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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	883,955.	897,751.	871,947.	912,849.	3,566,502.
b Lobbying ceiling amount (150% of line 2a, column(e))					5,349,753.
c Total lobbying expenditures	140,022.	255,259.	194,240.	148,677.	738,198.
d Grassroots nontaxable amount	220,989.	224,438.	217,987.	228,212.	891,626.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,337,439.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2019

932043 11-26-19

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

2019**Open to Public
Inspection****Name of the organization**

LAND TRUST ALLIANCE, INC.

Employer identification number

04-2751357

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

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

☐ Yes ☐ No

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)?

☐ Yes ☐ No

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

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

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
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	4,204,585.	4,637,278.	4,102,165.	3,963,851.	4,164,443.
b Contributions	63,657.		-3,510.	10,780.	940.
c Net investment earnings, gains, and losses	923,779.	-255,844.	701,723.	300,934.	-43,532.
d Grants or scholarships	192,700.	176,849.	163,100.	170,400.	155,000.
e Other expenditures for facilities and programs				-3,000.	3,000.
f Administrative expenses					
g End of year balance	4,999,321.	4,204,585.	4,637,278.	4,102,165.	3,963,851.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ 1.26 %

b Permanent endowment ☐ 62.45 %

c Term endowment ☐ 36.29 %

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:

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		98,323.	23,502.	74,821.
d Equipment		845,728.	742,810.	102,918.
e Other		29,204.	18,492.	10,712.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				188,451.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) RIGHT OF USE ASSET	3,407,995.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	3,407,995.

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITY - FINANCING	12,272.
(3) LEASE LIABILITY - OPERATING	3,876,863.
(4) CONDITIONAL CONTRIBUTION	148,000.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	4,037,135.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	15,142,506.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	849,639.
b	Donated services and use of facilities	2b	129,025.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	1,040,313.
e	Add lines 2a through 2d	2e	2,018,977.
3	Subtract line 2e from line 1	3	13,123,529.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	147,492.
c	Add lines 4a and 4b	4c	147,492.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	13,271,021.

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	16,268,890.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	129,025.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	976,824.
e	Add lines 2a through 2d	2e	1,105,849.
3	Subtract line 2e from line 1	3	15,163,041.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	147,492.
c	Add lines 4a and 4b	4c	147,492.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	15,310,533.

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.

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

Part XIII Supplemental Information *(continued)*

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:

THE LAND TRUST ACCREDITATION COMMISSION	1,040,313.
---	------------

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INTERCOMPANY TRANSFERS	147,492.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

THE LAND TRUST ACCREDITATION COMISSIONS	976,824.
---	----------

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INTERCOMPANY TRANSFER	147,492.
-----------------------	----------

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

- 16** Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

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

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

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

(I) ADDRESS OF FUNDRAISER:

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

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

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

[illegible]

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

LAND TRUST ALLIANCE, INC.

Employer identification number

04-2751357

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADIRONDACK LAND TRUST /NATURE CONSERVANCY - PO BOX 65 - KEENE VALLEY, NY 12943-0065	22-2559576	50(C)(3)	53,500.	0.			CAPACITY-BUILDING
AGRICULTURAL STEWARDSHIP ASSOCIATION - 2531 STATE ROUTE 40 - GREENWICH, NY 12834-1210	22-3084628	50(C)(3)	30,000.	0.			CAPACITY-BUILDING
BATTENKILL CONSERVANCY 15 WEST MAIN STREET CAMBRIDGE, NY 12816	14-1774022	50(C)(3)	25,000.	0.			CAPACITY-BUILDING
BLUE MOUNTAIN LAND TRUST PO BOX 1473 WALLA WALLA, WA 99362	91-1989279	50(C)(3)	47,601.	0.			CAPACITY-BUILDING
BROOKLYN QUEENS LAND TRUST 677 LAFAYETTE AVENUE BROOKLYN, NY 11216	61-1441052	50(C)(3)	25,000.	0.			CAPACITY-BUILDING
CAPITAL ROOTS, INC. 594 RIVER STREET TROY, NY 12180	14-1596291	50(C)(3)	14,800.	0.			CAPACITY-BUILDING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **96.**

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

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

Schedule I (Form 990) (2019)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAZENOVIA PRESERVATION FOUNDATION PO BOX 627 CAZENOVIA, NY 13035-0627	16-6101151	50(C)(3)	71,100.	0.			CAPACITY-BUILDING
CHAMPLAIN AREA TRAILS PO BOX 193 WESTPORT, NY 12993	26-4004845	50(C)(3)	100,000.	0.			CAPACITY-BUILDING
COLUMBIA LAND TRUST 850 OFFICER'S ROW VANCOUVER, WA 98661	94-3140861	50(C)(3)	119,217.	0.			CAPACITY-BUILDING
CONSERVATION TRUST FOR NC 1028 WASHINGTON STREET RALEIGH, NC 27605	58-1552188	50(C)(3)	40,030.	0.			CAPACITY-BUILDING
DESCHUTES LAND TRUST 210 NW IRVING AVENUE BEND, OR 97701-2050	93-1186407	50(C)(3)	99,935.	0.			CAPACITY-BUILDING
FRIENDS OF THE COLUMBIA GORGE LAND TRUST - 333 SW 5TH AVENUE - PORTLAND, OR 97204	93-0782467	50(C)(3)	39,292.	0.			CAPACITY-BUILDING
FINGER LAKES LAND TRUST 202 E COURT STREET ITHACA, NY 14850	22-2983688	50(C)(3)	48,500.	0.			CAPACITY-BUILDING
GALVESTON BAY FOUNDATION 1100 HERCULES AVENUE HOUSTON, TX 77058	76-0279876	50(C)(3)	27,200.	0.			CAPACITY-BUILDING
GENESEE LAND TRUST 46 PRINCE STREET ROCHESTER, NY 14607-1912	22-3033712	50(C)(3)	92,500.	0.			CAPACITY-BUILDING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRASSROOTS GARDENS WNY 2495 MAIN STREET BUFFALO, NY 14214	16-1479159	50(C)(3)	60,000.	0.			CAPACITY-BUILDING
GREEN GUERRILLAS 232 E 11TH STREET NEW YORK, NY 10003	13-2903183	50(C)(3)	25,000.	0.			CAPACITY-BUILDING
GREENBELT LAND TRUST PO BOX 1721 CORVALLIS, OR 97339	94-3113836	50(C)(3)	103,734.	0.			CAPACITY-BUILDING
GREEN SPACES ALLIANCE OF SOUTH TEXAS - PO BOX 6250 - SAN ANTONIO, TX 78209	74-2884531	50(C)(3)	13,100.	0.			CAPACITY-BUILDING
HUDSON HIGHLANDS LAND TRUST PO BOX 226 GARRISON, NY 10524	13-3528266	50(C)(3)	91,000.	0.			CAPACITY-BUILDING
HILL COUNTRY CONSERVANCY PO BOX 163125 AUSTIN, TX 78716	74-2948145	50(C)(3)	11,400.	0.			CAPACITY-BUILDING
LAKE GEORGE LAND CONSERVANCY PO BOX 1250 BOLTON LANDING, NY 12814	22-2902944	50(C)(3)	78,220.	0.			CAPACITY-BUILDING
LAKE PLACID LAND CONSERVANCY PO BOX 1250 LAKE PLACID, NY 12946	16-1452565	50(C)(3)	60,000.	0.			CAPACITY-BUILDING
MCKENZIE RIVER TRUST 1245 PEARL STREET EUGENE, OR 97401-2411	93-1029808	50(C)(3)	71,679.	0.			CAPACITY-BUILDING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOHAWK HUDSON LAND CONSERVANCY PO BOX 567 SLINGERLANDS, NY 12159	14-1754157	50(C)(3)	25,100.	0.			CAPACITY-BUILDING
MONTEZUMA LAND CONSERVANCY PO BOX 1522 CORTEZ, CO 81321-1522	31-1632961	50(C)(3)	12,700.	0.			CAPACITY-BUILDING
MIANUS RIVER GORGE 167 MIANUS RIVER ROAD BEDFORD, NY 10506-1808	13-3523329	50(C)(3)	49,900.	0.			CAPACITY-BUILDING
NORTH COAST LAND CONSERVANCY PO BOX 67 SEASIDE, OR 97138	93-0957815	50(C)(3)	53,530.	0.			CAPACITY-BUILDING
NORTH SHORE LAND ALLIANCE PO BOX 658 OYSTER BAY, NY 11771	56-2368769	50(C)(3)	77,500.	0.			CAPACITY-BUILDING
ORANGE COUNTY LAND TRUST PO BOX 269 SUGAR LOAF, NY 10981	13-3692034	50(C)(3)	15,400.	0.			CAPACITY-BUILDING
OTSEGO LAND TRUST 101 MAIN STREET COOPERSTOWN, NY 13326-0173	13-3499394	50(C)(3)	41,450.	0.			CAPACITY-BUILDING
PUTNAM COUNTY LAND TRUST PO BOX 36 BREWSTER, NY 10509-0036	23-7058465	50(C)(3)	25,150.	0.			CAPACITY-BUILDING
PECONIC LAND TRUST PO BOX 1776 SOUTHAMPTON, NY 11969-1776	11-2667021	50(C)(3)	25,000.	0.			CAPACITY-BUILDING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RENSSELAER LAND TRUST 415 RIVER STREET TROY, NY 12180	14-1708890	50(C)(3)	29,000.	0.			CAPACITY-BUILDING
RENSSELAER PLATEAU ALLIANCE 167 BRAINARD ROAD AVERILL PARK, NY 12018	94-3444825	50(C)(3)	50,000.	0.			CAPACITY-BUILDING
SOUTHERN OREGON LAND CONSERVAN PO BOX 954 ASHLAND, OR 97520-0032	93-0724691	50(C)(3)	38,120.	0.			CAPACITY-BUILDING
SARATOGA P.L.A.N. 112 SPRING STREET SARATOGA, NY 12866-3351	14-1706013	50(C)(3)	31,350.	0.			CAPACITY-BUILDING
TEXAS AGRICULTURAL LAND TRUST PO BOX 6152 SAN ANTONIO, TX 78209	26-0161807	50(C)(3)	21,250.	0.			CAPACITY-BUILDING
TUG HILL TOMORROW LAND TRUST PO BOX 6063 WATERTOWN, NY 13601	22-3115498	50(C)(3)	52,600.	0.			CAPACITY-BUILDING
THOUSAND ISLANDS LAND TRUST PO BOX 238 CLAYTON, NY 13624	22-2629183	50(C)(3)	92,300.	0.			CAPACITY-BUILDING
THE NATURE CONSERVANCY 195 NEW KARNER ROAD ALBANY, NY 12205	53-0242652	50(C)(3)	102,026.	0.			CAPACITY-BUILDING
TRUST FOR PUBLIC LAND 666 BROADWAY NEW YORK, NY 10012	23-7223333	50(C)(3)	55,000.	0.			CAPACITY-BUILDING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE WETLANDS CONSERVANCY 4640 SW MACADAM PORTLAND, OR 97239	93-0797197	50(C)(3)	46,140.	0.			CAPACITY-BUILDING
WALLKILL VALLEY LAND TRUST PO BOX 208 NEW PALTZ, NY 12561-0208	22-2867070	50(C)(3)	35,000.	0.			CAPACITY-BUILDING
WALLOWA LAND TRUST PO BOX 516 ENTERPRISE, OR 97828	20-1037078	50(C)(3)	26,733.	0.			CAPACITY-BUILDING
WESTCHESTER LAND TRUST 403 HARRIS ROAD BEDFORD HILLS, NY 10507	13-3507910	50(C)(3)	64,660.	0.			CAPACITY-BUILDING
WILD RIVERS LAND TRUST PO BOX 1158 PORT ORFORD, OR 97465	93-1289894	50(C)(3)	36,116.	0.			CAPACITY-BUILDING
WESTERN NEW YORK LAND CONSERVANCY PO BOX 471 EAST AURORA, NY 14052-0471	22-3160426	50(C)(3)	100,000.	0.			CAPACITY-BUILDING
WOODSTOCK LAND CONSERVANCY PO BOX 864 WOODSTOCK, NY 12498	22-2950482	50(C)(3)	28,000.	0.			CAPACITY-BUILDING
WEST VIRGINIA RIVERS COALITION 3501 MACCORKLE AVENUE SE CHARLESTON, WV 25304	52-1736621	50(C)(3)	30,000.	0.			CAPACITY-BUILDING
GREENE LAND TRUST 270 MANSION STREET COXSACKIE, NY 12051	20-2696414	50(C)(3)	31,000.	0.			CAPACITY-BUILDING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARFORD LAND TRUST 26 N HICKORY AVENUE, SUITE 2 BEL AIR, MD 21014	52-1721553	50(C)(3)	21,000.	0.			CAPACITY-BUILDING
KATY PRAIRIE CONSERVANCY 5615 KIRBY DRIVE, SUITE 867 HOUSTON, TX 77005	76-0377029	50(C)(3)	13,500.	0.			CAPACITY-BUILDING
LEMHI REGIONAL LAND TRUST 105 S CENTER STREET, P.O. BOX 871 SALMON, ID 83467	20-2753508	50(C)(3)	5,500.	0.			CAPACITY-BUILDING
MOHONK PRESERVE P.O. BOX 715 NEW PALTZ, NY 12561	14-1609484	50(C)(3)	40,000.	0.			CAPACITY-BUILDING
ONTARIO BAYS INITIATIVE P.O. BOX 117 CHAUMONT, NY 13622-0117	16-1461521	50(C)(3)	37,700.	0.			CAPACITY-BUILDING
PIEDMONT ENVIRONMENTAL COUNCIL 45 HORNER STREET WARRENTON, VA 20186	54-0935569	50(C)(3)	27,500.	0.			CAPACITY-BUILDING
TEATOWN LAKE RESERVATION, INC. 1600 SPRING VALLEY ROAD OSSINING, NY 10562-1643	23-7154985	50(C)(3)	59,500.	0.			CAPACITY-BUILDING
LAND TRUST ACCREDITATION COMMISSION - 1250 H STREET, NW, SUITE 600 - WASHINGTON, DC 20005	20-4622209	50(C)(3)	188,100.	0.			CAPACITY-BUILDING
CHESAPEAKE CONSERVANCY 716 GIDDINGS AVE., SUTE 42 ANNAPOLIS, MD 21403	26-2271377	50(C)(3)	5,000.	0.			CAPACITY-BUILDING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON ASSOCIATION OF LAND TRUSTS - P.O. BOX 2001 - SEATTLE, WA 98111	26-3186170	50(C)(3)	5,000.	0.			CAPACITY-BUILDING
NORTHERN NECK LAND P.O. BOX 125 LANCASTER, VA 22503	41-2140631	50(C)(3)	5,000.	0.			CAPACITY-BUILDING
VITAL GROUND FOUNDATION, INC. 20 FORT MISSOULA ROAD MISSOULA, MT 59804	87-0483446	50(C)(3)	5,000.	0.			CAPACITY-BUILDING
COLORADO RIVER LAND TRUST, INC. P.O. BOX 1157 DRIPPING SPRINGS, TX 78620	46-1481647	50(C)(3)	6,000.	0.			CAPACITY-BUILDING
TAOS LAND TRUST P.O. BOX 367 TAOS NM 87571-0376 TAOS, NM 87571	85-0373099	50(C)(3)	6,500.	0.			CAPACITY-BUILDING
NORTHCOAST REGIONAL LAND P.O. BOX 398 BAYSIDE, CA 95524	68-0456290	50(C)(3)	6,700.	0.			CAPACITY-BUILDING
PARA LA NATURALEZA P.O. BOX 9023554 SAN JUAN, PR 00902	66-0801404	50(C)(3)	6,750.	0.			CAPACITY-BUILDING
PRICKLY PEAR LAND TRUST P.O. BOX 892 HELENA, MT 59624	81-0506868	50(C)(3)	7,000.	0.			CAPACITY-BUILDING
CAPITAL LAND TRUST 4405 7TH AVE. SE STE 306 LACEY, WA 98503	91-1413484	50(C)(3)	7,000.	0.			CAPACITY-BUILDING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF THE GREAT SWAMP P.O. BOX 373 PAWLING, NY 12564	16-1526251	50(C)(3)	7,270.	0.			CAPACITY-BUILDING
FIVE RIVERS CONSERVATION TRUST 10 FERRY ST. STE 311 CONCORD, NH 03301	02-0247594	50(C)(3)	7,500.	0.			CAPACITY-BUILDING
FIVE VALLEYS LAND TRUST, INC. 120 HICKORY STREET, SUITE B MISSOULA, MT 59801	23-7182055	50(C)(3)	7,500.	0.			CAPACITY-BUILDING
JO DAVIESS CONSERVATION FOUNDATION, INC. - P.O. BOX 216 - ELIZAETH, IL 61028	36-3913497	50(C)(3)	7,500.	0.			CAPACITY-BUILDING
BEAR YUBA LAND TRUST P.O. BOX 1004 GRASS VALLEY, CA 95945	68-0256981	50(C)(3)	7,500.	0.			CAPACITY-BUILDING
CIBOLO CONSERVANCY P.O. BOX 138 BOERNE, TX 78006	74-2896016	50(C)(3)	7,500.	0.			CAPACITY-BUILDING
COALITION OF OREGON LAND TRUSTS 511 SE MORRISON STREET PORTLAND, OR 97214	45-1510255	50(C)(3)	8,931.	0.			CAPACITY-BUILDING
NORTH SALEM OPEN LAND FOUNDATION, INC. - P.O. BOX 176 - NORTH SALEM, NY 10560	13-2877957	50(C)(3)	9,000.	0.			CAPACITY-BUILDING
SOUTHERN PLAINS LAND TRUST 6439 E MAPLEWOOD AVE CENTENNIAL, CO 80111	84-1470479	50(C)(3)	10,000.	0.			CAPACITY-BUILDING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH OLYMPIC LAND TRUST P.O. BOX 2945 PORT ANGELES, WA 98362	91-1500378	50(C)(3)	10,000.	0.			CAPACITY-BUILDING
HOUSTON AUDUBON SOCIETY 440 WILCHESTER BLVD. HOUSTON, TX 77079	23-7011870	50(C)(3)	11,000.	0.			CAPACITY-BUILDING
BAYOU LAND CONSERVANCY 10330 LAKE ROAD #J HOUSTON, TX 77070	76-0557498	50(C)(3)	12,425.	0.			CAPACITY-BUILDING
TEXAS LAND CONSERVANCY 6626 SILVERMINE DR. #300 AUSTIN, TX 78736	75-1825883	50(C)(3)	15,000.	0.			CAPACITY-BUILDING
NORTHERN VIRGINIA 4022-A HUMMER ROAD ANNANDALE, VA 22003-2403	54-1724626	50(C)(3)	16,000.	0.			CAPACITY-BUILDING
OREGON DESERT LAND TRUST 2843 NW LOLO DR. #200 BEND, OR 97703	82-2857455	50(C)(3)	17,000.	0.			CAPACITY-BUILDING
GREENBURGH NATURE CENTER 99 DROMORE RD SCARSDALE, NY 10583	23-7454025	50(C)(3)	20,000.	0.			CAPACITY-BUILDING
CLEARWATER CONSERVANCY 2555 N ATHERTON ST. STATE COLLEGE, PA 16803	25-1413990	50(C)(3)	20,000.	0.			CAPACITY-BUILDING
GENESEE VALLEY OUTDOOR LEARNING CENTER - 1717 RAYVILLE RD - PARKTON, MD 21120	23-3061147	50(C)(3)	29,000.	0.			CAPACITY-BUILDING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUFFALO NIAGARA RIVER LAND TRUST 2475 NIAGARA ST. BUFFALO, NY 14207	46-2654753	50(C)(3)	30,000.	0.			CAPACITY-BUILDING
POTOMAC CONSERVANCY, INC. 962 WAYNE AVENUE, SUITE 540 SILVER SPRING, MD 20910	52-1842501	50(C)(3)	30,000.	0.			CAPACITY-BUILDING
PACIFIC FOREST TRUST, INC. 920 SW 6TH AVE. 12TH FLOOR PORTLAND, OR 97204	68-0292509	50(C)(3)	30,000.	0.			CAPACITY-BUILDING
DUCKS UNLIMITED, INC. ONE WATERFOWL WAY MEMPHIS, TN 38120	91-2009004	50(C)(3)	60,000.	0.			CAPACITY-BUILDING
GRASSLAND BIRD TRUST P.O. BOX 82 FORT EDWARD, NY 12828	27-4846966	50(C)(3)	35,500.	0.			CAPACITY-BUILDING
NORTHEAST WILDERNESS TRUST 17 STATE ST. #302 MONTPELIER, VT 05602	01-0729039	50(C)(3)	50,000.	0.			CAPACITY-BUILDING
OPEN SPACE INSTITUTE 1350 BROADWAY #201 NEW YORK, NY 10018	52-1053406	50(C)(3)	50,000.	0.			CAPACITY-BUILDING
DELAWARE HIGHLANDS CONSERVANCY 508 RIVER ST. HAWLEY, PA 18428	23-2804664	50(C)(3)	62,500.	0.			CAPACITY-BUILDING
COLUMBIA LAND CONSERVANCY 49 MAIN STREET CHATHAM, NY 12037	22-2757332	50(C)(3)	85,000.	0.			CAPACITY-BUILDING

Schedule I (Form 990)

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

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

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

PART I, LINE 2:

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

LAND TRUST ALLIANCE, INC.

Employer identification number

04-2751357

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

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

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

Yes No

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

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

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ANDREW J. BOWMAN PRESIDENT AND CEO	(i)	378,862.	0.	0.	29,473.	10,668.	419,003.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CHASE WARDEN COO AND CFO	(i)	214,030.	0.	0.	14,254.	10,177.	238,461.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) WENDY JACKSON EXECUTIVE VICE PRESIDENT	(i)	204,473.	0.	0.	13,834.	9,806.	228,113.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ELIZABETH WARD VP OF COMMUNICATIONS	(i)	178,159.	0.	0.	14,832.	20,961.	213,952.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) RENEE KIVIKKO VP OF EDUCATION	(i)	150,863.	0.	0.	12,360.	18,843.	182,066.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ERIN HESKETT VPOF CONSERVATION INITIATIVES	(i)	144,358.	0.	0.	12,122.	23,861.	180,341.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CLARA NYMAN VP OF DEVELOPMENT(JAN-10/23/19)	(i)	222,107.	0.	0.	11,469.	12,595.	246,171.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) LORI FAETH GOVERNMENT RELATIONS DIREC	(i)	138,985.	0.	0.	9,241.	9,436.	157,662.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4A:

CLARA NYMAN, WHO SERVED AS VP OF DEVELOPMENT FROM JANUARY THRU OCTOBER,

RECEIVED GROSS SEVERANCE IN THE AMOUNT OF \$51,719.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2019

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- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

LAND TRUST ALLIANCE, INC.

Employer identification number

04-2751357

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	13	150,996.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (.....				
26 Other ▶ (.....				
27 Other ▶ (.....				
28 Other ▶ (.....				

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

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2019

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

SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.

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

OMB No. 1545-0047

2019

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 PERMANENTLY REAUTHORIZE THE LAND AND WATER CONSERVATION

FUND AND TO ADVANCE OTHER POLICY PRIORITIES. THROUGH OUR AMBASSADOR

PROGRAM MANAGER, WE TRAIN AND ENGAGE LAND TRUST STAFF AND BOARD MEMBERS

IN ACTIVELY PARTICIPATING IN THE POLICY PROCESS. AMBASSADORS TOOK

CENTER STAGE AT ADVOCACY DAYS, A SPRING EVENT THAT PROVIDES LAND TRUST

LEADERS WITH HANDS-ON TRAINING AS WELL AS TIME WITH KEY LEGISLATORS TO

DISCUSS ISSUES IMPORTANT TO THE LAND TRUST COMMUNITY. THE ALLIANCE LED

THE COMMUNITY IN URGING CONGRESS AND TREASURY OFFICIALS TO ADDRESS THE

CHALLENGE OF ABUSIVE TAX SHELTER TRANSACTIONS THAT THREATEN THE

ENHANCED CONSERVATION EASEMENT TAX INCENTIVE AND COULD DAMAGE PUBLIC

SUPPORT FOR CONSERVATION. THE ALLIANCE SERVES AS THE PRIMARY POINT OF

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

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

Name of the organization LAND TRUST ALLIANCE, INC.	Employer identification number 04-2751357
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CONTACT FOR LAND TRUSTS TO UNDERSTAND THE 2018 FARM BILL AGRICULTURAL

CONSERVATION EASEMENT PROGRAM HELPING THEM TO PROTECT FARMS AND

RANCHES.

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. OUR NATIONAL LAND CONSERVATION CONFERENCE: RALLY, ONLINE

LEARNING CENTER, CONSERVATION AND RISK MANAGEMENT CURRICULUM, 100+

WEBINARS AND 300+ WORKSHOPS SERVED MORE THAN 7,000 REGISTRANTS IN 2019.

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 438 ACCREDITED LAND TRUSTS IN 46 STATES

AND TERRITORIES, REPRESENTING MORE THAN 79% OF THE ACRES OF FARMLAND,

FORESTS, WILDLIFE HABITAT AND IMPORTANT WATER SUPPLIES STEWARDED BY

LAND TRUSTS ACROSS THE COUNTRY. WE COMPLETED GUIDANCE DOCUMENTATION

AND DEVELOPED TRAINING RESOURCES FOR THE 2017 EDITION OF LAND TRUST

STANDARDS AND PRACTICES, THE ETHICAL 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 LANDS MUST BE UPHELD RIGOROUSLY AND DILIGENTLY PROTECTED. THE 527 LAND TRUST MEMBERS OF TERRAFIRMA IN 2019 HAVE DEMONSTRATED THE WISDOM OF COLLECTIVE CONSERVATION DEFENSE ADDING LEGAL SUPPORT AND RESOURCES FOR 8.9 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 31,000 CONSERVATION PROPERTIES. WITH OVER 95 PERCENT OF THE LAND OWNED OR CONSERVED BY LAND TRUSTS SAFELY INSURED WITH TERRAFIRMA, OR HELD BY ORGANIZATIONS CAPABLE OF SELF-INSURANCE, THE LAND TRUST COMMUNITY HAS JUSTIFIABLY EARNED A REPUTATION FOR EXPERTLY SERVING THE PUBLIC INTEREST.

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

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

FOR AN INDEPENDENT REVIEW OF THE COMPENSATION OF THE PRESIDENT, EXECUTIVE

VICE PRESIDENT, AND CHIEF OPERATING & FINANCIAL OFFICER. THIS REVIEW

INCLUDED A REVIEW OF COMPARABILITY DATA. A COPY OF THE CONSULTANT'S

WRITTEN REPORT WAS PROVIDED TO ALL BOARD MEMBERS.

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

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

AK,AL,AR,AZ,CA,CO,CT,DC,FL,GA,IL,KS,KY,MA,ME,MD,MI,MS,MN,NC,NH,NJ,NM,NY,OH

OK,OR,PA,RI,SC,TN,UT,VA,WA,WI,WV

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

FORM 990 AND FINANCIAL STATEMENTS ARE AVAILABLE ON THE ALLIANCE WEBSITE:

WWW.LANDTRUSTALLIANCE.ORG. THE CONFLICT OF INTEREST POLICY AND GOVERNING

DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

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

PRIOR PERIOD ADJUSTMENT TO DEFERRED REVENUE -788,805.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

LAND TRUST ALLIANCE, INC.

Employer identification number

04-2751357

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ALLIANCE RISK MANAGEMENT SERVICES, LLC - 46-3045386, 1250 H STREET, NW, SUITE 600, WASHINGTON, DC 20005	RISK MANAGEMENT	VERMONT	231,448.	116,654.	LAND TRUST ALLIANCE

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

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

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

Schedule R (Form 990) 2019

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

[illegible]

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

[illegible]

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.

	Yes	No
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	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) LAND TRUST ACCREDITATION COMMISSION	B	188,100.	BOOK
(2) LAND TRUST ACCREDITATION COMMISSION	Q	178,636.	BOOK
(3)			
(4)			
(5)			
(6)			

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

[illegible]

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