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DLN: 93493131033000

Department of the Treasury

# 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)

OMB No 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009 A For the 2009 D Employer identification number B Check if applicable LAND TRUST ALLIANCE INC use IRS Address change 04-2751357 label or Doing Business As E Telephone number print or Name change type. See Specific (202) 638-4725 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite Instruc-**G** Gross receipts \$ 12,017,190 1660 L STREET NW Terminated tions. City or town, state or country, and ZIP + 4 WASHINGTON, DC 20036 Amended return Application pending Name and address of principal officer Is this a group return for RAND WENTWORTH affiliates? 1660 L STREET NW SUITE 1100 WASHINGTON, DC 20036 Γ Yes Γ No H(b) Are all affiliates included? If "No," attach a list (see instructions) **✓** 501(c) ( 3 ) **◄** (insert no ) Tax-exempt status Group exemption number 🕨 Website: ► WWW LTA ORG K Form of organization 🔽 Corporation Trust 🗆 Association 🗀 Other 🕨 M State of legal domicile MA L Year of formation 1982 Part I Summary Briefly describe the organization's mission or most significant activities TO SAVE THE PLACES PEOPLE LOVE BY STRENGTHENING LAND CONSERVATION ACROSS AMERICA Activities & Governance Check this box 🔰 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a)  $\cdot$  . Number of independent voting members of the governing body (Part VI, line 1b)  $\,$  .  $\,$  . 55 Total number of employees (Part V. line 2a) . . . 400 Total number of volunteers (estimate if necessary) . 1,200 Total gross unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34  $\,$  . **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 8,056,321 8,440,087 Program service revenue (Part VIII, line 2g) . 1,010,740 1,005,692 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 204,292 140,914 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 9,271,353 9,586,693 1,680,693 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 1.001.026 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 15 4.112.109 4.168.466 **Expenses** 16a Professional fundraising fees (Part IX, column (A), line 11e) . 60,234 Ь Total fundraising expenses (Part IX, column (D), line 25)  $\blacktriangleright \frac{1,434,158}{}$ **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 4,143,411 3,463,801 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 9,256,546 9,373,194 213,499 19 Revenue less expenses Subtract line 18 from line 12 . 14.807 t Assets or | nd Balances | **Beginning of Current End of Year** Year 20 Total assets (Part X, line 16) . 8,402,242 9,349,219 Total liabilities (Part X, line 26) . . 934,914 1,370,447 22 7,467,328 7,978,772 Net assets or fund balances Subtract line 21 from line 20 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 \*\*\*\*\* 2010-05-04 Here Signature of officer RAND WENTWORTH PRESIDENT Type or print name and title Preparer's identifying number Date Check if Preparer's signature JEFFREY E SABOT CPA Paid empolyed 🕨 🛘 Preparer's CBIZ MHM LLC Firm's name (or yours EIN ▶ if self-employed), **Use Only** address, and ZIP + 43 BETHESDA METRO CENTER SUITE 600 Phone no 🕨 (301) 951-3636 BETHESDA, MD 20814

May the IRS discuss this return with the preparer shown above? (see instructions)  $\ \ .$ 

### Part III Statement of Program Service Accomplishments

1	Briefly	describe	the	organization's	missio

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

4e	Total program service e	expenses <b>►</b> \$	7,454,61	.4		
	(Expenses \$	ınclı	udıng grants o	f \$	) (Revenue \$	)
4d	Other program services	s (Describe in Sch	edule O )			
	defense The Alliance draws trusts ready access to the to continuing legal education al controlled by and in service easement challenges, third p	on existing networks, sols and resources neces nd problem solving As to the land trust commu- party trespass or challer	services and expenservices and expenservices and expenservices are to find the multi- unity as a safety ages to land owners.	rts in each state to coordina ation defense across the cou layered approach to consen net for land trust defense re ed by the land trust is difficu	450 conservation attorneys and senio the this national information-sharing synthy through the Network, the Clearin vation defense, the Alliance is exploring serves Adequately addressing multipulit Everyone has some risk. So far, land possibility of this program to help a	ystem The Center gives land ighouse, the attorney locator, ig a private insurance program le expensive conservation ind trusts have committed 83%
4c	(Code	) (Expenses \$	280,919	including grants of \$	) (Revenue \$	)
4b	accreditation A comprehens land trusts underwent guider more than 2,400 people, 16	ive curriculum was crea d organization assessme webinars were offered,	ted based on Lan ents, 277 training , and we continue	d Trust Standards and Pract workshops were presented ed to expand The Learning (	1,675,193) (Revenue \$ help land trusts improve their progratices with 1,928 copies sold or downloom through our regional programs and incenter where members can access a sawarded \$1,680,693 in grants and school of the same series and school of the same series are same series.	aded in 2009 In addition, 65 ational conference reaching suite of print and online
41.	(Codo	\ (Fynansas d	F (00 2(0	unalisating amounts of d	1.675.103.) (Davanua d	1.005.602.)
	conservation in the Congress for conservation easements proposals introduced for give increase conservation by 300 Administration that has alrea	s and with the Administi permanent, including a ng special treatment to 0,000 acres a year or m idy resulted in a major itimate conservation do	ration This is bes majority of both land and land co lore We also too increase in fundir nations We keep	t seen in our having recruite Democratic and Republican nservation in the estate tax k a leadership role in organi ig for land conservation produces and land trusts, landowners and	an unprecedented level of awarenessed 264 cosponsors for legislation to more members of the House We successful These efforts have set the stage for zing support for a major new land corgrams Lastly, we have closely coording attorneys abreast of changes in the	ake an enhanced tax incentive ully got four legislative success in 2010 that could nservation initiative by the nev nated work to prevent IRS
4a	(Code	) (Expenses \$	1,474,427	including grants of \$	5,500 ) (Revenue \$	)
4		01(c)(4) organizati	ons and secti	on 4947(a)(1) trusts a	largest program services by ex re required to report the amous service reported	
	If "Yes," describe these	changes on Schedu	ıle O			
3	Did the organization cea services?		nake sıgnıfıcar • • • •	nt changes in how it co		Yes 🔽 No
	If "Yes," describe these	new services on Sc	hedule O			
	the prior Form 990 or 99			ervices during the year		Yes ▼ No

art IV	Check	list 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ 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.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		Νο
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			_
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part I	14b		No
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 U S ? If "Yes," complete Schedule F, Part II	15		No
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 U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17	Yes	
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		No
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		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
Ь	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		Νο
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		No
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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
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	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
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		No
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		No
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	Yes	
		F	orm <b>99</b> 0	(2009)

Form 990 (	n 990 (2009)  art V Statements Regarding Other IRS Filings and Tax Compliance			Page <b>5</b>
Part V	Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No

1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable				
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	9			
	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
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	5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	_	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this		3a	Yes	
ь	return?	-	3b	Yes	
	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		No
b	If "Yes," enter the name of the foreign country   See the instructions for exceptions and 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? $\cdot$ .		5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		N o
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		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		N o
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).				
	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	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	-	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> 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.				
	Did the organization make any taxable distributions under section 4966?	L	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	L	9b		
10	Section 501(c)(7) organizations. Enter				
	Initiation fees and capital contributions included on Part VIII, line 12 10a	$\dashv$			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	+			
11	Section 501(c)(12) organizations. Enter				
	Gross income from members or shareholders	$\dashv$			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	Ŀ	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				_

1660 L STREET NW SUITE 1100 WASHINGTON, DC 20036

(202) 638-4725

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 19			
b	Enter the number of voting members that are independent 19			
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		Νο
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		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		Νο
	ection B. Policies (This Section B requests information about policies not required by the Internal			
ке	evenue Code.)		Yes	No
102	Does the organization have local chapters, branches, or affiliates?	10a	163	No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		110
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	105		
		11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, 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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	461		
6-		16b		
<u>5e</u> 17	ection C. Disclosure  List the States with which a copy of this Form 990 is required to be filed►AL,AK,AZ,AR,CA,CO,CT,DC,F	:I GA	TI K	c kv
17	ME, MD, MA, MI, MN, MS, NH, NJ, OK, OR, PA, RI, SC, TN, UT, VA, W	NM,N	Y,NC,	
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website.			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the MARILYN MAYRES -	ne orga	ınızatıor	n <b>►</b>

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

#### 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. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- ◆ List all of the organization's current key employees 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, or 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 the organization did no	•	ite any	curre	nt o	r forr	ner of	fficei	r, dırector, trustee c	or key employee	
(A) Name and Title	(B) Average hours		(( tion ( that a	che		I		(D)  Reportable compensation from the	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Key employee Officei Institutional Trustee Individual trustee or director		Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations		
MARK C ACKELSON DIRECTOR - DES MOINES, IA	2 0	х						0	0	0
MARIA ELENA CAMPISTEGUY DIRECTOR - WASHINGTON, DC	2 0	Х						0	0	0
LAUREN B DACHS DIRECTOR - SAN FRANCISCO, CA	2 0	Х						0	0	0
MICHAEL DENNIS DIRECTOR - ROUND HILL, VA	2 0	Х						0	0	0
WM OGDEN DRISKILL DIRECTOR - DEVILS TOWER, WY	2 0	Х						0	0	0
DAVID HARTWELL DIRECTOR - MINNEAPOLIS, MN	2 0	Х						0	0	0
SHERRY F HUBER DIRECTOR - FALMOUTH, ME	2 0	х						0	0	0
LAWRENCE R KUETER DIRECTOR - DENVER, C0	2 0	х						0	0	0
GLENN LAMB DIRECTOR - VANCOUVER, WA	2 0	Х						0	0	0
GRETCHEN LONG DIRECTOR - WILSON, WY	2 0	х						0	0	0
CHRISTOPHER SAWYER DIRECTOR - ATLANTA, GA	2 0	х						0	0	0
MARYANNE TAGNEY JONES DIRECTOR - PRESTON, WA	2 0	Х						0	0	0
SUSAN TRAYLOR LYKES DIRECTOR - WILSON, WY	2 0	Х						0	0	0
TERESA VILLEGAS DIRECTOR - LOS ANGELES, CA	2 0	х						0	0	0
PETER WELLES DIRECTOR - LONG LAKE, MN	2 0	х						0	0	0
PETER O HAUSMANN CHAIRMAN - NEWTON SQUARE, PA	2 0	х						0	0	0
DAVID ANDERSON VICE-CHAIR - KETCHUM, ID	2 0	х						0	0	0

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

Name and Title	(B) Average hours		tion ( that a			II		<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
EDWARD H LADD TREASURER - DOVER, MA	2 0	х						0	0	0
JEAN NELSON SECRETARY-NASHVILLE, TN	2 0	х						0	0	0
RAND WENTWORTH PRESIDENT	45 0			х				239,910	0	52,939
MARILYN M AYRES CHIEF FINANCIAL OFFICER	45 0			х				107,929	0	15,178
MARY POPE M HUTSON EXECUTIVE VICE PRESIDENT	45 0				х			188,820	0	22,158
RENEE KIVIKKO DIRECTOR OF EDUCATION	45 0					х		101,545	0	14,498
LINDSAY KOSNIK VICE PRESIDENT OF DEVELOPMENT	45 0					х		139,610	0	8,592
DENISE SCHLENER NATIONAL DIRECTOR	45 0					х		127,847	0	14,349
RUSSELL SHAY DIRECTOR OF PUBLIC POLICY	45 0					х		108,768	0	14,801
1b Total	<del></del>		<u> </u>		<u> </u>		<u> </u> ▶	1,014,429	o	142,515

\$100,000 in reportable compensation from the organization >7

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		Νo
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	Yes	
5	Did any name a listed on line 1 a manual annual annual frame any consisted annual for a number of	•		
3	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule I for such person	5		Νο

#### **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation
PALMETTO GROUP 1250 EYE ST NW SUITE 1250 WASHINGTON, DC 20005	CONSULTING/LOBBYING	150,000
COMMUNITY IT INNOVATORS 1330 U ST NW SUITE 200 WASHINGTON, DC 20009	IT MANAGEMENT	128,719
O2 COLLABORATIVE INC	GRAPHIC DESIGN	114,205

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

Form 99								Page <b>9</b>
Part V	<u>/+++</u>	Statement o	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
#\$ ##	1a	Federated cam	paigns 1a	15,476				
gra	Ь	Membership du	es <b>1b</b>					
Tg. He	c   .	Fundraising eve						
<u>5</u> =	d     e	Government grants	zations 1d s (contributions) 1e	1,738,950				
ions r sir	f	All other contribution	ons, gifts, grants, and 1f	6,685,661				
Contributions, gifts, grants and other similar amounts	g	similar amounts no Noncash contri Iines 1a-1f \$	butions included in					
S E	h	Total. Add lines	s 1a-1f	▶	8,440,087			
<u> </u>				Business Code				
Program Service Revenue	2a	CONFERENCE & W	ORKSHOPS	900,004	910,666	910,666		
æ	b	PUBLICATIONS		900,004	57,883	57,883		
¥.	c d	OTHER PROGRAM	REVENUE	900,004	37,143	35,943	1,200	
35	e e							
<u> </u>	f	All other progra	am service revenue					
<u>~</u>					1 005 500			
	д 3		s 2a-2f ome (including dividence		1,005,692			
			aramounts)	· · · · · · · · · · · · · · · · · · ·	138,939			138,939
	4	Income from inves	stment of tax-exempt bond p	proceeds .	0			
	5	Royalties	() Deat	(v) P · · · · · · ·	0			
	6a	Gross Rents	(ı) Real	(II) Personal				
	ь	Less rental						
	c	expenses Rental income						
	d	or (loss) Net rental inco	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	2,432,472					
	ь	Less cost or other basis and sales expenses	2,430,497					
	c	Gain or (loss)	1,975		1.075			1.075
	d 8a	Net gain or (los Gross income f	rom fundraising		1,975			1,975
Other Revenue		events (not inc \$ of contributions See Part IV, lin	luding s reported on line 1c) ne 18 a					
돌	b   с		penses <b>b</b> [ (loss) from fundraising e	events ►	0			
-	9a	Gross income f	rom gaming activities ne 19	-				
	b c		penses b  (loss) from gaming activ	utios	0			
	<u> </u>	Gross sales of returns and allo	ınventory, less	Atties				
	ь		a   oods sold b	entory	0			
	С	Miscellaneous	(loss) from sales of inve s Revenue	Business Code				
	11a							
	ь							
	С							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d		0			
	12	Total revenue.	See Instructions	▶				
					9,586,693	1,004,492	1,200	140,914

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	Section 501(c)(3) and 501(c)(4) organizations mu			(D)	
	Il other organizations must complete column (A) but are not required to		(B), (C), and	(D).	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV , line 21 $$	1,680,693	1,680,693		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	626,934	258,743	211,236	156,955
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	2,822,330	2,143,963	89,261	589,106
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	213,355	161,768	10,548	41,039
9	Other employee benefits	272,458	197,683	17,074	57,701
10	Payroll taxes	233,389	163,816	19,465	50,108
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	9,871	9,467	85	319
c	Accounting	25,750		25,750	
d	Lobbying	261,229	261,229		
e	Professional fundraising See Part IV, line 17	60,234			60,234
f	Investment management fees	0			
g	Other	719,885	683,417	1,065	35,403
12	Advertising and promotion	0			
13	Office expenses	309,833	207,475	14,745	87,613
14	Information technology	318,314	264,379	10,133	43,802
15	Royalties	4,532	4,532		
16	Occupancy	439,980	348,938	18,986	72,056
17	Travel	332,085	257,451	2,140	72,494
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	428,811	382,626	12,622	33,563
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	120,656	90,833	6,260	23,563
23	Insurance	17,176	2,483	14,693	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	SUPPLIES	43,179	28,675	3,478	11,026
b	STAFF TRAINING AND RECRUITMENT	21,066	14,390	1,895	4,781
c	GRAPHIC DESIGN AND PRINTING	342,268	264,720	3,513	74,035
d	DUES/SUBSCRIPTIONS/LIBRARY	44,092	24,928	7,826	11,338
е	BOARD MEETING EXPENSES	13,554		13,554	
f	All other expenses	11,520	2,405	93	9,022
25	Total functional expenses. Add lines 1 through 24f	9,373,194	7,454,614	484,422	1,434,158
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet					<u>-</u>
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing			113	1	200
	2	Savings and temporary cash investments			5,042,352	2	4,957,398
	3	Pledges and grants receivable, net			1,795,480	3	2,316,928
	4	Accounts receivable, net			29,714	4	16,588
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II o		4958(f)(1)) and			
		Schedule L				6	
Assets	7	Notes and loans receivable, net				7	
SS	8	Inventories for sale or use			51,637	8	55,230
٧	9	Prepaid expenses and deferred charges			135,514	9	136,411
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	1,251,598			
	ь	Less accumulated depreciation	10b	792,163	554,091	10c	459,435
	11	Investments—publicly traded securities			784,922	11	1,398,610
	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	8,419
	16	Total assets. Add lines 1 through 15 (must equal line 34)			8,402,242	16	9,349,219
	17	Accounts payable and accrued expenses .			523,416	17	967,945
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
es es	21	Escrow or custodial account liability Complete Part IV of Schedule	eD.	•		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ei i		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 Complete Part X of Schedule D			411,498	25	402,502
	26	Total liabilities. Add lines 17 through 25			934,914	26	1,370,447
or Fund Balances		Organizations that follow SFAS 117, check here ► 🔽 and comp through 29, and lines 33 and 34.	lete li	nes 27			
anc	27	Unrestricted net assets			3,046,628	27	2,682,909
- E	28	Temporarily restricted net assets			3,118,484	28	3,943,647
<u> </u>	29	Permanently restricted net assets			1,302,216	29	1,352,216
ᆵ		Organizations that do not follow SFAS 117, check here ► an	d com	plete			
Ž		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32	
Net	33	Total net assets or fund balances			7,467,328	33	7,978,772
_	34	Total liabilities and net assets/fund balances			8,402,242	34	9,349,219

## Part XI Financial Statements and Reporting

			Yes	No
L	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	Yes	
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 consolidated basis, separate basis, or both			
	☐ 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		No
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		

Form **990** (2009)

### OMB No 1545-0047

# **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization LAND TRUST ALLIANCE INC

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

**Public Charity Status and Public Support** 

Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection **Employer identification number** 

									04-275135			
	rt I			blic Charity Stat						structions		
he	organız	zation is	not a privat	e foundation because	ıtıs (Forlu	nes 1 throu	gh 11, check	only one bo	ox)			
1	Γ	A churc	h, conventi	on of churches, or as:	sociation of o	churches <b>s</b>	ection 170(b	)(1)(A)(i).				
2	Γ	A schoo	ol described	ın <b>section 170(b)(1)</b>	(A)(ii). (Att	ach Schedu	ıle E)					
3	Γ	A hospi	tal or a coo	perative hospital serv	ice organiza	ition descri	bed in <b>sectio</b>	n 170(b)(1)	(A)(iii).			
4	Γ			organization operate ty, and state	d in conjunc	tion with a	hospital desc	cribed in <b>sec</b>	tion 170(b)(1	)( <b>A)(iii).</b> Ent	erthe	
5	Γ	=	-	erated for the benefit  A)(iv). (Complete Pa	_	or universit	y owned or o	perated by a	a governmenta	l unit describ	— ed ın	
6	Г			local government or	-	al unit desc	ribed in <b>secti</b> o	on 170(b)(1	.)(A)(v).			
7	ন	An orga describe	nızatıon tha ed ın	t normally receives a	substantial					m the genera	l public	:
8	_			<b>A)(vi)</b> (Complete Pa described in <b>section</b>		\(\(\dots\) \(\lambda\)	D II	`				
9 10 11 e f g		receipts its supp acquired An orga An orga one or n the box a By chec other th section If the or check til Since A following (i) a pei and (iii) (ii) a fai	from activity ort from group of the organization organiza	it normally receives ities related to its exities related to its exities related to its exities related to its exities and set of an incompanization after June 3 anized and operated anized and operated organizations the type of supported organizations. I certify that the open managers and other received a written defined on the confidence of the certify or indirectly confidence of a person described entity of a person described on the confidence of a person described entity o	empt function the and unrelated un (i) about	ns—subject ated busines be section 5 to test for p for the bene bed in section and c Type III as not control from the IRS bed any gift r alone or to ed organization	to certain exists taxable incomplete lines - Functionall collect supported that it is a for contribution of the contribution o	xceptions, a come (less somplete Par See <b>section</b> orm the function section ! s 11e throughly integrated or indirectled organizat Type I, Type on from any	nd (2) no more section 511 to till )  509(a)(4).  Stions of, or to 509(a)(2) See gh 11h d d d y by one or motions described e II or Type II of the	carry out the section 509  Type II ore disqualified in section 5	purpos (a)(3). I - Oth d perso (09(a)(	ses of Check ner ons 1) or
h				ig information about t							<u>'-1</u>	
	(i) Name suppor	of rted	(ii) EIN	(iii)  Type of  organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	ion in ted in rning	(v) Did you no organiza col (i) o suppo	otify the tion in of your	(vi) Is th organiza col (1) org in the U	ie tion in janized	A m	vii) ount of oport?
				instructions))	Yes	No	Yes	No	Yes	No		
-a+-												

# Part II Support Schedule for Organizations Described in IRC 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.)

	ection A. Public Support	ou checked the	box on line 5, A	, or 8 or Part I	.)			
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 20	009	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	7,987,683	3 8,142,105	7,560,917	8,056,321	8	,440,087	40,187,113
2	grants ") Tax revenues levied for the organization's benefit and either							
3	paid to or expended on its behalf The value of services or facilities							
	furnished by a governmental unit to the organization without charge							
4 5	<b>Total.</b> Add lines 1 through 3 The portion of total contributions by each person (other than a	7,987,683	3 8,142,105	7,560,917	8,056,321	8	,440,087	40,187,113
	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							2,546,087
6	Public Support. Subtract line 5 from line 4							37,641,026
S	ection B. Total Support							
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 20	009	<b>(f)</b> Total
7	A mounts from line 4	7,987,683	176,207	7,560,917	8,056,321	8,	,440,087	40,187,113
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	71,141	176,207	272,083	204,292		138,939	862,662
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
LO	Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets							
L1	Total support (Add lines 7 through 10)							41,049,775
12	Gross receipts from related activities					12		
13	check this box and stop here			third, fourth, or f	ifth tax year as a !	501(c)(3	3) organiz	eation, ►
<u> </u>	ection C. Computation of Pub Public Support Percentage for 2009			11 column (f))		14		91 696 %
15	Public Support Percentage for 2008	•				15		92 770 %
	<b>33 1/3% support test—2009.</b> If the	organization did	not check the box		ine 14 is 33 1/3%		, check t	his box
	and stop here. The organization qua 33 1/3% support test—2008. If the box and stop here. The organization 10%-facts-and-circumstances test- is 10% or more, and if the organiza- in Part IV how the organization mee	organization did n qualifies as a p — <b>2009.</b> If the org tion meets the "f	not check the box ublicly supported anization did not c acts and circumst	on line 13 or 16 organization Theck a box on lin ances" test, chec	e 13, 16a, or 16b ck this box and <b>st</b>	and line	14 Explain	▶┌
b	organization  10%-facts-and-circumstances test-							<b>►</b>
18	15 is 10% or more, and if the organ Explain in Part IV how the organization supported organization <b>Private Foundation</b> If the organizat	tion meets the "f	acts and circumst	ances" test The	organization qual	ıfıes as a	a publicly	<b>▶</b> ┌
	instructions			,,,,	,			<b>▶</b> □

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support			<u> </u>	1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	<b>(f)</b> 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						
3	purpose Gross receipts from activities that				+		
3	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	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6 )						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 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,						
14	11 and 12 ) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and <b>stop here</b>	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	<b>▶</b> ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	<b>009</b> (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	<b>2008</b> Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind <b>stop here.</b> T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(	us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493131033000

OMB No 1545-0047

#### **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

**Political Campaign and Lobbying Activities** 

Open to Public Inspection

and promptly and

directly delivered to a separate political organization If none, enter -0-

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

	, , ,	01(c)(3)) organizations Complete Part	s I-A and C below	Do not comple	ete Part FE	3		
	ction 527 organizations Complete	-	F 000 F7 D-		- I- I		.:4:\ 41	_
	•	s," <b>to Form 990, Part IV, Line 4, or</b> I have filed Form 5768 (election under s	•			•	• •	n
	` /` /	have NOT filed Form 5768 (election under s	` ''	•		•		· II_A
	` ,` ,	s," to Form 990, Part IV, Line 5 (Pro	•	,,			•	
	ection 501(c)(4), (5), or (6) organiz	•	, ,	,	, 5		, , ,	,
	me of the organization			Em	ployerıde	ntıfıc	ation numbe	er
LAN	ID TRUST ALLIANCE INC			0.4	275125	7		
Par	t I-A Complete if the or	ganization is exempt under s	ection 501(c		275135 tion <b>52</b>			
	•	•	•	•		.,	gamzatio	
1	Provide a description of the org	ganization's direct and indirect politic	al campaign acti	vities in Part IV	/			
2	Political expenditures				<b>&gt;</b>	\$_		
3	Volunteer hours					_		
B				\/2\				
	•	ganization is exempt under s	•	)(3).				
1	Enter the amount of any excise	tax incurred by the organization und	er section 4955		•	<b>\$</b> _		
2	Enter the amount of any excise	tax incurred by organization manage	rs under section	4955	►	<b>\$</b> _		
3	If the organization incurred a s	ection 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							
Par	t I-C Complete if the or	ganization is exempt under s	ection 501(c	) except se	ction 50	<b>)1(</b> c)	(3).	
1	Enter the amount directly expe	nded by the filing organization for sec	tion 527 exempt	function activi	ties 🕨	\$_		
2	Enter the amount of the filing o	rganızatıon's funds contributed to oth	er organizations	for section 527	7			
	exempt funtion activities				<b>&gt;</b>	\$_		
3	Total exempt function expendit	cures Add lines 1 and 2 Enter here a	nd on Form 1120	)-POL, line 17b	<b>&gt;</b>	\$		
4	Did the filing organization file <b>F</b>	orm 1120-POL for this year?				Ψ_		Г№
5	State the names, addresses an	Id employer identification number (EI	N) of all section!	527 political or	ganizatioi	ns to v	which paym	ents
_	were made For each organizati	on listed, enter the amount paid from	the filing organiz	ation's funds A	lso enter	the a	mount of po	litical
		re promptly and directly delivered to a		-	•	a sep	arate segre	gated
	rund or a political action comm	ittee (PAC) If additional space is ne	eaea, provide info	ormation in Part	t 1 A			
	(a) Name	(b) Address	(c) EIN	(d) A mount	naid from	(e	A mount o	f political
	<b></b> ,	(=,	(-)	filing organi	•		ntributions	received

funds If none, enter - 0 -

i Subtract line 1f from line 1c If zero or less, enter - 0-

section 4911 tax for this year?

┌ Yes ┌ No

Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3	) and filed Form 5768	(election
A B	Check If the filing organization belongs to a	an affiliated group x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means a	Expenditures	(a) Filing Organization's Totals	( <b>b)</b> Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	435,59	7
c	: Total lobbying expenditures (add lines 1a and 1	b)	435,59	7
d	Other exempt purpose expenditures		7,660,39	4
е	Total exempt purpose expenditures (add lines 1	c and 1d)	8,095,99	1
f	Lobbying nontaxable amount Enter the amount columns	from the following table in both	554,80	0
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
 g	Grassroots nontaxable amount (enter 25% of lir	ne 1f)	138,70	0
h	Subtract line 1g from line 1a If zero or less, ent	er - 0 -		

# 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.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expe	nditures During 4	-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	(e) Total
_2a	Lobbying non-taxable amount	523,561	577,488	612,827	554,800	2,268,676
b	Lobbying ceiling amount (150% of line 2a, column(e))					3,403,014
c	Total lobbying expenditures	199,011	318,686	330,173	435,597	1,283,467
d	Grassroots non-taxable amount	130,890	144,372	153,207	138,700	567,169
e 	Grassroots ceiling amount (150% of line 2d, column (e))					850,754
f	Grassroots lobbying expenditures		277			277

che	dule C (Form 990 or 990-EZ) 200						Page 3
Pa	rt II-B Complete if the or (election under se	rganization is exempt under ection 501(h)).	section 501(c)(3) and has I				
			-	(;	a)	(b	)
				Yes	No	A mo	unt
1		anization attempt to influence foreign t to influence public opinion on a legis					
а	Volunteers?						
b	Paid staff or management (includ	e compensation in expenses reported	l on lines 1c through 1i)?				
c	Media advertisements?						
d	Mailings to members, legislators	, or the public?					
е	Publications, or published or broa	adcast statements?					
f	Grants to other organizations for	lobbying purposes?					
g	Direct contact with legislators, th	neır staffs, government officials, or a l	egislative body?				
h	Rallies, demonstrations, seminar	s, conventions, speeches, lectures, c	rany sımılar means?				
i	Other activities? If "Yes," descri	ibe in Part IV					
j	Total lines 1c through 1:						
2a	Did the activities in line 1 cause	the organization to be not described	n section 501(c)(3)?				
Ь	If "Yes," enter the amount of any	tax incurred under section 4912					
c	If "Yes," enter the amount of any	tax incurred by organization manage	rs under section 4912				
d	If the filing organization incurred	a section 4912 tax, did it file Form 4	720 for this year?				
Par	t III-A Complete if the or 501(c)(6).	ganization is exempt under	section 501(c)(4), section !	501(c	)(5), o		
	W					Yes	s No
1		nore) dues received nondeductible by			-	2	
2	=	n-house lobbying expenditures of \$2,0			-	3	
3		ryover lobbying and political expendit		-01/-	\(\( \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
26H	501(c)(6) if BOTH	rganization is exempt under Part III-A, lines 1 and 2 are					ion
	answered "Yes".						
1	Dues, assessments and similar a			1			
2	expenses for which the section 5	bbbying and political expenditures (do 27(f) tax was paid).	o not include amounts of political				
a	Current year	(. , para).		2a			
ь	Carryover from last year			2b			
c	Total			2c			
3	Aggregate amount reported in se	ction 6033(e)(1)(A) notices of nonde	ductible section 162(e) dues	3			
4	If notices were sent and the amo	unt on line 2c exceeds the amount or	line 3, what portion of the excess				
	does the organization agree to ca political expenditure next year?	arryover to the reasonable estimate o	f nondeductible lobbying and	4			
5	Taxable amount of lobbying and p	political expenditures (see instruction	ıs)	5			
Pä	rt IV Supplemental Info	ormation					
	mplete this part to provide the des o, complete this part for any addit	criptions required for Part I-A, line 1, ional information	Part I-B, line 4, Part I-C, line 5, an	d Part	II-B, lıne	11	
	Ident if ier	Return Reference	Explana	t ion			

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DLN: 93493131033000

OMB No 1545-0047

Open to Public Inspection

# **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, 11, or 12. ► Attach to Form 990. ► See separate instructions.

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

Pa	rt I	Organizations Maintaining Donor Acorganization answered "Yes" to Form 99		unds	or Accounts.	Comple	te if the
		organization answered Tes to Form 99	(a) Donor advised funds		( <b>b)</b> Funds and ot	her accou	nts
1	Total	number at end of year	•		` '		
2		gate contributions to (during year)					
3		gate grants from (during year)					
4	Aggre	gate value at end of year					
5	Did th	he organization inform all donors and donor advi	sors in writing that the assets held in dor	nor adv	ısed		
_						☐ Yes	┌ No
6							
			efit of the donor or donor advisor, or for a	ny othe	r purpose	□ Yes	□ No
Dai			of the organization answered "Ves" t	o Forn	n 990 Part IV	•	,
				.0 1 011	11 990, Faic IV,	iiiie 7.	
_	_ `	• •	<u> </u>	n histor	ıcally importantl	v land are	а
	_						_
		Preservation of open space	·				
2			fied conservation contribution in the form	ofac	onservation		
_			med conservation contribution in the form	10146	Silvation		
					Held at the E	nd of the	Year
а	Total	number of conservation easements		2a			
b	Total	acreage restricted by conservation easements		2b			
c	Numb	per of conservation easements on a certified his	toric structure included in (a)	2c			
d	Numb	per of conservation easements included in (c) ac	cquired after 8/17/06	2d			
3	Numb	per of conservation easements modified, transfe	rred, released, extinguished, or terminate	ed by th	ne organization d	uring	
				·	-	_	
4	NI l						
		· · · · · ·					
5				dling of	violations, and	☐ Yes	┌ No
6	Staff	and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easen	nents d	uring the year 🛌		
7	A mou	unt of expenses incurred in monitoring, inspectir	ng, and enforcing conservation easement	s durin	g the year ► \$ _		
8			(d) above satisfy the requirements of sec	tion		☐ Yes	┌ No
9	In Pa	rt XIV, describe how the organization reports co	onservation easements in its revenue and	dexper	ıse statement, aı	nd	
			<del>-</del>	Istater	nents that descr	ıbes	
) a r	_	<u></u>		or Ot	har Similar A	ccatc	
Ċ.				01 01	ilei Siililai A	35615.	
1a	artii Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.  Purpose(s) of conservation easements held by the organization (check all that apply)  Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically importantly land area  Protection of natural habitat  Preservation of open space  Complete lines 2a−2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year  Total number of conservation easements  Total number of conservation easements  Total number of conservation easements  Number of conservation easements included in (c) acquired after 8/17/06  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶  Number of states where property subject to conservation easement is located ▶  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements in holds?  Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶  Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)4(8)(8)(1) and 170(h)4(8)(8)(1)?  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 that describes the organization's conservation answered "Yes" to Form 990, Part IV, line 8.						
					rtherance of pub	lic service	∍,
Part IV Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.  If Purpose(s) of conservation easements held by the organization (check all that apply)  Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an instorically importantly land area  Protection of natural habitat  Preservation of open space  Complete lines 2a-2a (fit he 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 Year easement on the last day of the tax year  Held at the End of the Year easement on the last day of the tax year  Held at the End of the Year easement on the last day of the tax year  Held at the End of the Year easement on the last day of the tax year  Held at the End of the Year easement in cluded in (a) 2a day of conservation easements on a certified historic structure included in (a) 2b  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year   Number of states where property subject to conservation easement is located   Number of states where property subject to conservation easement is located   Number of states where property subject to conservation easement is located   Number of states where property subject to conservation easement is located   Number of states where property subject to conservation easement is located   Number of states where property subject to conservation easements for states where property subject to conservation easement is located   Number of states where property subject to conservation easement is located   Number of states where property subject to conservation easements in sevential during the year   Number of states where property subject to conservation easements in located   Number of states where property subject to conservation easements in located   Number of states where property subject to conservation easements in located   Number of							
b	histo	rical treasures, or other similar assets held for p	form all donors and donor advisors in writing that the assets held in donor advised truth of the organization's exclusive legal control?    Yes				
	(i) <sub>Re</sub>	evenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
	(ii) <sub>A</sub>	ssets included in Form 990, Part X			<b>►</b> \$		
2				or finan	cıal gaın, provide	e the	
а					<b>►</b> \$		
b		,			<u></u>		
	~ > > -	to meraded in rollingso, rail A			·Ψ		

ar	<b>Til</b> Organizations Maintaining Co	llections of Art	<u>, His</u>	<u>tori</u>	<u>cal Tr</u>	easui	res, or O	<u>the</u>	<u>r Similar</u>	Asse	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	ofth	e foll	lowing t	hat are	a sıgnıfıca	ant u	se of its col	lection	ו	
а	Public exhibition		d	Γ	Loan	orexch	ange progr	rams				
b	Scholarly research		e	Γ	Other							
С	Preservation for future generations											
ı	Provide a description of the organization's co	ollections and explai	ın hov	v the	y furthe	r the o	rganızatıon	ı's ex	empt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					ıılar	Г	Yes	┌ No
Pai	t IV Escrow and Custodial Arrang						answere	d "Y	es" to Forr	n 990	),	
	Part IV, line 9, or reported an an											
la	Is the organization an agent, trustee, custod included on Form 990, Part X?	lan or other interme	diary	for c	ontribu	tions o	r other ass	ets r	not	Γ	Yes	Г No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the f	follow	ıng ta	able		г					
								_		A mou	ınt	
C	Beginning balance						-	1c				
d	Additions during the year						-	1d				
е	Distributions during the year						_	1e				
f	Ending balance							1f				
а	Did the organization include an amount on Fo	orm 990, Part X, line	21?							Γ	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV	1										
a	rt V Endowment Funds. Complete											
		(a)Current Year	(b)	<b>)</b> Prior	Year	(c)Two	Years Back	(d)	Three Years Ba	ack (e	)Four Ye	ears Back
a	Beginning of year balance	1,068,828						+		-		
b	Contributions	50,000						+		+		
C	Investment earnings or losses	321,544						+-				
d	Grants or scholarships							+				
е	Other expenditures for facilities and programs											
f	Administrative expenses							+				
g	End of year balance	1,440,372								+		
9	Provide the estimated percentage of the yea	r end halance held a				l						
а	Board designated or quasi-endowment ►  Permanent endowment ► 100 000 % %	%										
b	Permanent endowment - 100 000 % %											
<b>C</b>	Term endowment • %				اسلما مدد			J 6	46.			
а	Are there endowment funds not in the posses organization by	ssion of the organiza	ition t	.nat a	are neid	and ad	ımınıstere	а тог	tne		Yes	No
	(i) unrelated organizations								[	3a(i)		Νο
	(ii) related organizations								[	3a(ii)		Νο
Ь	If "Yes" to 3a(II), are the related organizatio	ns listed as required	d on S	ched	ule R?				[	3b		
	Describe in Part XIV the intended uses of th											
'aī	t VI Investments—Land, Buildings	s, and Equipme	<b>nt.</b> S	<u>ee F</u>	orm 99	90, Pa	rt X, line	10.	ı			
	Description of investment				i) Cost or sis (inves		( <b>b)</b> Cost or obasis (oth		(c) Accumu depreciati		( <b>d)</b> Bo	ok value
.a	Land											
b	Buildings											
c	Leasehold improvements		•				410	0,919	10	09,282		301,637
d	Equipment		•					0		0		C
e	Other					_	840	0,679	68	32,881		157,798

459,435

Part VII Investments—Other Securities. See  (a) Description of security or category		(c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	•	
Part VIII Investments—Program Related. Se	e 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
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•	
	no 15	
Part IX Other Assets. See Form 990, Part X, II	ne 15.	
(a) Descri		(b) Book value
		(b) Book value
(a) Descri	ption	
Total. (Column (b) should equal Form 990, Part X, col.(B) line	ption (5.)	(b) Book value
(a) Descri	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line.  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	ption (5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line.  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	(5.)	

Schedule D (Form 990) 2009

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,586,693
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,373,194
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	213,499
4	Net unrealized gains (losses) on investments	4	297,944
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-92,163
9	Total adjustments (net) Add lines 4 - 8	9	205,781
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	419,280
Par	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	10,262,073
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	699,380
3	Subtract line <b>2e</b> from line <b>1</b>	3	9,562,693
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	24,000
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	9,586,693
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	9,842,793
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIV)	1	
e	Add lines <b>2a</b> through <b>2d</b>	2e	493,599
3	Subtract line <b>2e</b> from line <b>1</b>	3	9,349,194
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV)	]	
c	Add lines <b>4a</b> and <b>4b</b>	4c	24,000
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	9,373,194
Do.	+ YIV Supplemental Information		

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

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, 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

Ident if ier	Return Reference	Explanation
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 excellence award given annually in memory of Kingsbury Browne.
PART XI, LINE8, OTHER		REPRESENTS CHANGE IN NET ASSETS FOR THE LAND TRUST ACCREDITATION COMMISSION, WHICH IS PART OF THE COMBINED AUDITED FINANCIAL STATEMENTS
PART XII, LINE 2D, OTHER		REPRESENTS REVENUE FROM THE LAND TRUST ACCREDITATION COMMISSION, WHICH IS PART OF THE COMBINED AUDITED FINANCIAL STATEMENTS
PART XII, LINE 4B, OTHER		PROGRAM REVENUE FROM THE LAND TRUST ACCREDITATION COMMISSION ELIMINATED DURING COMBINATION IN THE AUDITED FINANCIAL STATMENTS
PART XIII, LINE 2D, OTHER		REPRESENTS EXPENSES FROM THE LAND TRUST ACCREDITATION COMMISSION, WHICH IS PART OF THE COMBINED AUDITED FINANCIAL STATEMENTS
PART XIII, LINE 4B, OTHER		PROGRAM EXPENSES FROM THE LAND TRUST ACCREDITATION COMMISSION ELIMINATED DURING COMBINATION IN THE AUDITED FINANCIAL STATMENTS

DLN: 93493131033000

SCHEDULE G (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

2009

Department of the Treasury

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.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service	Attach to Form 990 or Form 990-EZ. F See separate instructions.	Inspection
Name of the organization		Employer identification number
LAND TRUST ALLIANCE	INC	
		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

  - f 🔽 Solicitation of government grants
- d / In-person solicitations
- 2a 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 activities?

V Yes □ N

**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. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization	
		Yes	No				
ANNE GARNETT - GRANT WRITING AND MA			No	280,000	40,334	239,666	
SQN COMMUNICATIONS DESIGN - DIRECT			No	30,325	19,900	10,335	
Total				310,325	60,234	250,001	

3 List all states in which the organization is registered or licensed to solicit funds 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,WV,WI

<b>Part II</b> Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18 more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.								ted
			(a) Event #1	(b) Event #2	(c) O ther Events (total number)	( <b>d)</b> To	otal Eve ol <b>(a)</b> th ol <b>(c)</b> )	
Revenue	1 2 3	Gross receipts  Less Charitable contributions  Gross income (line 1 minus line 2)	(event type)		(total number)			
	4	Cash prizes						
Ses	5 6	Non-cash prizes				+		
Expenses	7	Food and beverages						
Direct B	8	Entertainment						
ឨ	9	Other direct expenses .				<u> </u>		
	10 11	Direct expense summary Add line Net income summary Combine lii			<b>.</b> 			
Par	t III		ganızatıon answered		irt IV, line 19, or repo	rted mo	re thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(Add co	otal gam I <b>(a)</b> th ol <b>(c)</b> )	
	1 (	Gross revenue						
Ses	2 (	Cash prizes				<u> </u>		
Expenses	s 1	Non-cash prizes				<u> </u>		
Direct E	4 F	Rent/facility costs						
<u></u>	5 (	Other direct expenses						
	6 \	Volunteer labor	∀es	│	Г Yes			
		Direct expense summary Add lines			<b>.</b>			
	8	Net gaming income summary Com	bine lines 1, column d, a	ind line 7	<u> <del>.</del> .</u>		Yes	No
9 a	Is th	er the state(s) in which the organiza ne organization licensed to operate				· 9a		
b		lo," Explain				_		
10a b		e any of the organization's gaming l es," Explain	ıcenses revoked, suspe	nded or terminated during	the tax year?	10a	3	
11		s the organization operate gaming a					.   _	
12		ne organization a grantor, beneficia ied to administer charitable gaming				.   .,		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
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		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
<b>.7</b>	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

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Schedule I

Department of the Treasury

DLN: 93493131033000 OMB No 1545-0047

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

Internal Revenue Service			Inspect ion				
Name of the organization						Employer identificati	on number
LAND TRUST ALLIANCE INC						04-2751357	
Part I General Information	on on Grants and	Assistance				•	
<ul> <li>Does the organization maintain the selection criteria used to a</li> <li>Describe in Part IV the organization</li> </ul>	ward the grants or ass	ıstance?			•	•	▽ Yes
	ne 21 for any recipi	ent that received n	rganizations in the nore than \$5,000. Ch needed	eck this box if no one	recipient receive	d more than \$5,000	. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

► Attach to Form 990

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. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Ident if ier	Return Reference	Explanation
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

Software ID: Software Version:

**EIN:** 04-2751357

Name: LAND TRUST ALLIANCE INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 ASSOCIATION14 MAIN STREET SUITE 100 GREENWICH, NY 128341210	22-3084628	501(C)(3)	72,500	0			CAPACITY- BUILDING
AMERICAN FARMLAND TRUST112 SPRING STREET SARATOGA SPRINGS,NY 12866	52-1190211	501(C)(3)	45,000	0			CAPACITY- BUILDING
BAYFIELD REGIONAL CONSERVANCYPO BOX 410 BAYFIELD,WI 54814	39-1872550	501(C)(3)	5,800	0			CAPACITY- BUILDING
BLACK SWAMP CONSERVANCY115 WEST FRONT STREET PERRYSBURG, OH 435520332	34-1746749	501(C)(3)	13,125	0			CAPACITY- BUILDING
BROOKLYN-QUEENS LAND TRUST677 LAFAYETTE AVE BROOKLYN,NY 11216	61-1441052	501(C)(3)	15,000	0			CAPACITY- BUILDING
CATSKILL CENTER FOR CONSERVATION & DEVELOPMENTPO BOX 504 ARKVILLE,NY 124060504	23-7058142	501(C)(3)	38,000	0			CAPACITY- BUILDING
CAZENOVIA PRESERVATION FOUNDATIONPO BOX 627 CAZENOVIA,NY 13035	16-6101151	501(C)(3)	8,550	0			CAPACITY- BUILDING
CHIPPEWA WATERSHED CONSERVANCY6801 WEST AIRLINE ROAD WIEDMAN,MI 48893	38-3181796	501(C)(3)	18,500	0			CAPACITY- BUILDING
COLUMBIA LAND CONSERVANCYPO BOX 299 CHATHAM,NY 12037	22-2757332	501(C)(3)	64,700	0			CAPACITY- BUILDING
DELAWARE HIGHLANDS CONSERVANCYPO BOX 218 NARROWSBURG,NY 12764	23-2804664	501(C)(3)	14,090	0			CAPACITY- BUILDING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	valuation non-cash assistance ook, FMV, appraisal,			
DUTCHESS LAND CONSERVANCYPO BOX 138 MILLBROOK,NY 12545	14-1667526	501(C)(3)	38,840	0			CAPACITY- BUILDING		
EDMUND NILES HUYCK PRESERVEPO BOX 189 RENSSEKAERVILLE,NY 121470189	14-1338387	501(C)(3)	10,000	0					
FARM CATSKILLS87 SAL BREN ROAD SUITE 1 DELHI,NY 137531440	20-5309801	501(C)(3)	10,000	0			CAPACITY- BUILDING		
FINGER LAKES LAND TRUST 202 E COURT STREET ITHACA,NY 14850	22-2983688	501(C)(3)	54,907	0			CAPACITY- BUILDING		
FIRE ISLAND LAND TRUST PO BOX 250 SAYVILLE,NY 117820250	20-8033334	501(C)(3)	20,000	0			CAPACITY- BUILDING		
GENESEE LAND TRUST500 EAST AVE ROCHESTER, NY 146071912	22-3033712	501(C)(3)	65,000	0			CAPACITY- BUILDING		
GENESEE VALLEY CONSERVANCYPO BOX 73 GENESEO,NY 144540073	23-3061147	501(C)(3)	24,500	0			CAPACITY- BUILDING		
GEORGIA PIEDMONT LAND TRUSTPO BOX 3687 SUWANEE,GA 30024	58-2384485	501(C)(3)	7,500	0		_	CAPACITY- BUILDING		
GLACIAL LAKES CONSERVANCYPO BOX 258 KOHLER, WI 530440258	39-1849140	501(C)(3)	7,000	0			CAPACITY- BUILDING		
HUDSON HIGHLANDS LAND TRUSTPO BOX 226 GARRISON,NY 10524	13-3528266	501(C)(3)	30,540	0			CAPACITY- BUILDING		

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (a) Name and address of organization ıfapplıcable grant cash valuation non-cash assistance (book, FMV, appraisal, or government assistance

or government				assistance	other)	
INDIAN RIVER LAKES CONSERVANCYPO BOX 27 REDWOOD, NY 136790027	16-1555636	501(C)(3)	10,000	0		CAPACITY- BUILDING
LAKE GEORGE LAND CONSERVANCYPO BOX 1250 BOLTON LANDING,NY 12814	22-2902944	501(C)(3)	15,000	0		CAPACITY- BUILDING
LEGACY LAND CONSERVANCY1100 NORTH MAIN STREET ATTN SUSAN LACKEY ANN ARBOR, MI 48104	38-2899980	501(C)(3)	10,000	0		CAPACITY- BUILDING
MANHATTAN LAND TRUST 232 EAST 11TH ST NEW YORK, NY 100037301	76-0715837	501(C)(3)	39,400	0		CAPACITY- BUILDING
MIANUS RIVER GORGE PRESERVE167 MIANUS RIVER ROAD BEDFORD,NY 105061808	13-3523329	501(C)(3)	24,250	0		CAPACITY- BUILDING
MICHIGAN NATURE ASSOCIATION326 E GRAND RIVER AVE WILLIAMSTON, MI 488951418	38-6093404	501(C)(3)	18,000	0		CAPACITY- BUILDING
MOHAWK HUDSON LAND CONSERVANCYPO BOX 567 SLINGERLANDSN, NY 121590567	14-1754157	501(C)(3)	70,540	0		CAPACITY- BUILDING
MOHONK PRESERVEPO BOX 715 NEW PALTZ, NY 12561	14-1609484	501(C)(3)	20,600	0		CAPACITY- BUILDING
NEBRASKA LAND TRUST233 S 13TH STREET LINCOLN,NE 68508	47-0843794	501(C)(3)	7,500	0		CAPACITY- BUILDING
NEW YORK AGRICULTURAL LAND TRUSTPO BOX 121	20-5679522	501(C)(3)	75,000	0		CAPACITY- BUILDING

PREBLE, NY 13141

(h) Purpose of grant

orassistance

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applicable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 501(C)(3) 0 **NEW YORK-NEW JERSEY** 22-6042838 CAPACITY-BUILDING TRAIL CONFERENCE 43,000 CONFERENCE MAHWAH, NJ 07430 56-2368769 501(C)(3) 0 NORTH SHORE LAND CAPACITY-ALLIANCE151 POST ROAD BUILDING 25,000 OLD WESTBURY, NY 11568 01-0729039 501(C)(3) 0 NORTHEAST WILDERNESS CAPACITY-TRUST14 BEACON STREET BUILDING 35,000 BOSTON, MA 02108 0 39-1867891 501(C)(3) CAPACITY-NORTHEAST WISCONSIN LAND TRUST14 TRI-PARK BUILDING 6,650 WAY APPLETON, WI 54914 501(C)(3) 0 OBLONG LAND 11-1080022 CAPACITY-BUILDING CONSERVANCYPO BOX 601 21,300 PAWLING, NY 12564 ONTARIO BAYS 16-1461521 501(C)(3) 0 CAPACITY-BUILDING INITIATIVEPO BOX 117 8,000 CHAUMONT, NY 136220117 13-3692034 501(C)(3) 0 CAPACITY-ORANGE COUNTY LAND TRUST10 MULBERRY BUILDING 38,380 STREET MIDDLETOWN, NY 10940 501(C)(3) 0 OTSEGO LAND TRUST INC 13-3499394 CAPACITY-PO BOX 173 BUILDING 15,540 COOPERSTOWN, NY 133260173 PECONIC LAND TRUST296 11-2667021 0 CAPACITY-501(C)(3) HAMPTON ROAD BUILDING 37,000 SOUTHAMPTON, NY 119691776 501(C)(3) 0 RENSSELAER LAND TRUST 14-1708890 CAPACITY-BUILDING 415 RIVER STREET 23,390

TROY, NY 12180

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(a) Name and address of (f) Method of (g) Description of (h) Purpose of grant ıfapplıcable organization grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 23-7225987 501(C)(3) CAPACITY-SAKONNET PRESERVATION 0 BUILDING ASSOCIATIONPO BOX 945 7,500 LITTLE COMPTON, RI 02837 SARATOGA PLAN112 14-1706013 501(0)(3) CAPACITY

SARATOGA PLAN112 SPRING STREET SARATOGA,NY 12866	14-1706013	501(C)(3)	65,000	0		CAPACITY- BUILDING
SCHOHARIE LAND TRUST PO BOX 482 COBLESKILL,NY 12043	22-3127108	501(C)(3)	8,100	0		CAPACITY- BUILDING
SIX RIVERS REGIONAL LAND CONSERVANCYPO BOX 80902 ROCHESTER, MI 483080902	38-3189562	501(C)(3)	18,000	0		CAPACITY- BUILDING
ST LAWRENCE LAND TRUST 15 1/2 ELM STREET CANTON,NY 136171462	35-2215442	501(C)(3)	37,500	0		CAPACITY- BUILDING
THE LITTLE FORKS CONSERVANCY105 POST STREET MIDLAND,MI 486405266	38-3353122	501(C)(3)	13,000	0		CAPACITY- BUILDING
TRUST FOR PUBLIC LAND 666 BROADWAY 9TH FLOOR NEW YORK, NY 10012	23-7222333	501(C)(3)	40,000	0		CAPACITY- BUILDING
TUG HILL TOMORROW LAND TRUSTPO BOX 6063 WATERTOWN,NY 13601	22-3115498	501(C)(3)	21,590	0		CAPACITY- BUILDING
WALKILL VALLEY LAND TRUSTPO BOX 208 NEW PALTZ,NY 12561	22-2867070	501(C)(3)	27,950	0		CAPACITY- BUILDING
WESTCHESTER LAND TRUST403 HARRIS ROAD BEDFORD HILLS, NY 105071802	13-3507910	501(C)(3)	12,100	0		CAPACITY- BUILDING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
WESTERN NEW YORK LAND CONSERVANCY21 S GROVE STREET EAST AURORA, NY 140522362	22-3160426	501(C)(3)	75,000	0			CAPACITY- BUILDING			
WINNAKEE LAND TRUSTPO BOX 610 RHINEBECK,NY 12572	14-1722963	501(C)(3)	25,000	0			CAPACITY- BUILDING			
WOODSTOCK LAND CONSERVANCYPO BOX 864 WOODSTOCK,NY 12498	22-2950482	501(C)(3)	75,540	0			CAPACITY- BUILDING			

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DLN: 93493131033000

OMB No 1545-0047

Open to Public Inspection

### Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization LAND TRUST ALLIANCE INC

**Employer identification number** 

04-2751357

Pa	rt I Questions Regarding Compensation		·				
					Yes	Νo	
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III		,				
	First-class or charter travel	Γ	Housing allowance or residence for personal use				
	Travel for companions	Γ	Payments for business use of personal residence				
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees				
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)				
b	If any of the boxes in line 1a are checked, did the org reimbursement orprovision of all the expenses descr			1b	Yes		
2	Did the organization require substantiation prior to re officers, directors, trustees, and the CEO/Executive			2	Yes		
3	Indicate which, if any, of the following the organizatio organization's CEO/Executive Director Check all the		y				
	Compensation committee	<u> </u>	Written employment contract				
	Independent compensation consultant	고	Compensation survey or study				
	Form 990 of other organizations	<u>  -                                   </u>	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						
а	a Receive a severance payment or change-of-control payment?						
Ь	<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?						
c Participate in, or receive payment from, an equity-based compensation arrangement?							
	If "Yes" to any of lines 4a-c, list the persons and pro	vide th	ne applicable amounts for each item in Part III				
	Only 501(c)(3) and 501(c)(4) organizations only mus	st comp	plete lines 5-9.				
5	For persons listed in form 990, Part VII, Section A, I compensation contingent on the revenues of	ıne 1a,	did the organization pay or accrue any				
а	The organization?			5a		No	
b	Any related organization?			5b		Νo	
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, I compensation contingent on the net earnings of	ıne 1a,	did the organization pay or accrue any				
а	The organization?			6a		Νo	
b	Any related organization?			6b		Νo	
	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						
8	Were any amounts reported in Form 990, Part VII, pa						
	subject to the initial contract exception described in in Part III	kegs s	section 53 4958-4(a)(3)/11 "Yes," describe			l Nia	
^			abla massumatura massadum di seritat a Bereita	8		No	
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	reputta	able presumption procedure described in Regulations	9			

## Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		<b>(B)</b> Breakdown of	W-2 and/or 1099-MI	•	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
RAND WENTWORTH	(I) (II)	239,910 0	0 0	0	41,392 0	11,547 0	292,849 0	291,515 0
MARY POPE M HUTSON	(I) (II)	174,160 0	12,500	2,160	16,791 0	5,367 0	210,978	188,777 0

### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
PART I, LINE 4B		Rand Wentworth - \$10,900 employer contribution to 457(b) plan

Schedule J (Form 990) 2009

# OMB No 1545-0047

Open to Public Inspection

## **SCHEDULE M** (Form 990)

Department of the Treasury Internal Revenue Service

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

**NonCash Contributions** 

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

Ρā	rt I Types of Property			· ·	J4-2/5135/			
	Types of Freperty	(a) Check If	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	<b>(d</b> Method of d reven	etermı	nıng	
1	Art-Works of art	аррпсавіс		<u> </u>				
	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications							
	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
	Securities—Publicly traded .	Х	10	248,619	AVG HI/LO ON RE	CEIPT		
	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							
	Drugs and medical supplies .							
	Taxıdermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	O ther ► ()							
	O ther ▶()							
	O ther ▶()							
28	Other • ()			<u> </u>	T			
29	Number of Forms 8283 received for which the organization compl		= -		29		Yes	0
302	During the year, did the organiza	ation receiv	e by contribution any prope	rty reported in Part I lines	1-28 that it		162	No
-	must hold for at least three year							
	for exempt purposes for the enti			on, and winch is not require	a to be useu	20-		No
L						30a		
31	<ul> <li>If "Yes," describe the arrangem</li> <li>Does the organization have a gif</li> </ul>			review of any non-standard	contributions?	31		Νo
∍∠a	Does the organization hire or us contributions?	e third part	es of related organizations			32a		Νο
ь	If "Yes," describe in Part II							
33	·	revenues i	n column (c) for a type of p	roperty for which column (a	) is checked,			
	describe in Part II							

Page 2

#### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

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DLN: 93493131033000

**SCHEDULE 0** 

Department of the Treasury
Internal Revenue Service

(Form 990)

# **Supplemental Information to Form 990**

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

Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization LAND TRUST ALLIANCE INC

Employer identification number

04-2751357

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11A		The 990 is reviewed by the Chief Financial Officer for accuracy of financial information and disclosure before distribution to the 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 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 the results of a compensation study commissioned in late 2007 and other comparable compensation information from similar organizations. Compensation for other officers and key employees is determined by the President and Executive Vice President after completion of annual performace appraisals and application of these compensation guidelines.
FORM 990, PART VI, SECTION C, LINE 19		The combined financial statements of the Alliance and the Land Trust Accreditation Commission are available on the Alliance website at www landtrustalliance org. Copies of its governing documents and conflict of interest policy are available upon request.
FORM 990, PART IV, LINE 12		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

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DLN: 93493131033000

SCHEDULE R (Form 990)

## **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.

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization	Employer identification num
LAND TRUST ALLIANCE INC	04-2751357

Identification of Disregarded Entities (Complete If the organization answered "Yes" on Form 990, Part IV, line 33.)

(a)

Name, address, and EIN of disregarded entity

(b)

Primary activity

Legal domicile (state or foreign country)

Total income

End-of-year assets

Direct controlling entity

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

(a)
Name, address, and EIN of related organization

**(b)** Primary activity (c) Legal domicile (state or foreign country) (d) Exempt Code section

Public charity status (if section 501(c)(3)) Direct controlling entity

LAND TRUST ACCREDITATION COMMISSION

112 SPRING STREET SUITE 204 SARATOGA SPRINGS, NY 12866

20-4622209

ACCREDITATION

DC

501(C)(3)

11 a

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

(a) Name, address, and EIN of related organization **(b)** Primary activity (c)
Legal
domicile
(state or
foreign
country)

(d) Direct controlling entity (e)
Predominant income
(related, unrelated,
excluded from tax
under sections 512514)

**(f)** Share of total income (g) Share of end-of-year assets (h)
Disproprtionate
allocations?

(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (j) General or managing partner?

Yes No

Yes No

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

(a)
Name, address, and EIN of related organization

(b) Primary activity (c) Legal domicile (state or foreign country) (d) Direct controlling entity (e)
Type of entity
(C corp, S corp,
or trust)

**(f)** Share of total income

(g) Share of end-of-year assets (h) Percentage ownership

(3)

(4)

(5)

(6)

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)			
Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 During the tax year, did the orgranization 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 (iv) rent from a controlled entity	1a		No
<b>b</b> Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	1c		No
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
I Performance of services or membership or fundraising solicitations by other organization(s)	11		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n		No
• Reimbursement paid to other organization for expenses	10		No
p Reimbursement paid by other organization for expenses	<b>1</b> p	Yes	
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r		No
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 threshold	ds		
(a) (b) Transaction Name of other organization		(c) t involve	≏d
type(a-r)	Amoun	LIIVOIV	cu
-, 2)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on 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)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)**Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

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**Depreciation and Amortization** 

(Including Information on Listed Property)

DLN: 93493131033000

OMB No 1545-0172

Department of the Treasury See separate instructions. Attach to your tax return. Sequence No 67 Internal Revenue Service Name(s) shown on return Business or activity to which this form relates **Identifying number** LAND TRUST ALLIANCE INC GENERAL DEPRECIATION 04-2751357 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. **1** Maximum amount. See the instructions for a higher limit for certain businesses. \$ 125,000 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 \$ 500,000 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use (a) Description of property 6 (c) Elected cost only) 6 **7** Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction Enter the smaller of line 5 or line 8 **10** Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election . . . . . . . . 15 **16** Other depreciation (including ACRS) 16 120.656 MACRS Depreciation (Do not include listed property.) (See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2009 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method deduction property period service use only—see instructions) 19a 3-year property **b** 5-year property c 7 - year property d 10-year property e 15-year property **f** 20-year property S/L g 25-year property h Residential rental 27 5 yrs ММ S/L property 27 5 yrs ΜМ S/L 39 yrs S/L i Nonresidential real property S/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L c 40-year 40 yrs ΜМ S/L Part IV **Summary** (see instructions) 21 Listed property Enter amount from line 28 . . . . . . . . . . . . 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 120,656 and on the appropriate lines of your return Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and

property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense,

complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Deprec  24a Do you have evidenc									2 <b>4b</b> If "Y							
E la Bo y ou have ovideno	- to ouppoin	the Buomeco, mit		acc claime.		- 110						Idenie	***************************************	, ,,		
(a) Type of property (list Description of property)	( <b>b)</b> Pate placed in service	(c) Business/ investment use percentage		i) r other sıs	(busines	(e) r depreca ss/investr se only)		(f) Recove period	ry Me	( <b>g)</b> thod/ rention		<b>(h</b> Deprec dedud	ation/		(i) Electe section cost	179
<b>.5</b> Special depreciation allow 50% in a qualified busine	· •		ty placed	ın service (	during the	tax year	and u	used mo	re than	25						
6 Property used more	•									25						
b Property used more	LIIAII 50%	m a quanned L	usiness	use				1			T					
		%														
		%														
Property used 50%	or less in a	qualified busi	ness us	е	1				S/L -		1			1		
		%							S/L -		+			_		
		%							S/L -							
<b>28</b> Add amounts in col	umn (h), lır	nes 25 through	127 En	ter here	and on li	ne 21,	page	1 .		28						
<b>29</b> Add amounts in col	umn (ı), lın	e 26 Enter he	re and c	n line 7,	page 1	•							29			
				—Infor												
Complete this section f fyou provided vehicles to y														se vehic	les	
· · ·					a)		b)		(c)		((			e)		f)
30 Total business/inve year (do not include			ng the	Vehi	icle 1 Vehicle 2			: V	ehicle :	3 '	Vehi	cle 4	Vehi	cle 5	Veh	ıcle 6
		,	_													
<b>31</b> Total commuting m	iles driven	during the yea	ar .													
<b>32</b> Total other persona	ıl(noncomn	nuting) miles o	Irıven													
33 Total miles driven o	during the y	ear Add lines	30													
through 32				<u></u>	T	+,,	T	<del>  ,</del>	<del></del>	<del>-  </del> ,			\	Τ	<del>                                     </del>	Τ
34 Was the vehicle ava	·	personal use		Yes	No	Yes	No	Ye	s N	0 1	es_	No	Yes	No	Yes	No
during off-duty hour  35 Was the vehicle use			 E0/		+	+	1		_						+	$+\!-$
owner or related per		y by a more th	an 5 %													
<b>36</b> Is another vehicle a		or personal use	e? .													
Section	n C—Que	stions for	Emplo	vers W	ho Pro	vide '	Vehi	icles	for Us	e by	The	ir Er	nploy	ees		
nswer these questions 6% owners or related p	s to determ	nine if you mee	tanexo												not mo	re tha
<b>37</b> Do you maintain a v	vritten poli	cy statement t	hat prob	nibits all	persona	l use of	vehi	cles, II	ncluding	comr	nutın	g, by	our	T	'es	No
employees? .												•	•			
<b>38</b> Do you maintain a v	vrittan nali	cy statement t	hat prob	albite por	conal uc	o of vo	biclo	c 076	ant com	mutin	a by	vour		$\vdash$		
employees? See the																
<b>39</b> Do you treat all use	of vehicle:	s bv emplovee	s as pei	rsonal us	e? .						_					
<b>40</b> Do you provide mor	e than five	vehicles to yo	ur empl			ormatio	n fro	m your	employ	ees a	bout	the us	e of th	e 🗀		
vehicles, and retain	the inform	iation received	17 .			•	•			•	•	•	•	<u> </u>		
<b>41</b> Do you meet the red	quirements	concerning q	ualıfıed	automobi	le demo	nstratio	n us	e? (Se	e ınstru	ctions	)					
<b>Note:</b> If your answe	r to 37, 38	3, 39, 40, or 4	1 ıs "Ye	s," do no	t comple	ete Sec	tıon E	3 for th	e cover	ed vel	nicles	5				
Part VI Amortiz	ation															
<b>(a)</b> Description of co	sts	( <b>b)</b> Date amortization begins		( c A mort a mo	ızable			<b>(d)</b> Code ection		<b>(e)</b> nortiza period ercent	or			<b>(f)</b> rtızatı hıs ye	on for ar	
<b>42</b> A mortization of cos	ts that her		ır 2009	tax vear	(see ins	truction	ns)				-					
		,	1	,	,- 20 1110	T	,									
<b>43</b> A mortization of cos	ts that bed	ian before voii	r 2009 1	tax vear							43					
44 Total Add amounts	_				ere to re	- anort	-	•	=	_	44					

### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 04-2751357

Name: LAND TRUST ALLIANCE INC

## Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
SUPPLIES	43,179	28,675	3,478	11,026
STAFF TRAINING AND RECRUITMENT	21,066	14,390	1,895	4,781
GRAPHIC DESIGN AND PRINTING	342,268	264,720	3,513	74,035
DUES/SUBSCRIPTIONS/LIBRARY	44,092	24,928	7,826	11,338
BOARD MEETING EXPENSES	13,554		13,554	