Form **990**

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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning and ending

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

C Name of organization: LAND TRUST ALLIANCE, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): 1660 L STREET, NW — Room/suite: 1100

City or town, state or country, and ZIP + 4: WASHINGTON, DC 20036

D Employer identification number: 04-2751357

E Telephone number: (202) 638-4725

G Gross receipts $ 14,387,708.

F Name and address of principal officer: MARILYN M. AYRES, 1660 L STREET, NW, WASHINGTON, DC 20036

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.LANDTRUSTALLIANCE.ORG

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ 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 ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	22
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	63
6	Total number of volunteers (estimate if necessary)	6	400
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,173.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	7,259,686.	11,787,057.
	9	Program service revenue (Part VIII, line 2g)	971,471.	882,325.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	103,943.	95,482.
	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)	8,335,100.	12,764,864.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	381,635.	3,349,150.
	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)	4,051,760.	4,328,030.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	16,020.	136,250.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,654,111.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,032,833.	3,058,928.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,482,248.	10,872,358.
	19	Revenue less expenses. Subtract line 18 from line 12	852,852.	1,892,506.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	9,866,550.	13,118,566.
	21	Total liabilities (Part X, line 26)	870,994.	2,273,713.
	22	Net assets or fund balances. Subtract line 21 from line 20	8,995,556.	10,844,853.

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

▶ Marilyn M Ayres — Signature of officer — Date 5/10/12

▶ MARILYN M. AYRES, CHIEF OPERATING & FINANCIAL OFFICER — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JEFFREY E. SABOT				P00159255

Firm's name ▶ CBIZ MHM, LLC — Firm's EIN ▶ 34-1862269

Firm's address ▶ 3 BETHESDA METRO CENTER, SUITE 600, BETHESDA, MD 20814 — Phone no. 301-951-3636

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 1,349,765. including grants of $ 750.) (Revenue $ 0.)
SEE SCHEDULE O.

4b (Code:) (Expenses $ 5,913,756. including grants of $ 2,095,900.) (Revenue $ 880,152.)
SEE SCHEDULE O.

4c (Code:) (Expenses $ 1,504,035. including grants of $ 1,252,500.) (Revenue $ 0.)
SEE SCHEDULE O.

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

4e **Total program service expenses** ▶ 8,767,556.

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)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		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? *If "Yes," complete Schedule C, Part II*	4	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? *If "Yes," complete Schedule C, Part III*	5		
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? *If "Yes," complete Schedule D, Part I*	6		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? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	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? *If "Yes," complete Schedule D, Part VI*	11a	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? *If "Yes," complete Schedule D, Part VII*	11b		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? *If "Yes," complete Schedule D, Part VIII*	11c		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? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	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)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		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? *If "Yes," complete Schedule G, Part I*	17	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? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	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? *If "Yes," complete Schedule J*	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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25*	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) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	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, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	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? *If "Yes," complete Schedule R, Part I*	33	X	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	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? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 48			
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	
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	2a 63			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	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?		3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b	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)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
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?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
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?		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		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?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
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?		12a		
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?		13a		
	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?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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 in Schedule O. See instructions.*

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	22		
	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 in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	22		
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, or 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 in Schedule O*	9			X

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

			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 ▶ AK,AL,AR,AZ,CA,CO,CT,DC,FL,GA,IL,KS

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request

19 Describe in 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, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

MARILYN M. AYRES - (202)638-4725

1660 L STREET, NW, SUITE 1100, WASHINGTON, DC 20036

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

Check if Schedule O contains a response to any question 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ 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 (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) DAVID ANDERSON CHAIR - KETCHUM, ID	3.00	X		X				0.	0.	0.
(2) JEAN NELSON VICE CHAIR - NASHVILLE, TN	3.00	X		X				0.	0.	0.
(3) EDWARD H. LADD SECRETARY/TREASURER - DOVER, MA	3.00	X		X				0.	0.	0.
(4) MARIA ELENA CAMPISTEGUY DIRECTOR - WASHINGTON, DC	3.00	X						0.	0.	0.
(5) GRAHAM CHISHOLM DIRECTOR - EMERYVILLE, CA	3.00	X						0.	0.	0.
(6) LAUREN DACHS DIRECTOR - SAN FRANCISCO, CA	3.00	X						0.	0.	0.
(7) MICHAEL DENNIS DIRECTOR - ROUND HILL, VA	3.00	X						0.	0.	0.
(8) MICHAEL DOWLING DIRECTOR - DENVER, C0	3.00	X						0.	0.	0.
(9) OGDEN DRISKILL DIRECTOR - DEVLIS TOWER, WY	3.00	X						0.	0.	0.
(10) BELINDA FAUSTINOS DIRECTOR - S. SAN GABRIEL, CA	3.00	X						0.	0.	0.
(11) JAMESON FRENCH DIRECTOR - PORTSMOUTH, NH	3.00	X						0.	0.	0.
(12) DAVID HARTWELL DIRECTOR - MINNEAPOLIS, MN	3.00	X						0.	0.	0.
(13) PETER HAUSMANN DIRECTOR - NEWTON SQUARE,	3.00	X						0.	0.	0.
(14) SHERRY HUBER DIRECTOR -FALMOUTH, ME	3.00	X						0.	0.	0.
(15) LAURA JOHNSON DIRECTOR - LINCOLN, MA	3.00	X						0.	0.	0.
(16) LAWRENCE KUETER DIRECTOR - DENVER, C0	3.00	X						0.	0.	0.
(17) GLENN LAMB DIRECTOR - VANCOUVER, WA	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 (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(18) FERNANDO LLOVERAS DIRECTOR - SAN JUAN, PR	3.00	X						0.	0.	0.
(19) GRETCHEN LONG DIRECTOR - WILSON, WY	3.00	X						0.	0.	0.
(20) SUSAN TRAYLOR LYKES DIRECTOR - WILSON, WY	3.00	X						0.	0.	0.
(21) MARY MCFADDEN DIRECTOR - BROOKLINE, MA	3.00	X						0.	0.	0.
(22) FREDERIC RICH DIRECTOR - GARRISON, NY	3.00	X						0.	0.	0.
(23) CHRISTOPHER SAWYER DIRECTOR - ATLANTA, GA	3.00	X						0.	0.	0.
(24) MARYANNE TAGNEY JONES DIRECTOR - SEATTLE, WA	3.00	X						0.	0.	0.
(25) MARK ACKELSON DIRECTOR - DES MOINES, IA	3.00	X						0.	0.	0.
(26) RAND WENTWORTH PRESIDENT	45.00			X				234,296.	0.	65,709.
1b Sub-total ▶								234,296.	0.	65,709.
c Total from continuation sheets to Part VII, Section A ▶								546,266.	0.	65,180.
d Total (add lines 1b and 1c) ▶								780,562.	0.	130,889.

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 ▶ 5

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
THE COMPASS GROUP, 6815 ORINOCO CIRCLE, BLOOMFIELD HILLS, MI 48301	FUNDRAISING COUNSEL	124,879.
COMMUNITY IT INNOVATORS P.O. BOX 73853, WASHINGTON, DC 20056	IT SERVICES	116,876.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(27) MARILYN M. AYRES CHIEF OPERATING & FINANCIAL OFFICER	45.00			X				123,568.	0.	17,043.
(28) MARY POPE M. HUTSON EXECUTIVE VICE PRESIDENT	45.00				X			175,408.	0.	20,661.
(29) LINDSAY KOSNIK VICE PRESIDENT	45.00					X		139,544.	0.	11,610.
(30) RUSSELL SHAY DIRECTOR OF PUBLIC POLICY	45.00					X		107,746.	0.	15,866.
Total to Part VII, Section A, line 1c								546,266.		65,180.

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	15,177.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	384,069.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	11,387,811.				
	g Noncash contributions included in lines 1a-1f: $ 175,457.						
	h **Total.** Add lines 1a-1f ▶			11,787,057.			
Program Service Revenue			Business Code				
	2 a CONFERENCE & WORKSHOPS		900004	789,201.	789,201.		
	b OTHER PROGRAM REVENUE		900004	46,920.	44,747.	2,173.	
	c PUBLICATIONS		900004	46,204.	46,204.		
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f ▶			882,325.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			94,942.			94,942.
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
		(i) Real	(ii) Personal				
	6 a Gross rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss) ▶						
		(i) Securities	(ii) Other				
	7 a Gross amount from sales of assets other than inventory	1,623,384.					
	b Less: cost or other basis and sales expenses	1,622,844.					
	c Gain or (loss)	540.					
	d Net gain or (loss) ▶			540.			540.
	8 a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events ▶						
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities ▶						
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory ▶						
	Miscellaneous Revenue		Business Code				
	11 a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d ▶						
	12 **Total revenue.** See instructions. ▶			12,764,864.	880,152.	2,173.	95,482.

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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question 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 governments and organizations in the United States. See Part IV, line 21	3,347,068.	3,347,068.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	2,082.	2,082.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	636,685.	262,026.	165,996.	208,663.
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	2,920,147.	2,110,144.	118,490.	691,513.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	207,995.	150,318.	8,403.	49,274.
9 Other employee benefits	308,955.	223,282.	12,482.	73,191.
10 Payroll taxes	254,248.	183,745.	10,272.	60,231.
11 Fees for services (non-employees):				
a Management				
b Legal	56,984.	56,837.	28.	119.
c Accounting	20,800.		20,800.	
d Lobbying	101,650.	101,650.		
e Professional fundraising services. See Part IV, line 17	136,250.			136,250.
f Investment management fees				
g Other	608,761.	604,504.	772.	3,485.
12 Advertising and promotion				
13 Office expenses				
14 Information technology	301,643.	233,498.	11,777.	56,368.
15 Royalties	1,510.	1,510.		
16 Occupancy	434,556.	328,477.	21,296.	84,783.
17 Travel	342,102.	263,943.	1,419.	76,740.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	437,862.	388,542.	6,670.	42,650.
20 Interest	436.	309.	24.	103.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	101,061.	71,754.	5,470.	23,837.
23 Insurance	19,441.	2,692.	16,749.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PRINTING AND PUBLICATIO	244,500.	188,600.	1,397.	54,503.
b TELEPHONE	97,814.	82,410.	7,142.	8,262.
c POSTAGE AND SHIPPING	92,233.	47,944.	5,952.	38,337.
d BANK CHARGES	39,016.	30,365.	140.	8,511.
e All other expenses	158,559.	85,856.	35,412.	37,291.
25 **Total functional expenses.** Add lines 1 through 24e	10,872,358.	8,767,556.	450,691.	1,654,111.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		200.	1	200.
	2	Savings and temporary cash investments		4,362,083.	2	5,741,205.
	3	Pledges and grants receivable, net		3,168,660.	3	4,759,190.
	4	Accounts receivable, net		15,419.	4	19,588.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		62,049.	8	55,416.
	9	Prepaid expenses and deferred charges		156,591.	9	131,018.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,291,787.			
	b	Less: accumulated depreciation	10b 917,775.	398,481.	10c	374,012.
	11	Investments - publicly traded securities		1,694,648.	11	2,029,368.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		8,419.	15	8,569.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		9,866,550.	16	13,118,566.
Liabilities	17	Accounts payable and accrued expenses		423,801.	17	186,410.
	18	Grants payable		25,000.	18	1,655,881.
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			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		422,193.	25	431,422.
	26	**Total liabilities.** Add lines 17 through 25		870,994.	26	2,273,713.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		2,656,782.	27	2,485,330.
	28	Temporarily restricted net assets		4,811,558.	28	5,267,950.
	29	Permanently restricted net assets		1,527,216.	29	3,091,573.
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		8,995,556.	33	10,844,853.
	34	Total liabilities and net assets/fund balances		9,866,550.	34	13,118,566.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,764,864.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,872,358.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,892,506.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,995,556.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-43,209.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	10,844,853.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII [ ]

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] 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?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	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 in Schedule O.	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: [ ] Separate basis [X] Consolidated basis [ ] Both consolidated and separate basis			
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?	3a		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 in Schedule O and describe any steps taken to undergo such audits.	3b		

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. ▶ See separate instructions.

OMB No. 1545-0047

2011

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 11, 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.)
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 [X] 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 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.)
10 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
11 [ ] 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 that describes the type of supporting organization and complete lines 11e through 11h.

a [ ] Type I **b** [ ] Type II **c** [ ] Type III - Functionally integrated **d** [ ] Type III - Other

e [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ..... [ ]

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

			Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g(i)**		
(ii)	A family member of a person described in (i) above?	**11g(ii)**		
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2011

132021
01-24-12

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,560,917.	8,056,321.	8,440,087.	7,259,686.	11,787,057.	43,104,068.
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	7,560,917.	8,056,321.	8,440,087.	7,259,686.	11,787,057.	43,104,068.
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)						2,874,738.
6 **Public support.** Subtract line 5 from line 4.						40,229,330.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	7,560,917.	8,056,321.	8,440,087.	7,259,686.	11,787,057.	43,104,068.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	272,083.	204,292.	138,939.	104,537.	94,942.	814,793.
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 IV.)						
11 **Total support.** Add lines 7 through 10						43,918,861.

12 Gross receipts from related activities, etc. (see instructions) 12

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** ..... ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) ..... 14 91.60 %

15 Public support percentage from 2010 Schedule A, Part II, line 14 ..... 15 92.52 %

16a **33 1/3% support test - 2011.** 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 ..... ▶ [X]

b **33 1/3% support test - 2010.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ ☐

17a **10% -facts-and-circumstances test - 2011.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

b **10% -facts-and-circumstances test - 2010.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ..... ▶ ☐

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

(Complete only if you checked the box on line 9 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 IV.)						
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** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2011.** 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 - 2010.** 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 ▶ ☐

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.**
▶ **See separate instructions.**

OMB No. 1545-0047

2011

Open to Public Inspection

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

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

Name of organization	Employer identification number
LAND TRUST ALLIANCE, INC.	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 expenditures ▶ $ 0.
3 Volunteer hours 0.

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.

LHA

Schedule C (Form 990 or 990-EZ) 2011

132041
01-27-12

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 (grass roots lobbying)	0.	0.
b Total lobbying expenditures to influence a legislative body (direct lobbying)	267,445.	0.
c Total lobbying expenditures (add lines 1a and 1b)	267,445.	0.
d Other exempt purpose expenditures	10,604,912.	0.
e Total exempt purpose expenditures (add lines 1c and 1d)	10,872,357.	0.
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	693,618.	0.
g Grassroots nontaxable amount (enter 25% of line 1f)	173,405.	0.
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.	

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.

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? ☐ **Yes** ☐ **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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2008	**(b)** 2009	**(c)** 2010	**(d)** 2011	**(e)** Total
2a Lobbying nontaxable amount	612,827.	554,800.	524,112.	693,618.	2,385,357.
b Lobbying ceiling amount (150% of line 2a, column(e))					3,578,036.
c Total lobbying expenditures	330,173.	435,597.	319,034.	267,445.	1,352,249.
d Grassroots nontaxable amount	153,207.	138,700.	131,028.	173,405.	596,340.
e Grassroots ceiling amount (150% of line 2d, column (e))					894,510.
f Grassroots lobbying expenditures			2,500.		2,500.

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

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

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

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

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

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

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047
2011
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" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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? ☐ Yes ☐ 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? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" to 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 (e.g., recreation or education)
☐ Preservation of an 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 8/17/06, 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, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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 XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (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) Revenues included in 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 SFAS 116 (ASC 958) relating to these items:

a Revenues included in 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 are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

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" to 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 XIV and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	1,817,590.	1,440,372.			
b Contributions	1,564,357.	175,000.			
c Net investment earnings, gains, and losses	12,342.	202,218.			
d Grants or scholarships	50,000.				
e Other expenditures for facilities and programs	3,000.				
f Administrative expenses					
g End of year balance	3,341,289.	1,817,590.			

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

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ 100.00 %
c Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		X
(ii) related organizations	3a(ii)		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment. 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		410,919.	191,553.	219,366.
d Equipment		880,868.	726,222.	154,646.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				374,012.

Part VII Investments - Other Securities. 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)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION	54,283.
(3) DEFERRED RENT	357,011.
(4) CAPITAL LEASE OBLIGATION	20,128.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	431,422.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	12,764,864.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,872,358.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,892,506.
4	Net unrealized gains (losses) on investments	4	-43,210.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	-43,210.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1,849,296.

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

1	Total revenue, gains, and other support per audited financial statements			1	13,567,214.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	-43,210.		
b	Donated services and use of facilities	2b	371,499.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d	544,061.		
e	Add lines **2a** through **2d**			2e	872,350.
3	Subtract line **2e** from line **1**			3	12,694,864.
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 XIV.)	4b	70,000.		
c	Add lines **4a** and **4b**			4c	70,000.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	12,764,864.

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

1	Total expenses and losses per audited financial statements			1	11,669,009.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	371,499.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d	495,152.		
e	Add lines **2a** through **2d**			2e	866,651.
3	Subtract line **2e** from line **1**			3	10,802,358.
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 XIV.)	4b	70,000.		
c	Add lines **4a** and **4b**			4c	70,000.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	10,872,358.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, 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 XIV Supplemental Information *(continued)*

PART XII, LINE 2D, OTHER:

REPRESENTS REVENUE FROM THE LAND TRUST ACCREDITATION COMMISSION, WHICH ARE PART OF THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS.

PART XII, LINE 4B, OTHER:

REPRESENTS $50,000 OF REVENUE FROM THE LAND TRUST ACCREDITATION COMMISSION AND $20,000 OF REVENUE FROM THE LAND TRUST ALLIANCE, INC., WHICH ARE ELIMINATED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS.

PART XIII, LINE 2D, OTHER:

REPRESENTS EXPENSES FROM THE LAND TRUST ACCREDITATION COMMISSION, WHICH ARE INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS

PART XIII, LINE 4B, OTHER:

REPRESENTS $20,000 OF AMOUNTS PAID BY THE LAND TRUST ACCREDITATION COMMISSION AND $50,000 PAID BY THE LAND TRUST ALLIANCE, INC., WHICH ARE ELIMINATED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS.

SCHEDULE D, PART X, OTHER LIABILITIES, LINE 2:

THE ALLIANCE HAS ADOPTED ASC TOPIC 740-10, WHICH PRESCRIBES MEASUREMENT AND DISCLOSURE REQUIREMENTS FOR CURRENT AND DEFERRED INCOME TAX PROVISIONS. THE TOPIC PROVIDES FOR A CONSISTENT APPROACH IN IDENTIFYING AND REPORTING UNCERTAIN TAX PROVISIONS. IT IS MANAGMENT'S BELIEF THAT THE ALLIANCE DOES NOT HOLD ANY UNCERTAIN TAX POSITIONS. THE ALLIANCE'S RETURNS FOR 2011, 2010 AND 2009 ARE SUBJECT TO EXAMINATION BY THE IRS GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open To Public Inspection

Name of the organization: LAND TRUST ALLIANCE, INC.

Employer identification number: 04-2751357

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
THE COMPASS GROUP - 6815 ORINOCO CIR, BLOOMFIELD	CAMPAIGN CONSULTING		X	0.	122,000.	-122,000.
GARFINKLE & ASSOCIATES - 7801 NORFOLK AVE, BETHESDA, MD	CASE WRITING		X	0.	9,450.	-9,450.
Total ▶					131,450.	-131,450.

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

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

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

SEE PART IV FOR CONTINUATIONS

Part II **Fundraising Events.** Complete if the organization answered "Yes" to 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: Charitable 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. Combine line 3, column (d), and line 10 ▶				

Part III **Gaming.** Complete if the organization answered "Yes" to 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	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				

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

a Is the organization licensed to operate 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 operate 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 operated 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.** Complete this part to 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 complete this part to provide any additional information (see instructions).

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

(I) NAME OF FUNDRAISER: THE COMPASS GROUP

(I) ADDRESS OF FUNDRAISER: 6815 ORINOCO CIR, BLOOMFIELD HILLS, MI 48301

(I) NAME OF FUNDRAISER: GARFINKLE & ASSOCIATES

(I) ADDRESS OF FUNDRAISER: 7801 NORFOLK AVE, BETHESDA, MD 20814

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" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2011

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? [X] 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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient 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 non-cash assistance	(h) Purpose of grant or assistance
AGRICULTURAL STEWARDSHIP ASSOCIATION - 14 MAIN STREET, SUITE 100 - GREENWICH, NY 12834	22-3084628	3	35,000.	0.			NYSCPP GRANT
AMERICAN FARMLAND TRUST 112 SPRING STREET SARATOGA SPRINGS, NY 12866	52-1190211	3	30,000.	0.			NYSCPP GRANT
BROOKLYN-QUEENS LAND TRUST 677 LAFAYETTE AVE BROOKLYN, NY 11216	61-1441052	3	15,000.	0.			NYSCPP GRANT
CAZENOVIA PRESERVATION FOUNDATION P.O. BOX 627 CAZENOVIA, NY 13035	16-6101151	3	9,000.	0.			NYSCPP GRANT
COLUMBIA LAND CONSERVANCY P.O. BOX 299 CHATHAM, NY 12037	22-2757332	3	30,500.	0.			NYSCPP GRANT
DELAWARE HIGHLANDS CONSERVANCY P.O. BOX 218 NARROWSBURG, NY 12764	23-2804664	3	45,000.	0.			NYSCPP GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 63.

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

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

Schedule I (Form 990) (2011)

132101 01-27-12

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
DUTCHESS LAND CONSERVANCY P.O. BOX 138 MILLBROOK, NY 12545	14-1667526	3	28,500.	0.			NYSCPP GRANT
FARM CATSKILLS 87 SAL BREN ROAD, SUITE 1 DELHI, NY 13753	20-5309801	3	9,500.	0.			NYSCPP GRANT
FINGER LAKES LAND TRUST 202 E. COURT STREET ITHACA, NY 14850	22-2983688	3	35,000.	0.			NYSCPP GRANT
GENESEE LAND TRUST 500 EAST AVE ROCHESTER, NY 14454	22-3033712	3	49,000.	0.			NYSCPP GRANT
GENESEE VALLEY CONSERVANCY P.O. BOX 73 GENESEO, NY 14454	23-3061147	3	27,500.	0.			NYSCPP GRANT
HUDSON HIGHLANDS LAND TRUST P.O. BOX 226 GARRISON, NY 10524	13-3528266	3	50,000.	0.			NYSCPP GRANT
INDIAN RIVER LAKES CONSERVANCY P.O. BOX 27 REDWOOD, NY 13679	16-1555636	3	25,000.	0.			NYSCPP GRANT
LAKE GEORGE LAND CONSERVANCY 4905 LAKE SHORE DRIVE BOLTON LAND, NY 12814	22-2902944	3	50,000.	0.			NYSCPP GRANT
MIANUS RIVER GORGE PRESERVE 167 MIANUS RIVER ROAD BEDFORD , NY 10506	13-3523329	3	25,000.	0.			NYSCPP GRANT

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 P.O. BOX 567 SLINGERLANDS, NY 12159	14-1754157	3	13,600.	0.			NYSCPP GRANT
MOHONK PRESERVE P.O. BOX 715 NEW PALTZ, NY 10022	14-1609484	3	20,000.	0.			NYSCPP GRANT
NEW YORK AGRICULTURAL LAND TRUST P.O. BOX 121 PREBLE, NY 13141	20-5679522	3	23,200.	0.			NYSCPP GRANT
NEW YORK-NEW JERSEY TRAIL CONFERENCE - 156 RAMAPO VALLEY ROAD - MAHWEH, NJ 07430	22-6042838	3	15,000.	0.			NYSCPP GRANT
NORTH SHORE LAND ALLIANCE 151 POST ROAD OLD WESTBURY, NY 11568	56-2368769	3	24,000.	0.			NYSCPP GRANT
NORTHEAST WILDERNESS TRUST P.O. BOX 405 BRISTOL, VT 05443	01-0729039	3	20,000.	0.			NYSCPP GRANT
ONTARIO BAYS INITIATIVE P.O. BOX 117 CHAUMONT, NY 13622	16-1461521	3	8,250.	0.			NYSCPP GRANT
ORANGE COUNTY LAND TRUST 10 MULBERRY STREET MIDDLETOWN, NY 10940	13-3692034	3	7,000.	0.			NYSCPP GRANT
OTSEGO LAND TRUST, INC P.O. BOX 173 COOPERSTOWN, NY 13326	13-3499394	3	55,000.	0.			NYSCPP GRANT

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	3	43,300.	0.			NYSCPP GRANT
SARATOGA P.L.A.N. 112 SPRING STREET, SUITE 202 SARATOGA, NY 12866	14-1706013	3	44,500.	0.			NYSCPP GRANT
TUG HILL TOMORROW LAND TRUST P.O. BOX 6063 WATERTOWN , NY 13601	22-3115498	3	34,000.	0.			NYSCPP GRANT
WESTCHESTER LAND TRUST 403 HARRIS ROAD BEDFORD HILLS, NY 10507	13-3507910	3	20,000.	0.			NYSCPP GRANT
WESTERN NEW YORK LAND CONSERVANCY P.O. BOX 471 EAST AURORA, NY 14052	22-3160426	3	31,500.	0.			NYSCPP GRANT
WINNAKEE LAND TRUST P.O. BOX 610 RHINEBECK, NY 12572	14-1722963	3	60,000.	0.			NYSCPP GRANT
BRONX LAND TRUST 232 EAST 11TH ST NEW YORK, NY 10003	76-0715837	3	20,000.	0.			NYSCPP GRANT
CAPITAL DISTRICT COMMUNITY GARDENS 40 RIVER STREET TROY, NY 12180	14-1596291	3	55,000.	0.			NYSCPP GRANT
CHAUTAUQUA WATERSHED CONSERVATION 413 NORTH MAIN STREET JAMESTOWN, NY 14701	16-1389010	3	35,000.	0.			NYSCPP GRANT

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
CONNECTICUT FARMLAND TRUST 77 BUCKINGHAM STREET HARTFORD, CT 06106	32-0007171	3	13,903.	0.			CT CHALLENGE FUND
FARMINGTON LAND TRUST 128 GARDEN STREET FARMINGTON, CT 06032	23-7107644	3	7,500.	0.			CT CHALLENAGE FUND
GEORGIA LAND TRUST 226 OLD LAGIDA ROAD PIEDMONT, AL 36272	58-2069352	3	7,500.	0.			EXCELLENCE GRANT
GRASSROODS GARDENS OF BUFFALO P.O. BOX 351 BUFFALO, NY 14201	16-1479159	3	22,000.	0.			NYSCPP GRANT
GREENE LAND TRUST 270 MANSION STREET COXSACKIE, NY 12051	20-2696414	3	8,500.	0.			NYSCPP GRANT
HARDING LAND TRUST P.O. BOX 576 NEW VERNON, NJ 07976	22-3084414	3	10,000.	0.			ACCREDITATION PREPARATIO
HEART OF THE LAKES CENTER FOR LAND CONSERVATION POLICY - 300 NORTH BRIDGE STREET - GRAND LEDGE, MI 48837	03-0548515	3	25,000.	0.			MI ACE PROGRAM
HILL COUNTRY LAND TRUST 307 LUCKENBACH ROAD FREDERICKSBURG, TX 78624	74-2948145	3	6,000.	0.			ACCREDITATION PREPARATIO
HUYCK PRESERVE & BIOLOGICAL RESEARCH STATION - P.O. BOX 189 - RENSSELAERVILLE, NY 12147	14-1338387	3	70,000.	0.			NYSCPP GRANT

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
JOSHUA'S TRUST P.O. BOX 4 MANSFIELD CENTER, CT 06250	06-6087599	3	6,500.	0.			CT CHALLENGE FUND
KINGSTON LAND TRUST P.O. BOX 2701 KINGSTON, NY 12402	26-2938986	3	12,500.	0.			NYSCPP GRANT
LAND TRUST ACCREDITATION COMMISSION - 1660 L STREET, NW, SUITE 1100 - WASHINGTON, DC 20036	22-4622209	3	50,000.	0.			ENDOWMENT EARNINGS
NASSAU LAND TRUST 717 FIFTH AVENUE NEW YORK, NY 10022	11-3604202	3	20,000.	0.			NYSCPP GRANT
NEW JERSEY CONSERVATION FOUNDATION 170 LONGVIEW ROAD FAR HILLS, NJ 07931	22-6065456	3	12,200.	0.			ACCREDITATION PREPARATIO
NORTH SALEM OPEN LAND FOUNDATION P.O. BOX 176 NORTH SALEM, NY 10560	13-2877957	3	10,000.	0.			NYSCPP GRANT
NORTHERN CONNECTICUT LAND TRUST P.O. BOX 324 SOMERS, CT 06071	22-2935986	3	10,000.	0.			CT CHALLENGE FUND
OPEN SPACE INSTITUTE 1350 BROADWAY NEW YORK, NY 10018	52-1053406	3	12,500.	0.			ACCREDITATION PREPARATIO
POUND RIDGE LAND CONSERVANCY P.O. BOX 173 POUND RIDGE, NY 10576	51-0173458	3	12,500.	0.			NYSCPP GRANT

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
PUTNAM COUNTY LAND TRUST P.O. BOX 36 BREWSTER, NY 10509	23-7058465	3	9,000.	0.			NYSCPP GRANT
REDDING LAND TRUST P.O. BOX 715 REDDING, CT 06876	06-6080949	3	5,500.	0.			CT CHALLENGE FUND
SIMSBURY P.O. BOX 634 SIMSBURY , CT 06070	06-0958573	3	6,500.	0.			CT CHALLENGE FUND
TEATOWN LAKE RESERVATION, INC. 1600 SPRING VALLEY ROAD OSSINING, NY 10562	23-7154985	3	30,000.	0.			NYSCPP GRANT
TERRAFIRMA RRG LLC C/O MARSH MANAGEMENT SERVICES - 100 BANK STREET, SUITE 610 - BURLINGTON, VT 05401	45-1437560	3	1,252,500.	0.			CAPITALIZATION
THE CATSKILL CETNER FOR CONSERVATION & DEVELOPMENT - P.O. BOX 504 - ARKVILLE, NY 12406	23-7058142	3	16,500.	0.			NYSCPP GRANT
THE NATURE CONSERVANCY 1048 UNIVERSITY AVENUE ROCHESTER, NY 14607	53-0242652	3	27,500.	0.			NYSCPP GRANT
THOUSAND ISLANDS LAND TRUST 135 JOHN STREET CLAYTON, NY 13624	22-2629183	3	28,500.	0.			NYSCPP GRANT
TRUST FOR PUBLIC LAND 666 BROADWAY, 9TH FLOOR NEW YORK, NY 10012	22-7222333	3	20,000.	0.			NYSCPP GRANT

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
WEATINOGE HERITAGE LT/WEANTINOGE P.O. BOX 242 NEW MILFORD, CT 06776	06-6082034	3	7,750.	0.			CT CHALLENGE FUND
WOODSTOCK LAND CONSERVANCY P.O. BOX 864 WOODSTOCK, NY 12498	22-2950482	3	35,000.	0.			NYSCPP GRANT
WINTONBURY LAND TRUST P.O. BOX 734 BLOOMFIELD, CT 06002	22-2490127	3	8,000.	0.			CT CHALLENGE FUND

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: THE ALLIANCE MONITORS THE USE OF REGRANT FUNDS THROUGH RIGOROUS REVIEW OF PROJECT BUDGETS; INTERIM AND FINAL GRANT REPORTS; ONGOING PROJECT TRACKING; AND SITE VISITS WITH GRANTEES WHERE APPROPRIATE. GRANTEES THAT ARE UNABLE TO COMPLETE PROJECTS OR TO USE FUNDS AS PROPOSED ARE TYPICALLY REQUIRED TO RETURN UNUSED FUNDS TO THE ALLIANCE.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization: LAND TRUST ALLIANCE, INC.

Employer identification number: 04-2751357

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax indemnification and gross-up payments ☒ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (e.g., 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	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
3	Indicate which, if any, of the following the filing 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. Explain in Part III.			
	☐ Compensation committee ☐ Written employment contract			
	☒ Independent compensation consultant ☒ Compensation survey or study			
	☒ Form 990 of other organizations ☒ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in 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	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2011

132111
01-23-12

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 in 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 are not 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		(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 reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 RAND WENTWORTH	(i)	234,038.	0.	258.	46,025.	19,684.	300,005.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 MARY POPE M. HUTSON	(i)	174,070.	0.	1,338.	13,926.	6,735.	196,069.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 LINDSAY KOSNIK	(i)	139,454.	0.	90.	9,625.	1,985.	151,154.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to 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 1A: THE EXECUTIVE VICE PRESIDENT IS PROVIDED THE COST OF A

HEALTH CLUB MEMBERSHIP AS PART OF HER COMPENSATION PACKAGE.

PART I, LINE 4B: RAND WENTWORTH - $16,500

PART I, LINE 4B RAND WENTWORTH - $16,500 EMPLOYER

CONTRIBUTION TO 457(B) PLAN

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2011

Open to Public Inspection

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	9	175,457.	AVG HI/LO ON RECEIPT
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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule M (Form 990) (2011)**

132141
01-23-12

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.

OMB No. 1545-0047
2011
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:

THE ALLIANCE'S POLICY WORK IN 2011 RESULTED IN CULTIVATING NEW SUPPORTERS FOR ENHANCED FEDERAL TAX INCENTIVE FOR CONSERVATION EASEMENT IN A NEW CONGRESS, REBUILDING AND EXCEEDING THE LEVEL OF CONGRESSIONAL SUPPORT WE HAD IN 2010, DESPITE THE LOSS OF MORE THAN 50 COSPONSORS IN THE 2010 ELECTIONS. WE SUCCESSFULLY ORGANIZED LAND TRUST PARTICIPATION IN THE EDUCATION OF THE NEW CONGRESS ABOUT THE IMPORTANCE OF FUNDING FOR KEY FEDERAL CONSERVATION PROGRAMS, RESULTING IN A DRAMATIC INCREASE IN FEDERAL CONSERVATION APPROPRIATIONS FROM THE INITIAL PROPOSALS BY THE NEW HOUSE TO THE FINAL FIGURES FOR FY 2012. WE WORKED CLOSELY WITH THE HOUSE AND SENATE AGRICULTURE COMMITTEES, AND WITH PARTNER ORGANIZATIONS, TO HELP FORGE AN AGREEMENT ON CONSOLIDATION OF THE FARM BILL EASEMENT PROGRAMS THAT LARGELY MAINTAINS THE FUNCTIONS AND FUNDING FOR THE FARM AND RANCH LANDS PROTECTION PROGRAM AND THE GRASSLAND RESERVE PROGRAM DESPITE MAJOR CUTS ELSEWHERE IN THE FARM BILL. WHILE THAT AGREEMENT DID NOT GET ENACTED INTO LAW, IT WILL SERVE AS THE FRAMEWORK FOR THE COMMITTEES' LEGISLATIVE WORK ON A NEW FARM BILL IN

Name of the organization: LAND TRUST ALLIANCE, INC.

Employer identification number: 04-2751357

2012. LASTLY, WE HAVE CLOSELY COORDINATED WORK TO PREVENT IRS AUDITS FROM DISCOURAGING LEGITIMATE CONSERVATION DONATIONS. WE KEEP LAND TRUSTS, LANDOWNERS AND ATTORNEYS ABREAST OF CHANGES IN THE LAW AND IN ITS IMPLEMENTATION, AND ARE ACTIVELY EDUCATING IRS LEADERSHIP AND STAFF ABOUT CONSERVATION DONATIONS.

FORM 990, PART III, LINE 4B:

THE ALLIANCE'S EDUCATION AND CAPACITY-BUILDING PROGRAMS ADVANCE LAND CONSERVATION BROADLY AND HELP LAND TRUSTS IMPROVE THEIR PROGRAMS AND PREPARE FOR ACCREDITATION. A COMPREHENSIVE CURRICULUM WAS CREATED BASED ON LAND TRUST STANDARDS AND PRACTICES WITH BOOKS AVAILABLE FOR PURCHASE OR DOWNLOAD AND WE CONTINUED TO EXPAND THE ONLINE LEARNING CENTER WHERE MEMBERS CAN ACCESS ONLINE COURSES, SEARCH A DIGITAL LIBRARY AND JOIN DISCUSSION FORUMS THAT PROVIDE TECHNICAL ASSISTANCE. IN ADDITION, 56 LAND TRUSTS UNDERWENT GUIDED ORGANIZATION ASSESSMENTS. WE PRESENTED 200 TRAINING WORKSHOPS THROUGH OUR REGIONAL PROGRAMS AND NATIONAL CONFERENCE, PLUS 19 WEBINARS THAT ALL TOGETHER REACHED A TOTAL OF MORE THAN 3,000 PEOPLE; WE ALSO AWARDED $521,850 IN GRANTS AND SCHOLARSHIPS, PLUS $1.1 MILLION THROUGH NEW YORK STATE CONSERVATION PARTNERSHIP PROGRAM, TO LAND TRUSTS.

FORM 990, PART III, LINE 4C:

THE CONSERVATION DEFENSE PROGRAM PROVIDES NETWORKING, EDUCATION AND LEGAL INFORMATION TO OVER 450 CONSERVATION ATTORNEYS AND SENIOR PRACTITIONERS ON CONSERVATION DEFENSE. THE ALLIANCE COLLABORATES WITH EXISTING NETWORKS, SERVICES AND EXPERTS IN EACH STATE FOR THIS NATIONAL

Name of the organization: LAND TRUST ALLIANCE, INC.

Employer identification number: 04-2751357

INFORMATION-SHARING SYSTEM. THE PROGRAM GIVES LAND TRUSTS READY ACCESS TO THE TOOLS AND RESOURCES NECESSARY FOR CONSERVATION DEFENSE ACROSS THE COUNTRY THROUGH THE NETWORK, THE CLEARINGHOUSE, THE ATTORNEY LOCATOR, CONTINUING LEGAL EDUCATION AND PHONE-SUPPORT PROBLEM SOLVING. AS PART OF THE MULTI-LAYERED APPROACH TO CONSERVATION DEFENSE, THE ALLIANCE CREATED A PRIVATE INSURANCE PROGRAM CONTROLLED BY AND IN BUSINESS TO SERVE ITS LAND TRUST MEMBERS; WE ARE PROMOTING IT TO THE LAND CONSERVATION COMMUNITY AS A SAFETY NET FOR LAND TRUST DEFENSE RESERVES. ADEQUATELY ADDRESSING MULTIPLE EXPENSIVE CONSERVATION EASEMENT CHALLENGES, THIRD PARTY TRESPASS OR CHALLENGES TO LAND OWNED BY THE LAND TRUST IS DIFFICULT. EVERYONE HAS SOME RISK. SO FAR, LAND TRUSTS HAVE COMMITTED OVER 150% OF THE NECESSARY UNITS PROPERTIES FOR THIS PROGRAM TO BE FEASIBLE. THE ALLIANCE IS NOW RAISING THE CAPITAL TO SATISFY THE REGULATIONS. THE ALLIANCE APPLIED TO VARIOUS REGULATORS TO START THE PROGRAM AND HAS POSITIVE INDICATIONS THAT IT WILL OBTAIN ALL NECESSARY LICENSES AND DETERMINATIONS. THE ALLIANCE HAS IDENTIFIED ALL NECESSARY OUTSIDE PROFESSIONALS TO SERVICE THE NEW ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 4: THE LAND TRUST ALLIANCE REVIEWED AND UPDATED ITS BY-LAWS TO ENSURE THAT THEY MET BOTH CURRENT LEGAL STANDARDS AND BEST PRACTICES FOR NONPROFIT GOVERNANCE.

FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS REVIEWED BY THE CHIEF OPERATING & FINANCIAL OFFICER FOR ACCURACY OF FINANCIAL INFORMATION AND DISCLOSURE BEFORE DISTRIBUTION TO THE LAND TRUST ALLIANCE BOARD FOR REVIEW. COMMENTS FROM THE BOARD ARE SUBMITTED TO THE AUDIT COMMITTEE WHICH MEETS WITH A REPRESENTATIVE OF THE TAX PREPARER TO REVIEW THE RETURN. UPON

Name of the organization: LAND TRUST ALLIANCE, INC.

Employer identification number: 04-2751357

COMPLETION OF THE BOARD REVIEW, THE FINAL 990 IS REVIEWED AND SIGNED BY THE PRESIDENT.

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 OR GOVERNANCE 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 ALLIANCE 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: THE ALLIANCE MAINTAINS SALARY GUIDELINES BASED ON COMPARABLE COMPENSATION INFORMATION FROM SIMILAR ORGANIZATIONS. COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES IS DETERMINED BY THE PRESIDENT AFTER COMPLETION OF ANNUAL PERFORMANCE APPRAISALS AND AND APPLICATION OF THESE COMPENSATION GUIDELINES.

FORM 990, PART VI, SECTION C, LINE 19: THE COMBINED FINANCIAL STATEMENTS OF THE LAND TRUST ALLIANCE AND THE LAND TRUST ACCREDITATION COMMISSION ARE

Name of the organization: LAND TRUST ALLIANCE, INC.

Employer identification number: 04-2751357

AVAILABLE ON THE ALLIANCE WEBSITE AT WWW.LANDTRUSTALLIANCE.ORG. COPIES OF ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. ALTHOUGH THE ORGANIZATION DOES NOT RECEIVE SEPARATE INDEPENDENT AUDITED FINANCIAL STATEMENTS, IT DOES RECEIVE ON AN ANNUAL BASIS FROM INDEPENDENT AUDITORS, COMBINED ENTITY GAAP FINANCIAL STATEMENTS FOR IT AND ITS SUPPORTING ORGANIZATION, THE LAND TRUST ACCREDITATION COMMISSION.

FORM 990, PART VI, SECTION C, LINE 17, LIST OF STATES RECEIVING A COPY OF FROM 990:

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 XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS: -43,209.

SCHEDULE R (Form 990)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047
2011
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" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN 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 1660 L STREET, NW, SUITE 1100 WASHINGTON, DC 20036	RISK MANAGEMENT	VERMONT	0.	0.	LAND TRUST ALLIANCE

Part II **Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to 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, 1660 L STREET, NW, SUITE 1100, WASHINGTON, DC 20036	ACCREDITATION	DISTRICT OF COLUMBIA	501(C)(3)	LINE 11A, I			X

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

Schedule R (Form 990) 2011

132161
01-23-12 LHA

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V **Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, 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	Sale of assets to related organization(s)	1f		X
g	Purchase of assets from related organization(s)	1g		X
h	Exchange of assets with related organization(s)	1h		X
i	Lease of facilities, equipment, or other assets to related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets from related organization(s)	1j		X
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k	X	
l	Performance of services or membership or fundraising solicitations by related organization(s)	1l		X
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	X	
n	Sharing of paid employees with related organization(s)	1n		X
o	Reimbursement paid to related organization(s) for expenses	1o		X
p	Reimbursement paid by related organization(s) for expenses	1p	X	
q	Other transfer of cash or property to related organization(s)	1q		X
r	Other transfer of cash or property from related organization(s)	1r		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 other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)	LAND TRUST ACCREDITATION COMMISSION	P	88,457.	FMV PAID
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) NO	(k) Percentage ownership

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

2011 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES														
1	OFFICE EQUIPMENT	VARIOUS	SL	5.00		16	881,258.				881,258.	743,278.		137,980.	881,258.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						881,258.				881,258.	743,278.		137,980.	881,258.
	MACHINERY & EQUIPMENT														
2	LEASEHOLD IMPROVMT	VARIOUS	SL	10.00		16	410,919.				410,919.	150,418.		41,092.	191,510.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						410,919.				410,919.	150,418.		41,092.	191,510.
	* GRAND TOTAL 990 PAGE 10 DEPR						1,292,177.				1,292,177.	893,696.		179,072.	1,072,768.

128111
05-01-11

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form **990-T**

Department of the Treasury
Internal Revenue Service

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

For calendar year 2011 or other tax year beginning , and ending

OMB No. 1545-0687

2011

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

A [ ] Check box if address changed

B Exempt under section
[X] 501(c)(3)
[ ] 408(e) [ ] 220(e)
[ ] 408A [ ] 530(a)
[ ] 529(a)

C Book value of all assets at end of year 0.

Print or Type

Name of organization ([ ] Check box if name changed and see instructions.)
LAND TRUST ALLIANCE, INC.

Number, street, and room or suite no. If a P.O. box, see instructions.
1660 L STREET, NW, NO. 1100

City or town, state, and ZIP code
WASHINGTON, DC 20036

D Employer identification number (Employees' trust, see instructions.)
04-2751357

E Unrelated business activity codes (See instructions.)
541800

F Group exemption number (See instructions.) ▶

G Check organization type ▶ [X] 501(c) corporation [ ] 501(c) trust [ ] 401(a) trust [ ] Other trust

H Describe the organization's primary unrelated business activity. ▶ ADVERTISING INCOME

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ [ ] Yes [X] No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ MARILYN M. AYRES Telephone number ▶ (202)638-4725

Part I Unrelated Trade or Business Income

			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance ▶	1c			
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from partnerships and S corporations (attach statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11	2,173.		
12	Other income (See instructions; attach schedule.)	12			
13	**Total.** Combine lines 3 through 12	13	2,173.		2,173.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages			15	
16	Repairs and maintenance			16	
17	Bad debts			17	
18	Interest (attach schedule)			18	
19	Taxes and licenses			19	
20	Charitable contributions (See instructions for limitation rules.)			20	
21	Depreciation (attach Form 4562)	21			
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b	
23	Depletion			23	
24	Contributions to deferred compensation plans			24	
25	Employee benefit programs			25	
26	Excess exempt expenses (Schedule I)			26	
27	Excess readership costs (Schedule J)			27	
28	Other deductions (attach schedule)			28	
29	**Total deductions.** Add lines 14 through 28			29	2,173.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			30	0.
31	Net operating loss deduction (limited to the amount on line 30)			31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			32	0.
33	Specific deduction (Generally $1,000, but see instructions for exceptions.)			33	1,000.
34	**Unrelated business taxable income.** Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			34	0.

Part III Tax Computation

35	**Organizations Taxable as Corporations.** See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here ▶ ☐ See Instructions and:		
a	Enter your share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order): (1) $ (2) $ (3) $		
b	Enter organization's share of: (1) Additional 5% tax (not more than $11,750) $ (2) Additional 3% tax (not more than $100,000) $		
c	Income tax on the amount on line 34 ▶	35c	0.
36	**Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶	36	
37	**Proxy tax.** See instructions ▶	37	
38	Alternative minimum tax	38	
39	**Total.** Add lines 37 and 38 to line 35c or 36, whichever applies	39	0.

Part IV Tax and Payments

40a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a			
b	Other credits (see instructions)	40b			
c	General business credit. Attach Form 3800	40c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	40d			
e	**Total credits.** Add lines 40a through 40d			40e	
41	Subtract line 40e from line 39			41	0.
42	Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)			42	
43	**Total tax.** Add lines 41 and 42			43	0.
44a	Payments: A 2010 overpayment credited to 2011	44a			
b	2011 estimated tax payments	44b			
c	Tax deposited with Form 8868	44c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	44d			
e	Backup withholding (see instructions)	44e			
f	Credit for small employer health insurance premiums (Attach Form 8941)	44f			
g	Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total ▶	44g			
45	**Total payments.** Add lines 44a through 44g			45	
46	Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐			46	
47	**Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed ▶			47	0.
48	**Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ▶			48	0.
49	Enter the amount of line 48 you want: **Credited to 2012 estimated tax** ▶ **Refunded** ▶			49	

Part V Statements Regarding Certain Activities and Other Information (see instructions)

		Yes	No
1	At any time during the 2011 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $		

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ N/A

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

Sign Here

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

▶ Signature of officer 10/10/12 Date ▶ CHIEF OPERATING & FINANCIAL OFFICER Title

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JEFFREY E. SABOT				P00159255

Firm's name ▶ CBIZ MHM, LLC — Firm's EIN ▶ 34-1862269

Firm's address ▶ 3 BETHESDA METRO CENTER, SUITE 600 BETHESDA, MD 20814 — Phone no. 301-951-3636

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2011, or fiscal year beginning _____, 2011, and ending _____, 20___

▶ Do not send to the IRS. Keep for your records.

▶ See instructions.

OMB No. 1545-1878

2011

Name of exempt organization: LAND TRUST ALLIANCE, INC.

Employer identification number: 04-2751357

Name and title of officer: MARILYN AYRES, CHIEF OPERATING & FINANCIAL OFFICER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a,** or **5a,** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ [x]	b **Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	12764864
2a Form 990-EZ check here ▶ [ ]	b **Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ [ ]	b **Total tax** (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ [ ]	b **Tax based on investment income** (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ [ ]	b **Balance Due** (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[x] I authorize CBIZ MHM, LLC (ERO firm name) to enter my PIN 01241 (Enter five numbers, but do not enter all zeros)

as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Marilyn M Ayres Date ▶ 5/10/12

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 52769475545 (do not enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ CPA Date ▶ 5/9/12

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

LHA **For Paperwork Reduction Act Notice, see Instructions.**

Form **8879-EO** (2011)

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