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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

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

C Name of organization
LAND TRUST ALLIANCE INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1660 L STREET NW NO 1100

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

D Employer identification number
04-2751357

E Telephone number
(202)638-4725

G Gross receipts $ 14,387,708

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW LANDTRUSTALLIANCE ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1982

M State of legal domicile MA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO SAVE THE PLACES PEOPLE LOVE BY STRENGTHENING LAND CONSERVATION ACROSS AMERICA

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

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

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	7,259,686	11,787,057
	9 Program service revenue (Part VIII, line 2g)	971,471	882,325
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	103,943	95,482
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,335,100	12,764,864
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	381,635	3,349,150
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,051,760	4,328,030
	16a Professional fundraising fees (Part IX, column (A), line 11e)	16,020	136,250
	b Total fundraising expenses (Part IX, column (D), line 25) ▶1,654,111		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,032,833	3,058,928
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	7,482,248	10,872,358
	19 Revenue less expenses Subtract line 18 from line 12	852,852	1,892,506

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	9,866,550	13,118,566
	21 Total liabilities (Part X, line 26)	870,994	2,273,713
	22 Net assets or fund balances Subtract line 21 from line 20	8,995,556	10,844,853

Part II Signature Block

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

Sign Here

****** 2012-05-10
Signature of officer — Date

MARILYN AYRES CHIEF OPERATING & FINANCIAL OFFICER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: JEFFREY E SABOT | Date | Check if self-employed ☐ | Preparer's taxpayer identification number (see instructions) P00159255

Firm's name (or yours if self-employed), address, and ZIP + 4: CBIZ MHM LLC, 3 BETHESDA METRO CENTER SUITE 600, BETHESDA, MD 20814 | EIN ▶ 34-1862269 | Phone no ▶ (301) 951-3636

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

SEE SCHEDULE O

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

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

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

4a	(Code	) (Expenses $	1,349,765	including grants of $	750) (Revenue $	0)	
	SEE SCHEDULE O						
4b	(Code	) (Expenses $	5,913,756	including grants of $	2,095,900) (Revenue $	880,152)	
	SEE SCHEDULE O						
4c	(Code	) (Expenses $	1,504,035	including grants of $	1,252,500) (Revenue $	0)	
	SEE SCHEDULE O						
4d	Other program services (Describe in Schedule O)						
	(Expenses $			including grants of $	) (Revenue $	)	
4e	**Total program service expenses** ▶ $		8,767,556				

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		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? *If "Yes," complete Schedule D, Part II*	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*	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 temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, 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 and IV*	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 and IV*	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? *If "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		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part 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**	Yes	
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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or 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**	Yes	
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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		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	

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

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	48		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	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	**2a**	63			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes	
c	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	**7d**				
e	Did the organization 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	22		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	22		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
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 governing documents since the prior Form 990 was filed?	4		Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	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			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ AK , AL , AR , AZ , CA , CO , CT , DC , FL , GA , IL , KS

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

☑ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

MARILYN M AYRES
1660 L STREET NW SUITE 1100
WASHINGTON, DC 20036
(202) 638-4725

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

Check if Schedule O contains a response to any question in this Part VII . . . . . .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID ANDERSON CHAIR - KETCHUM, ID	3 00	X		X				0	0	0
(2) JEAN NELSON VICE CHAIR - NASHVILLE, TN	3 00	X		X				0	0	0
(3) EDWARD H LADD SECRETARY/TREASURER - DOVER, MA	3 00	X		X				0	0	0
(4) MARIA ELENA CAMPISTEGUY DIRECTOR - WASHINGTON, DC	3 00	X						0	0	0
(5) GRAHAM CHISHOLM DIRECTOR - EMERYVILLE, CA	3 00	X						0	0	0
(6) LAUREN DACHS DIRECTOR - SAN FRANCISCO, CA	3 00	X						0	0	0
(7) MICHAEL DENNIS DIRECTOR - ROUND HILL, VA	3 00	X						0	0	0
(8) MICHAEL DOWLING DIRECTOR - DENVER, C0	3 00	X						0	0	0
(9) OGDEN DRISKILL DIRECTOR - DEVLIS TOWER, WY	3 00	X						0	0	0
(10) BELINDA FAUSTINOS DIRECTOR - S SAN GABRIEL, CA	3 00	X						0	0	0
(11) JAMESON FRENCH DIRECTOR - PORTSMOUTH, NH	3 00	X						0	0	0
(12) DAVID HARTWELL DIRECTOR - MINNEAPOLIS, MN	3 00	X						0	0	0
(13) PETER HAUSMANN DIRECTOR - NEWTON SQUARE,	3 00	X						0	0	0
(14) SHERRY HUBER DIRECTOR -FALMOUTH, ME	3 00	X						0	0	0
(15) LAURA JOHNSON DIRECTOR - LINCOLN, MA	3 00	X						0	0	0
(16) LAWRENCE KUETER DIRECTOR - DENVER, C0	3 00	X						0	0	0
(17) GLENN LAMB DIRECTOR - VANCOUVER, WA	3 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) FERNANDO LLOVERAS DIRECTOR - SAN JUAN, PR	3 00	X						0	0	0
(19) GRETCHEN LONG DIRECTOR - WILSON, WY	3 00	X						0	0	0
(20) SUSAN TRAYLOR LYKES DIRECTOR - WILSON, WY	3 00	X						0	0	0
(21) MARY MCFADDEN DIRECTOR - BROOKLINE, MA	3 00	X						0	0	0
(22) FREDERIC RICH DIRECTOR - GARRISON, NY	3 00	X						0	0	0
(23) CHRISTOPHER SAWYER DIRECTOR - ATLANTA, GA	3 00	X						0	0	0
(24) MARYANNE TAGNEY JONES DIRECTOR - SEATTLE, WA	3 00	X						0	0	0
(25) MARK ACKELSON DIRECTOR - DES MOINES, IA	3 00	X						0	0	0
(26) RAND WENTWORTH PRESIDENT	45 00			X				234,296	0	65,709
(27) MARILYN M AYRES CHIEF OPERATING & FINANCIAL OFFICER	45 00			X				123,568	0	17,043
(28) MARY POPE M HUTSON EXECUTIVE VICE PRESIDENT	45 00				X			175,408	0	20,661
(29) LINDSAY KOSNIK VICE PRESIDENT	45 00					X		139,544	0	11,610
(30) RUSSELL SHAY DIRECTOR OF PUBLIC POLICY	45 00					X		107,746	0	15,866
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								780,562	0	130,889

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 5

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		No
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 person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		No

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	3,347,068	3,347,068		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	2,082	2,082		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	636,685	262,026	165,996	208,663
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,920,147	2,110,144	118,490	691,513
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	207,995	150,318	8,403	49,274
9	Other employee benefits	308,955	223,282	12,482	73,191
10	Payroll taxes	254,248	183,745	10,272	60,231
11	Fees for services (non-employees)				
a	Management				
b	Legal	56,984	56,837	28	119
c	Accounting	20,800		20,800	
d	Lobbying	101,650	101,650		
e	Professional fundraising *See Part IV, line 17*	136,250			136,250
f	Investment management fees				
g	Other	608,761	604,504	772	3,485
12	Advertising and promotion				
13	Office expenses				
14	Information technology	301,643	233,498	11,777	56,368
15	Royalties	1,510	1,510		
16	Occupancy	434,556	328,477	21,296	84,783
17	Travel	342,102	263,943	1,419	76,740
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	437,862	388,542	6,670	42,650
20	Interest	436	309	24	103
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	101,061	71,754	5,470	23,837
23	Insurance	19,441	2,692	16,749	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	PRINTING AND PUBLICATIO	244,500	188,600	1,397	54,503
b	TELEPHONE	97,814	82,410	7,142	8,262
c	POSTAGE AND SHIPPING	92,233	47,944	5,952	38,337
d	BANK CHARGES	39,016	30,365	140	8,511
e					
f	All other expenses	158,559	85,856	35,412	37,291
25	**Total functional expenses.** Add lines 1 through 24f	10,872,358	8,767,556	450,691	1,654,111
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		200	1	200
	2	Savings and temporary cash investments		4,362,083	2	5,741,205
	3	Pledges and grants receivable, net		3,168,660	3	4,759,190
	4	Accounts receivable, net		15,419	4	19,588
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		62,049	8	55,416
	9	Prepaid expenses and deferred charges		156,591	9	131,018
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 1,291,787			
	b	Less accumulated depreciation	10b 917,775	398,481	10c	374,012
	11	Investments—publicly traded securities		1,694,648	11	2,029,368
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		8,419	15	8,569
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		9,866,550	16	13,118,566
Liabilities	17	Accounts payable and accrued expenses		423,801	17	186,410
	18	Grants payable		25,000	18	1,655,881
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		422,193	25	431,422
	26	**Total liabilities.** Add lines 17 through 25		870,994	26	2,273,713
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		2,656,782	27	2,485,330
	28	Temporarily restricted net assets		4,811,558	28	5,267,950
	29	Permanently restricted net assets		1,527,216	29	3,091,573
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		8,995,556	33	10,844,853
	34	Total liabilities and net assets/fund balances		9,866,550	34	13,118,566

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

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

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		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 separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated 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		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
LAND TRUST ALLIANCE INC

Employer identification number
04-2751357

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

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

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

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

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

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

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

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

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	7,560,917	8,056,321	8,440,087	7,259,686	11,787,057	43,104,068
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	7,560,917	8,056,321	8,440,087	7,259,686	11,787,057	43,104,068
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,874,738
6 **Public Support.** Subtract line 5 from line 4						40,229,330

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	7,560,917	8,056,321	8,440,087	7,259,686	11,787,057	43,104,068
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	272,083	204,292	138,939	104,537	94,942	814,793
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						43,918,861

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	**14**	91 600 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	**15**	92 520 %

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

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

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

Software ID:
Software Version:
EIN: 04-2751357
Name: LAND TRUST ALLIANCE INC

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID ANDERSON CHAIR - KETCHUM, ID	3 00	X		X				0	0	0
JEAN NELSON VICE CHAIR - NASHVILLE, TN	3 00	X		X				0	0	0
EDWARD H LADD SECRETARY/TREASURER - DOVER, MA	3 00	X		X				0	0	0
MARIA ELENA CAMPISTEGUY DIRECTOR - WASHINGTON, DC	3 00	X						0	0	0
GRAHAM CHISHOLM DIRECTOR - EMERYVILLE, CA	3 00	X						0	0	0
LAUREN DACHS DIRECTOR - SAN FRANCISCO, CA	3 00	X						0	0	0
MICHAEL DENNIS DIRECTOR - ROUND HILL, VA	3 00	X						0	0	0
MICHAEL DOWLING DIRECTOR - DENVER, C0	3 00	X						0	0	0
OGDEN DRISKILL DIRECTOR - DEVLIS TOWER, WY	3 00	X						0	0	0
BELINDA FAUSTINOS DIRECTOR - S SAN GABRIEL, CA	3 00	X						0	0	0
JAMESON FRENCH DIRECTOR - PORTSMOUTH, NH	3 00	X						0	0	0
DAVID HARTWELL DIRECTOR - MINNEAPOLIS, MN	3 00	X						0	0	0
PETER HAUSMANN DIRECTOR - NEWTON SQUARE,	3 00	X						0	0	0
SHERRY HUBER DIRECTOR -FALMOUTH, ME	3 00	X						0	0	0
LAURA JOHNSON DIRECTOR - LINCOLN, MA	3 00	X						0	0	0
LAWRENCE KUETER DIRECTOR - DENVER, C0	3 00	X						0	0	0
GLENN LAMB DIRECTOR - VANCOUVER, WA	3 00	X						0	0	0
FERNANDO LLOVERAS DIRECTOR - SAN JUAN, PR	3 00	X						0	0	0
GRETCHEN LONG DIRECTOR - WILSON, WY	3 00	X						0	0	0
SUSAN TRAYLOR LYKES DIRECTOR - WILSON, WY	3 00	X						0	0	0
MARY MCFADDEN DIRECTOR - BROOKLINE, MA	3 00	X						0	0	0
FREDERIC RICH DIRECTOR - GARRISON, NY	3 00	X						0	0	0
CHRISTOPHER SAWYER DIRECTOR - ATLANTA, GA	3 00	X						0	0	0
MARYANNE TAGNEY JONES DIRECTOR - SEATTLE, WA	3 00	X						0	0	0
MARK ACKELSON DIRECTOR - DES MOINES, IA	3 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RAND WENTWORTH PRESIDENT	45 00			X				234,296	0	65,709
MARILYN M AYRES CHIEF OPERATING & FINANCIAL OFFICER	45 00			X				123,568	0	17,043
MARY POPE M HUTSON EXECUTIVE VICE PRESIDENT	45 00				X			175,408	0	20,661
LINDSAY KOSNIK VICE PRESIDENT	45 00					X		139,544	0	11,610
RUSSELL SHAY DIRECTOR OF PUBLIC POLICY	45 00					X		107,746	0	15,866

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**

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

OMB No 1545-0047

2011

Open to Public Inspection

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV

2 Political expenditures ▶ $ 0

3 Volunteer hours 0

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $

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

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

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

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	0	0
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	267,445	0
c	Total lobbying expenditures (add lines 1a and 1b)	267,445	0
d	Other exempt purpose expenditures	10,604,912	0
e	Total exempt purpose expenditures (add lines 1c and 1d)	10,872,357	0
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	693,618	0

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

g	Grassroots nontaxable amount (enter 25% of line 1f)	173,405	0
h	Subtract line 1g from line 1a If zero or less, enter -0-	0	
i	Subtract line 1f from line 1c If zero or less, enter -0-	0	

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period

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

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

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

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

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

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

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation

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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
LAND TRUST ALLIANCE INC

Employer identification number
04-2751357

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

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

2 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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

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

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	1,817,590	1,440,372			
b Contributions	1,564,357	175,000			
c Investment earnings or losses	12,342	202,218			
d Grants or scholarships	50,000				
e Other expenditures for facilities and programs	3,000				
f Administrative expenses					
g End of year balance	3,341,289	1,817,590			

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 100 000 %
- c Term endowment ▶

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

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

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		410,919	191,553	219,366
d Equipment		880,868	726,222	154,646
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				374,012

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
DEFERRED COMPENSATION	54,283
DEFERRED RENT	357,011
CAPITAL LEASE OBLIGATION	20,128
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	431,422

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	13,567,214
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-43,210		
b	Donated services and use of facilities	2b	371,499		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	544,061		
e	Add lines **2a** through **2d**			2e	872,350
3	Subtract line **2e** from line **1**			3	12,694,864
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	70,000		
c	Add lines **4a** and **4b**			4c	70,000
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	12,764,864

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

1	Total expenses and losses per audited financial statements			1	11,669,009
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	371,499		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	495,152		
e	Add lines **2a** through **2d**			2e	866,651
3	Subtract line **2e** from line **1**			3	10,802,358
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	70,000		
c	Add lines **4a** and **4b**			4c	70,000
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	10,872,358

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, 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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE BERKLEY ENDOWMENT IS TO BE USED FOR ACCREDITATION OF LAND TRUSTS TO BUILD AND RECOGNIZE STRONG LAND TRUSTS, FOSTER PUBLIC CONFIDENCE IN LAND CONSERVATION AND HELP ENSURE THE LONG-TERM PROTECTION OF CONSERVED LAND THE KINGSBURY BROWNE AWARD ENDOWMENT IS TO BE USED FOR THE ALLIANCE EXPENSES OF THIS CONSERVATION LEADERSHIP AWARD GIVEN ANNUALLY IN MEMORY OF KINGSBURY BROWNE
		PART XII, LINE 2D, OTHER REPRESENTS REVENUE FROM THE LAND TRUST ACCREDITATION COMMISSION, WHICH ARE PART OF THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS
		PART XII, LINE 4B, OTHER REPRESENTS $50,000 OF REVENUE FROM THE LAND TRUST ACCREDITATION COMMISSION AND $20,000 OF REVENUE FROM THE LAND TRUST ALLIANCE, INC , WHICH ARE ELIMINATED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS
		PART XIII, LINE 2D, OTHER REPRESENTS EXPENSES FROM THE LAND TRUST ACCREDITATION COMMISSION, WHICH ARE INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS
		PART XIII, LINE 4B, OTHER REPRESENTS $20,000 OF AMOUNTS PAID BY THE LAND TRUST ACCREDITATION COMMISSION AND $50,000 PAID BY THE LAND TRUST ALLIANCE, INC , WHICH ARE ELIMINATED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS
		SCHEDULE D, PART X, OTHER LIABILITIES, LINE 2 THE ALLIANCE HAS ADOPTED ASC TOPIC 740-10, WHICH PRESCRIBES MEASUREMENT AND DISCLOSURE REQUIREMENTS FOR CURRENT AND DEFERRED INCOME TAX PROVISIONS THE TOPIC PROVIDES FOR A CONSISTENT APPROACH IN IDENTIFYING AND REPORTING UNCERTAIN TAX PROVISIONS IT IS MANAGMENT'S BELIEF THAT THE ALLIANCE DOES NOT HOLD ANY UNCERTAIN TAX POSITIONS THE ALLIANCE'S RETURNS FOR 2011, 2010 AND 2009 ARE SUBJECT TO EXAMINATION BY THE IRS GENERALLY FOR THREE YEARS AFTER THEY WERE FILED

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
LAND TRUST ALLIANCE INC

Employer identification number
04-2751357

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

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

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 services? ☑ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
THE COMPASS GROUP 6815 ORINOCO CIR BLOOMFIELD HILLS, MI 48301	CAMPAIGN CONSULTING		No	0	122,000	-122,000
GARFINKLE & ASSOCIATES 7801 NORFOLK AVE BETHESDA, MD 20814	CASE WRITING		No	0	9,450	-9,450
Total . . . . . ▶					131,450	-131,450

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, WI, WV

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts				
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				( )
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

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

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

b If "No," Explain _____

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

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	**13a**	
b	An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

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

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

c If "Yes," enter name and address

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
LAND TRUST ALLIANCE INC

Employer identification number
04-2751357

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

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

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

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

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE ALLIANCE MONITORS THE USE OF REGRANT FUNDS THROUGH RIGOROUS REVIEW OF PROJECT BUDGETS, INTERIM AND FINAL GRANT REPORTS, ONGOING PROJECT TRACKING, AND SITE VISITS WITH GRANTEES WHERE APPROPRIATE GRANTEES THAT ARE UNABLE TO COMPLETE PROJECTS OR TO USE FUNDS AS PROPOSED ARE TYPICALLY REQUIRED TO RETURN UNUSED FUNDS TO THE ALLIANCE

Additional Data

Return to Form

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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AGRICULTURAL STEWARDSHIP ASSOCIATION14 MAIN STREET SUITE 100 GREENWICH,NY 12834	22-3084628	3	35,000				NYSCPP GRANT
AMERICAN FARMLAND TRUST 112 SPRING STREET SARATOGA SPRINGS,NY 12866	52-1190211	3	30,000				NYSCPP GRANT
BROOKLYN-QUEENS LAND TRUST677 LAFAYETTE AVE BROOKLYN,NY 11216	61-1441052	3	15,000				NYSCPP GRANT
CAZENOVIA PRESERVATION FOUNDATIONPO BOX 627 CAZENOVIA,NY 13035	16-6101151	3	9,000				NYSCPP GRANT
COLUMBIA LAND CONSERVANCYPO BOX 299 CHATHAM,NY 12037	22-2757332	3	30,500				NYSCPP GRANT
DELAWARE HIGHLANDS CONSERVANCYPO BOX 218 NARROWSBURG,NY 12764	23-2804664	3	45,000				NYSCPP GRANT
DUTCHESS LAND CONSERVANCYPO BOX 138 MILLBROOK,NY 12545	14-1667526	3	28,500				NYSCPP GRANT
FARM CATSKILLS87 SAL BREN ROAD SUITE 1 DELHI,NY 13753	20-5309801	3	9,500				NYSCPP GRANT
FINGER LAKES LAND TRUST202 E COURT STREET ITHACA,NY 14850	22-2983688	3	35,000				NYSCPP GRANT
GENESEE LAND TRUST500 EAST AVE ROCHESTER,NY 14454	22-3033712	3	49,000				NYSCPP GRANT
GENESEE VALLEY CONSERVANCYPO BOX 73 GENESEO,NY 14454	23-3061147	3	27,500				NYSCPP GRANT
HUDSON HIGHLANDS LAND TRUSTPO BOX 226 GARRISON,NY 10524	13-3528266	3	50,000				NYSCPP GRANT
INDIAN RIVER LAKES CONSERVANCYPO BOX 27 REDWOOD,NY 13679	16-1555636	3	25,000				NYSCPP GRANT
LAKE GEORGE LAND CONSERVANCY4905 LAKE SHORE DRIVE BOLTON LAND,NY 12814	22-2902944	3	50,000				NYSCPP GRANT
MIANUS RIVER GORGE PRESERVE 167 MIANUS RIVER ROAD BEDFORD,NY 10506	13-3523329	3	25,000				NYSCPP GRANT
MOHAWK HUDSON LAND CONSERVANCYPO BOX 567 SLINGERLANDS,NY 12159	14-1754157	3	13,600				NYSCPP GRANT
MOHONK PRESERVE PO BOX 715 NEW PALTZ,NY 10022	14-1609484	3	20,000				NYSCPP GRANT
NEW YORK AGRICULTURAL LAND TRUSTPO BOX 121 PREBLE,NY 13141	20-5679522	3	23,200				NYSCPP GRANT
NEW YORK-NEW JERSEY TRAIL CONFERENCE156 RAMAPO VALLEY ROAD MAHWEH,NJ 07430	22-6042838	3	15,000				NYSCPP GRANT
NORTH SHORE LAND ALLIANCE151 POST ROAD OLD WESTBURY,NY 11568	56-2368769	3	24,000				NYSCPP GRANT

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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHEAST WILDERNESS TRUST PO BOX 405 BRISTOL,VT 05443	01-0729039	3	20,000				NYSCPP GRANT
ONTARIO BAYS INITIATIVEPO BOX 117 CHAUMONT,NY 13622	16-1461521	3	8,250				NYSCPP GRANT
ORANGE COUNTY LAND TRUST10 MULBERRY STREET MIDDLETOWN,NY 10940	13-3692034	3	7,000				NYSCPP GRANT
OTSEGO LAND TRUST INCPO BOX 173 COOPERSTOWN,NY 13326	13-3499394	3	55,000				NYSCPP GRANT
RENSSELAER LAND TRUST415 RIVER STREET TROY,NY 12180	14-1708890	3	43,300				NYSCPP GRANT
SARATOGA PLAN 112 SPRING STREET SUITE 202 SARATOGA,NY 12866	14-1706013	3	44,500				NYSCPP GRANT
TUG HILL TOMORROW LAND TRUSTPO BOX 6063 WATERTOWN,NY 13601	22-3115498	3	34,000				NYSCPP GRANT
WESTCHESTER LAND TRUST403 HARRIS ROAD BEDFORD HILLS,NY 10507	13-3507910	3	20,000				NYSCPP GRANT
WESTERN NEW YORK LAND CONSERVANCYPO BOX 471 EAST AURORA,NY 14052	22-3160426	3	31,500				NYSCPP GRANT
WINNAKEE LAND TRUSTPO BOX 610 RHINEBECK,NY 12572	14-1722963	3	60,000				NYSCPP GRANT
BRONX LAND TRUST 232 EAST 11TH ST NEW YORK,NY 10003	76-0715837	3	20,000				NYSCPP GRANT
CAPITAL DISTRICT COMMUNITY GARDENS40 RIVER STREET TROY,NY 12180	14-1596291	3	55,000				NYSCPP GRANT
CHAUTAUQUA WATERSHED CONSERVATION413 NORTH MAIN STREET JAMESTOWN,NY 14701	16-1389010	3	35,000				NYSCPP GRANT
CONNECTICUT FARMLAND TRUST77 BUCKINGHAM STREET HARTFORD,CT 06106	32-0007171	3	13,903				CT CHALLENGE FUND
FARMINGTON LAND TRUST128 GARDEN STREET FARMINGTON,CT 06032	23-7107644	3	7,500				CT CHALLENAGE FUND
GEORGIA LAND TRUST226 OLD LAGIDA ROAD PIEDMONT,AL 36272	58-2069352	3	7,500				EXCELLENCE GRANT
GRASSROODS GARDENS OF BUFFALOPO BOX 351 BUFFALO,NY 14201	16-1479159	3	22,000				NYSCPP GRANT
GREENE LAND TRUST270 MANSION STREET COXSACKIE,NY 12051	20-2696414	3	8,500				NYSCPP GRANT
HARDING LAND TRUSTPO BOX 576 NEW VERNON,NJ 07976	22-3084414	3	10,000				ACCREDITATION PREPARATION
HEART OF THE LAKES CENTER FOR LAND CONSERVATION POLICY300 NORTH BRIDGE STREET GRAND LEDGE,MI 48837	03-0548515	3	25,000				MI ACE PROGRAM

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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HILL COUNTRY LAND TRUST307 LUCKENBACH ROAD FREDERICKSBURG,TX 78624	74-2948145	3	6,000				ACCREDITATION PREPARATION
HUYCK PRESERVE & BIOLOGICAL RESEARCH STATION PO BOX 189 RENSSELAERVILLE, NY 12147	14-1338387	3	70,000				NYSCPP GRANT
JOSHUA'S TRUSTPO BOX 4 MANSFIELD CENTER, CT 06250	06-6087599	3	6,500				CT CHALLENGE FUND
KINGSTON LAND TRUSTPO BOX 2701 KINGSTON,NY 12402	26-2938986	3	12,500				NYSCPP GRANT
LAND TRUST ACCREDITATION COMMISSION1660 L STREET NW SUITE 1100 WASHINGTON,DC 20036	22-4622209	3	50,000				ENDOWMENT EARNINGS
NASSAU LAND TRUST 717 FIFTH AVENUE NEW YORK,NY 10022	11-3604202	3	20,000				NYSCPP GRANT
NEW JERSEY CONSERVATION FOUNDATION170 LONGVIEW ROAD FAR HILLS,NJ 07931	22-6065456	3	12,200				ACCREDITATION PREPARATION
NORTH SALEM OPEN LAND FOUNDATION PO BOX 176 NORTH SALEM,NY 10560	13-2877957	3	10,000				NYSCPP GRANT
NORTHERN CONNECTICUT LAND TRUSTPO BOX 324 SOMERS,CT 06071	22-2935986	3	10,000				CT CHALLENGE FUND
OPEN SPACE INSTITUTE1350 BROADWAY NEW YORK,NY 10018	52-1053406	3	12,500				ACCREDITATION PREPARATION
POUND RIDGE LAND CONSERVANCYPO BOX 173 POUND RIDGE,NY 10576	51-0173458	3	12,500				NYSCPP GRANT
PUTNAM COUNTY LAND TRUSTPO BOX 36 BREWSTER,NY 10509	23-7058465	3	9,000				NYSCPP GRANT
REDDING LAND TRUSTPO BOX 715 REDDING,CT 06876	06-6080949	3	5,500				CT CHALLENGE FUND
SIMSBURYPO BOX 634 SIMSBURY,CT 06070	06-0958573	3	6,500				CT CHALLENGE FUND
TEATOWN LAKE RESERVATION INC 1600 SPRING VALLEY ROAD OSSINING,NY 10562	23-7154985	3	30,000				NYSCPP GRANT
TERRAFIRMA RRG LLC CO MARSH MANAGEMENT SERVICES100 BANK STREET SUITE 610 BURLINGTON,VT 05401	45-1437560	3	1,252,500				CAPITALIZATION
THE CATSKILL CETNER FOR CONSERVATION & DEVELOPMENTPO BOX 504 ARKVILLE,NY 12406	23-7058142	3	16,500				NYSCPP GRANT
THE NATURE CONSERVANCY1048 UNIVERSITY AVENUE ROCHESTER,NY 14607	53-0242652	3	27,500				NYSCPP GRANT
THOUSAND ISLANDS LAND TRUST135 JOHN STREET CLAYTON,NY 13624	22-2629183	3	28,500				NYSCPP GRANT
TRUST FOR PUBLIC LAND666 BROADWAY 9TH FLOOR NEW YORK,NY 10012	22-7222333	3	20,000				NYSCPP GRANT

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)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WEATINOGE HERITAGE LTWEANTINOGEPO BOX 242 NEW MILFORD, CT 06776	06-6082034	3	7,750				CT CHALLENGE FUND
WOODSTOCK LAND CONSERVANCYPO BOX 864 WOODSTOCK, NY 12498	22-2950482	3	35,000				NYSCPP GRANT
WINTONBURY LAND TRUSTPO BOX 734 BLOOMFIELD, CT 06002	22-2490127	3	8,000				CT CHALLENGE FUND

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
LAND TRUST ALLIANCE INC

Employer identification number
04-2751357

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RAND WENTWORTH	(i)	234,038	0	258	46,025	19,684	300,005	0
	(ii)	0	0	0	0	0	0	0
(2) MARY POPE M HUTSON	(i)	174,070	0	1,338	13,926	6,735	196,069	0
	(ii)	0	0	0	0	0	0	0
(3) LINDSAY KOSNIK	(i)	139,454	0	90	9,625	1,985	151,154	0
	(ii)	0	0	0	0	0	0	0

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	THE EXECUTIVE VICE PRESIDENT IS PROVIDED THE COST OF A HEALTH CLUB MEMBERSHIP AS PART OF HER COMPENSATION PACKAGE
	PART I, LINE 4B	RAND WENTWORTH - $16,500
SUPPLEMENTAL INFORMATION	PART III	PART I, LINE 4B RAND WENTWORTH - $16,500 EMPLOYER CONTRIBUTION TO 457(B) PLAN

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
LAND TRUST ALLIANCE INC

Employer identification number
04-2751357

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	9	175,457	AVG HI/LO ON RECEIPT
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

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

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

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

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
LAND TRUST ALLIANCE INC

Employer identification number
04-2751357

Identifier	Return Reference	Explanation
ORGANIZATION MISSION STATEMENT	FORM 990, PART III, LINE 1	THE LAND TRUST ALLIANCE UNITES AND CHAMPIONS ORGANIZATIONS IN LOCAL COMMUNITIES WORKING TO SAVE NATURAL AREAS BECAUSE OF OUR INNOVATIVE WORK MORE LANDOWNERS CHOOSE TO PROTECT THEIR LAND, CONSERVATION LEADERS ARE MORE EFFECTIVE AT SAVING LAND, STRONG NONPROFITS AND LEGAL SYSTEMS ARE MAINTAINED TO PROTECT LAND IN PERPETUITY, AND THE PUBLIC COMMITMENT TO CONSERVATION IS DEEPENED

Identifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	FORM 990, PART III, LINE 4A	THE ALLIANCE'S POLICY WORK IN 2011 RESULTED IN CULTIVATING NEW SUPPORTERS FOR ENHANCED FEDERAL TAX INCENTIVE FOR CONSERVATION EASEMENT IN A NEW CONGRESS, REBUILDING AND EXCEEDING THE LEVEL OF CONGRESSIONAL SUPPORT WE HAD IN 2010, DESPITE THE LOSS OF MORE THAN 50 COSPONSORS IN THE 2010 ELECTIONS WE SUCCESSFULLY ORGANIZED LAND TRUST PARTICIPATION IN THE EDUCATION OF THE NEW CONGRESS ABOUT THE IMPORTANCE OF FUNDING FOR KEY FEDERAL CONSERVATION PROGRAMS, RESULTING IN A DRAMATIC INCREASE IN FEDERAL CONSERVATION APPROPRIATIONS FROM THE INITIAL PROPOSALS BY THE NEW HOUSE TO THE FINAL FIGURES FOR FY 2012 WE WORKED CLOSELY WITH THE HOUSE AND SENATE AGRICULTURE COMMITTEES, AND WITH PARTNER ORGANIZATIONS, TO HELP FORGE AN AGREEMENT ON CONSOLIDATION OF THE FARM BILL EASEMENT PROGRAMS THAT LARGELY MAINTAINS THE FUNCTIONS AND FUNDING FOR THE FARM AND RANCH LANDS PROTECTION PROGRAM AND THE GRASSLAND RESERVE PROGRAM DESPITE MAJOR CUTS ELSEWHERE IN THE FARM BILL WHILE THAT AGREEMENT DID NOT GET ENACTED INTO LAW, IT WILL SERVE AS THE FRAMEWORK FOR THE COMMITTEES' LEGISLATIVE WORK ON A NEW FARM BILL IN 2012 LASTLY, WE HAVE CLOSELY COORDINATED WORK TO PREVENT IRS AUDITS FROM DISCOURAGING LEGITIMATE CONSERVATION DONATIONS WE KEEP LAND TRUSTS, LANDOWNERS AND ATTORNEYS ABREAST OF CHANGES IN THE LAW AND IN ITS IMPLEMENTATION, AND ARE ACTIVELY EDUCATING IRS LEADERSHIP AND STAFF ABOUT CONSERVATION DONATIONS

Identifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	FORM 990, PART III, LINE 4B	THE ALLIANCE'S EDUCATION AND CAPACITY-BUILDING PROGRAMS ADVANCE LAND CONSERVATION BROADLY AND HELP LAND TRUSTS IMPROVE THEIR PROGRAMS AND PREPARE FOR ACCREDITATION A COMPREHENSIVE CURRICULUM WAS CREATED BASED ON LAND TRUST STANDARDS AND PRACTICES WITH BOOKS AVAILABLE FOR PURCHASE OR DOWNLOAD AND WE CONTINUED TO EXPAND THE ONLINE LEARNING CENTER WHERE MEMBERS CAN ACCESS ONLINE COURSES, SEARCH A DIGITAL LIBRARY AND JOIN DISCUSSION FORUMS THAT PROVIDE TECHNICAL ASSISTANCE IN ADDITION, 56 LAND TRUSTS UNDERWENT GUIDED ORGANIZATION ASSESSMENTS WE PRESENTED 200 TRAINING WORKSHOPS THROUGH OUR REGIONAL PROGRAMS AND NATIONAL CONFERENCE, PLUS 19 WEBINARS THAT ALL TOGETHER REACHED A TOTAL OF MORE THAN 3,000 PEOPLE, WE ALSO AWARDED $521,850 IN GRANTS AND SCHOLARSHIPS, PLUS $1 1 MILLION THROUGH NEW YORK STATE CONSERVATION PARTNERSHIP PROGRAM, TO LAND TRUSTS

Identifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	FORM 990, PART III, LINE 4C	THE CONSERVATION DEFENSE PROGRAM PROVIDES NETWORKING, EDUCATION AND LEGAL INFORMATION TO OVER 450 CONSERVATION ATTORNEYS AND SENIOR PRACTITIONERS ON CONSERVATION DEFENSE. THE ALLIANCE COLLABORATES WITH EXISTING NETWORKS, SERVICES AND EXPERTS IN EACH STATE FOR THIS NATIONAL INFORMATION-SHARING SYSTEM. THE PROGRAM GIVES LAND TRUSTS READY ACCESS TO THE TOOLS AND RESOURCES NECESSARY FOR CONSERVATION DEFENSE ACROSS THE COUNTRY THROUGH THE NETWORK, THE CLEARINGHOUSE, THE ATTORNEY LOCATOR, CONTINUING LEGAL EDUCATION AND PHONE-SUPPORT PROBLEM SOLVING. AS PART OF THE MULTI-LAYERED APPROACH TO CONSERVATION DEFENSE, THE ALLIANCE CREATED A PRIVATE INSURANCE PROGRAM CONTROLLED BY AND IN BUSINESS TO SERVE ITS LAND TRUST MEMBERS, WE ARE PROMOTING IT TO THE LAND CONSERVATION COMMUNITY AS A SAFETY NET FOR LAND TRUST DEFENSE RESERVES ADEQUATELY ADDRESSING MULTIPLE EXPENSIVE CONSERVATION EASEMENT CHALLENGES, THIRD PARTY TRESPASS OR CHALLENGES TO LAND OWNED BY THE LAND TRUST IS DIFFICULT. EVERYONE HAS SOME RISK. SO FAR, LAND TRUSTS HAVE COMMITTED OVER 150% OF THE NECESSARY UNITS PROPERTIES FOR THIS PROGRAM TO BE FEASIBLE. THE ALLIANCE IS NOW RAISING THE CAPITAL TO SATISFY THE REGULATIONS. THE ALLIANCE APPLIED TO VARIOUS REGULATORS TO START THE PROGRAM AND HAS POSITIVE INDICATIONS THAT IT WILL OBTAIN ALL NECESSARY LICENSES AND DETERMINATIONS. THE ALLIANCE HAS IDENTIFIED ALL NECESSARY OUTSIDE PROFESSIONALS TO SERVICE THE NEW ORGANIZATION

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

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

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE ALLIANCE MAINTAINS SALARY GUIDELINES BASED ON COMPARABLE COMPENSATION INFORMATION FROM SIMILAR ORGANIZATIONS COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES IS DETERMINED BY THE PRESIDENT AFTER COMPLETION OF ANNUAL PERFORMANCE APPRAISALS AND AND APPLICATION OF THESE COMPENSATION GUIDELINES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE COMBINED FINANCIAL STATEMENTS OF THE LAND TRUST 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 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

Identifier	Return Reference	Explanation
COPY OF FROM 990	FORM 990, PART VI, SECTION C, LINE 17, LIST OF STATES RECEIVING A	KY,MA,ME,MD,MI,MS,MN,NC,NH,NJ,NM,NY,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WI,WV

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -43,209

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
LAND TRUST ALLIANCE INC

Employer identification number
04-2751357

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ALLIANCE RISK MANAGEMENT SERVICES LLC 1660 L STREET NW SUITE 1100 WASHINGTON, DC 20036	RISK MANAGEMENT	VT	0	0	LAND TRUST ALLIANCE

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) LAND TRUST ACCREDITATION COMMISSION 1660 L STREET NW SUITE 1100 WASHINGTON, DC 20036 22-4622209	ACCREDITATION	DC	501(C)(3)	LINE 11A, I			No

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 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" 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

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		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 Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j Lease of facilities, equipment, or other assets from related organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by related organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	Yes	
n Sharing of paid employees with related organization(s)	1n		No
o Reimbursement paid to related organization(s) for expenses	1o		No
p Reimbursement paid by related organization(s) for expenses	1p	Yes	
q Other transfer of cash or property to related organization(s)	1q		No
r Other transfer of cash or property from related 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 thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) LAND TRUST ACCREDITATION COMMISSION	P	88,457	FMV PAID
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" 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) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	