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DLN: 93493132003436

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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2015

Open to Public Inspection

A For	the 2	015 cal	endar year, or tax year beginn	ing 01-01-2015 , and ending 12-3	1-201	15			
<b>B</b> Check			C Name of organization	ing of of 2015 yand changing if o			D Empl	oyer ide	ntification number
Add re			LAND TRUST ALLIANCE INC				04-2	75135	7
— Name	chang	e	Doing business as				_	, 5155	,
— Initial	return		<del>y</del>						
Fınal				mail is not delivered to street address) Ro	om/su	ite	E Teleph	one num	ber
return	/termi	nated	1660 L STREET NW No 1100				(202	800-2	235
Amen	ded re	turn		untry, and ZIP or foreign postal code					
Applica	ation p	ending	WASHINGTON, DC 20036				<b>G</b> Gross	receipts	19,082,875
		ľ	<b>F</b> Name and address of pr	incipal officer		H(a) ⊺-	s this a grou	n return	for
			Andrew J Bowman	·			ubordinates?		Yes <b>~</b> No
			1660 L STREET NW WASHINGTON, DC 2003	6			re all subord	ınates	□Yes □No
							ncluded? f "No " attacl	h a lict	(see instructions)
<b>Γ</b> Tax-€	exemp	t status	▼ 501(c)(3)	(insert no ) 4947(a)(1) or 527			Group exemp		
J Web	site:	▶ WW	W LANDTRUSTALLIANCE OR	G		(5)	oroup exemp	cion nui	ilbei F
						<u> </u>			
			Corporation Trust Associat	ion   Other 🕨		<b>L</b> Year	of formation 1	982 <b>M</b>	State of legal domicile MA
Part		Sumi	mary						
		-		on or most significant activities		=			
	<u>TO</u>	SAVE	THE PLACES PEOPLE LOVE	BY STRENGTHENING LAND CON	SERV	'ATION A	CROSS AME	RICA	
ا بو									
≌									
<u>≅</u>									
<u> </u>	<b>2</b> Ch	eck thi	s box দ if the organization d	iscontinued its operations or dispo	sed o	f more tha	an 25% of its	net as:	sets
Governance									
	<b>3</b> Nu	ımber o	f voting members of the gover	ning body (Part VI, line 1a)	•			3	25
<u>8</u>	<b>4</b> Nu	ımber o	findependent voting members	of the governing body (Part VI, lin	e 1b)			4	25
Ĕ	<b>5</b> To	tal num	nber of individuals employed in	calendar year 2015 (Part V, line 2	2a) .			5	75
Activities &	<b>6</b> To	tal num	nber of volunteers (estimate if	necessary)				6	0
·  7	<b>7a</b> To	tal unre	elated business revenue from F	Part VIII, column (C), line 12 .				7a	4,225
Ь	Net	unrela	ted business taxable income fi	rom Form 990-T, line 34	•			7b	-6
							Prior Year		Current Year
	8	Contrib	outions and grants (Part VIII,	line 1h)			11,977	,933	13,706,410
볼				line 2g)			1,274	,382	1,303,975
Beyenue	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)						144	,854	191,027
# 1	1	Other	revenue (Part VIII, column (A	), lines 5 , 6d , 8c , 9c , 10c , and 11e	)			0	0
1			evenue—add lines 8 through 1	1 (must equal Part VIII, column (A	A), lin	e	13,397	,169	15,201,412
		12)							
				rt IX, column (A), lines 1-3) .			3,269		3,790,381
1				IX, column (A), line 4)		•		0	0
<b>χ</b> 1	.5	Salarıe 5–10)	es, other compensation, employ	yee benefits (Part IX, column (A), l	5,807	,476	6,456,378		
ž l	.6a	-	sional fundraising fees (Part I)	X column (A.) line 11e)				0	0
Ψ					•				
			ndraising expenses (Part IX, column (				4,438	754	4 005 300
				, lines 11a-11d, 11f-24e)		'		-	4,905,309
	.8 .9			ust equal Part IX, column (A), line			13,515		15,152,068
	.9	keveni	ue iess expenses. Subtract line	e 18 from line 12	•		-118		49,344
စီလို   ကျည်း						Beginni	ng of Current	Year	End of Year
Net Assets or Fund Balances	20	Total a	ssets (Part X, line 16)				19,059	,527	19,012,499
주를   2							1,445		1,537,047
훈분   <sub>2</sub>	22	Net as	sets or fund balances Subtrac	t line 21 from line 20			17,614	,482	17,475,452
Part	_		ature Block				•		· ·
my kno	wledg	e and b any kn	ellef, it is true, correct, and co owledge	xamined this return, including acco mplete Declaration of preparer (ot					
		*****	** ture of officer				2016-05-10 Date		
Sign		<b>y</b> Signa	ture of officer				Date		
Here		Туре	LYN AYRES CHIEF OP & FIN OFFICER or print name and title						
	_		nnt/Type preparer's name SCOTT DENLINGER	Preparer's signature J SCOTT DENLINGER		ate	Check If	PTIN P00740	)770
Paid		_					self-employed		
Prepa	arer	`	m's name ► CHERRY BEKAERT LL m's address ► 3 Bethesda Metro Ctr				Firm's EIN F 5		
Use (	Only	, ["	a dudicas 🕒 a petileadd Metilo Cti				тноне по (30	1) 231-36	JJ0

Bethesda, MD 20814

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

. ✓ Yes ☐ No

4c 4d	(Code SEE SCHEDULE 0 Other program serv (Expenses \$	) (Expenses \$ /Ices (Describe in Scho Incl	,	f \$	) (Revenue \$	)				
	SEE SCHEDULE O		,		, ,,	,				
4c	•	) (Expenses \$				,				
		\ / E	761,457	including grants of \$	10,100 ) (Revenue \$	1				
4b	(Code SEE SCHEDULE O	) (Expenses \$	2,539,511	including grants of \$	37,500 ) (Revenue \$	)				
4a	(Code SEE SCHEDULE O	) (Expenses \$	8,277,144	including grants of \$	3,742,781 ) (Revenue \$	1,290,975 )				
4	Describe the organizexpenses Section 5		e accomplishm ) organizations	s are required to report	ree largest program services, t the amount of grants and allo					
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?									
2	the prior Form 990 o	undertake any signific or 990-EZ? ese new services on S			which were not listed on	「Yes √No				
<u>SEE</u>	SCHEDULE O									
1	,	organization's mission								
		•		o any line in this Part :	III	<u> </u>				
	t IIII Statement	of Program Serv	ice Accomp	lishments						
Par	1990 (2015)					Page				

Form **990** (2015)

	990 (2015)			Page
Par	t 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	No
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		No
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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 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? <i>If "Yes," complete Schedule D, Part V</i> 🚨	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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI.  I	11a	Yes	
	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
	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 2	11c		No
	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
е	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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 and XII	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 and XII 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? <i>If "Yes," complete Schedule F, Parts I and IV </i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts 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 other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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 (see instructions)	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? <i>If "Yes," complete Schedule G, Part II</i>	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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a	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), 501(c)(4), and 501(c)(29) 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
	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
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
		28a		No
D	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 direct or indirect 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? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? 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 11b and 19?  Note: All Form 990 filers are required to complete Schedule O.	38	Yes	

	990 (2015)			Page \$				
Pal	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			.୮				
	· · · · · · · · · · · · · · · · · · ·		Yes	No				
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 84							
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0							
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	5						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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, securities account, or other financial account)?	4a		No				
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\cdot$ .	5a		Νo				
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 as charitable contributions?	6a		No				
b	<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gift were not tax deductible?							
7								
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo				
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.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8						
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter							
а	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							
11	Section 501(c)(12) organizations. Enter							
а	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a						
b	Enter the amount of reserves the organization is required to maintain by the states							
	In which the organization is licensed to issue qualified health plans							
	Enter the amount of reserves on hand							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No				
ט	In 163, has it lied a form 720 to report these payments II into, provide an explanation in Schedule O	TAD						

Part VI	Governance.	Management,	and	Disclosu
	GOV CHILATICE,	, manayement,	ana	DISCIUSA

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

Se	ction A. Governing Body and Management			<u>, .,</u>
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	-		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 25			
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		No
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			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	≀evenu	ле Cod	e.)
			Yes	No
.0a	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		
.1a	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 this Form 990			
.2a	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	
С	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	
.3	Did the organization have a written whistleblower policy?	13	Yes	
.4	Did the organization have a written document retention and destruction policy?	14	Yes	
.5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
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)			
.6a	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		
	ection C. Disclosure			
.7	List the States with which a copy of this Form 990 is required to be filed. AK, AL, AR, AZ, CA, CO, CT, DC, MA, ME, MD, MI, MS, MN, NC, NH			

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

- 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 of Own website Another's website Upon request Other (explain in Schedule O)
  - Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, address, and telephone number of the person who possesses the organization's books and records ►MARILYN M AYRES 1660 L STREET NW SUITE 1100 WASHINGTON, DC 20036 (202) 800-2235

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

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

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

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

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

(A)	(B)	(c)				(D)	(F)			
Name and Title	Average hours per week (list any hours	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	·	MISC)	organization and related organizations
See Additional Data Table										
						<u> </u>				Form <b>990</b> (2015)

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

	Section A. Officers,										1
	<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	(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-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
		for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Ke, emplojee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
See	Additional Data Table										
		+			<del>                                     </del>						<del>                                     </del>
		+			_						-
							<u> </u>				
1b	Sub-Total				•		. •				
c d	Total (add lines 1b and 1c)			` .	٠.	٠.	-		1,405,977	0	388,696
2	Total number of individuals (i \$100,000 of reportable comp	ncluding but not	lımıted	to the	sel		d abov	e) w	ho received more t	han	
											Yes No
3	Did the organization list any <b>1</b>							yee,	or highest comper	nsated employee	
	on line 1a? If "Yes," complete							•		_	<b>3</b> No
4	For any individual listed on ling organization and related organdividual									uch	<b>4</b> Yes
5	Did any person listed on line services rendered to the orga									or individual for	5 No
										_	
<u>S</u>	<u>ection B. Independent C</u>	ontractors									

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

(A) Name and business address	(B) Description of services	(C) Compensation
COMMUNITY IT INNOVATORS, pO BOX 220278 chantilly, VA 20153	IT SERVICES	170,633
CAPITOL TAX PARTNERS LLP  101 CONSTITUTION AVE NW WASHINGTON, DC 20001	CONSULTING/LOBBYING	150,000
RUSSELL REYNOLDS ASSOCIATES  CHURCH STREET STATION NEW YORK, NY 10249	EXECUTIVE SEARCH	122,409
O2 COLLABORATIVE INC, 1401 CHURCH STREET NW WASHINGTON, DC 20005	DESIGN SERVICES	122,068

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 4

Part V		Statement of Revenue  Check if Schedule O contains a response or note to any line in this Part VIII									
		Check if Schedu	Jie O contains a respor	nse or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
s ts	1a	Federated camp	paigns 1a	8,180							
Grants mounts	b	Membership du	es <b>1b</b>								
Gr imo	С	Fundraising eve	ents <b>1c</b>								
Giffs, iilar Aı	d	Related organiz	ations 1d								
	e	Government grants	s (contributions) <b>1e</b>	372,280							
ons Sii	f	All other contribution	ons, gifts, grants, and <b>1f</b>	13,325,950							
Contributions, and Other Sim	-	sımılar amounts no	t included above								
ntri 1 O	g	1a-1f \$	ons included in lines	516,100							
Cont and	h	Total. Add lines	s 1a-1f	· · · •	13,706,410						
<u>e</u>				Business Code							
Program Serwce Revenue	2a	CONFERENCE & W		900004	1,007,121	1,007,121					
8	b	OTHER PROGRAM I	REVENUE	900004	283,885	279,660	4,225				
мсе	C	PUBLICATIONS		900004	12,969	12,969					
Ser	d e										
ran	f	All other progra	ım service revenue								
}ું				_	4.000.075						
_	g 3		s 2a-2f ome (including dividen		1,303,975						
		and other simila	aramounts)	•	145,821			145,821			
	4		tment of tax-exempt bond	proceeds							
	5	Royalties	(ı) Real	(II) Personal							
	6a	Gross rents	(i) iteal	(11) 1 01001101							
	b	Less rental									
		expenses Rental income									
	٠	or (loss)									
	d	Net rental incor	me or (loss)  (i) Securities	<b>-</b> - (II) Other							
	7a	Gross amount from sales of assets other than inventory	3,926,669	(ii) o tiioi							
	Ь	Less cost or other basis and sales expenses	3,881,463								
	С	Gain or (loss)	45,206		45.004			45.005			
enne,	d 8a	Gross income fi events (not incl	_	· · · · <b>&gt;</b>	45,206			45,206			
Other Revenue		of contributions See Part IV, lin	reported on line 1c) e 18 <b>a</b>								
₹			penses <b>b</b>								
				events <b>⊳</b> -							
	ь	less direct evi	a penses b								
			loss) from gaming acti	vities							
	10a	Gross sales of returns and allo	wances .								
			loss) from sales of inve								
	11a	Miscellaneous	s Kevenue	Business Code							
	11a				+						
	С	-			-						
	d	All other revenu	ue		+						
	e										
	12	Total revenue.	See Instructions .	🖊	15,201,412	1,299,750	4,225	191,027			

# Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organiza	ations must com	plete column (A )	
	Check if Schedule O contains a response or note to any line in				<i>.</i> .
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	3,790,381	3,790,381		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	971,860	321,670	287,337	362,853
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	4,420,243	3,015,273	146,032	1,258,938
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	272,502	185,983	8,856	77,663
9	Other employee benefits	424,060	289,421	13,782	120,857
10	Payroll taxes	367,713	250,964	11,951	104,798
11	Fees for services (non-employees)				
а	Management				
b	Legal	85,408	65,445	18,349	1,614
C	Accounting	26,250		26,250	
d	Lobbying	192,950	192,950		
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,358,382	1,240,757	69,980	47,645
12	Advertising and promotion	28,800	28,800		
13	Office expenses	419,282	287,665	16,687	114,930
14	Information technology	489,586	396,320	13,384	79,882
15	Royalties	500	500		
16	Occupancy	426,724	307,850	19,385	99,489
17	Travel	663,215	452,053	18,686	192,476
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	545,650	373,484	13,172	158,994
20	Interest	1,481	1,006	71	404
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	94,999	64,581	4,525	25,893
23	Insurance	25,414	4,806	20,608	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	PRINTING & PUBLICATIONS	343,625	292,941	5,310	45,374
b	PROFESSIONAL DEVELOPMEN	163,694	15,262	137,251	11,181
c	BOARD MEETING EXPENSES	39,349		36,650	2,699
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	15,152,068	11,578,112	868,266	2,705,690
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2015) Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . . . . . . . . . . . . . . . . . . (A) (B) Beginning of year End of year 2,482,974 2,863,596 1 1 2 6.240.699 2 4.669.901 Savings and temporary cash investments . . . . Pledges and grants receivable, net . . . . . 5,656,768 6,881,093 3 3 68.026 4 4 128.603 5 Loans and other receivables from current and former officers, directors, trustees. key employees, and highest compensated employees. Complete Part II of 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 7 52,441 8 39,583 8 384,200 306.430 9 9 Prepaid expenses and deferred charges . . . . . 10a Land, buildings, and equipment cost or other basis 1,297,611 10a Complete Part VI of Schedule D b 10b 1,162,178 183,264 10c 135,433 Less accumulated depreciation . . . . 3.982.544 11 3,980,699 11 12 12 Investments—other securities See Part IV, line 11 . . . . . 13 13 Investments—program-related See Part IV, line 11 . 14 14 15 8.611 15 7,161 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . . 19,059,527 16 19,012,499 447,125 17 **17** 527,350 398.044 18 509,888 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . \_iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . 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 599,876 25 499,809 1,445,045 26 1,537,047 26 **Total liabilities.**Add lines 17 through 25 . . . Organizations that follow SFAS 117 (ASC 958), check here ► 🔽 and complete Balance lines 27 through 29, and lines 33 and 34. 2,548,156 2,211,654 27 27 11,952,535 28 28 12,149,067 Fund 3,113,791 29 29 3,114,731 Permanently restricted net assets . . . . . . . . . Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. ö 30 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . Retained earnings, endowment, accumulated income, or other funds 32 32 ž 33 17,614,482 17,475,452 33 Total liabilities and net assets/fund balances . . . . . . . . . . . 19.059.527 34 19.012.499

	1990 (2013)				Page <b>⊥</b> ∡
Par	Reconcilliation of Net Assets  Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		15,	201,412
2	Total expenses (must equal Part IX, column (A), line 25)	2		15,:	152,068
3	Revenue less expenses Subtract line 2 from line 1	3			49,344
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		17,0	614,482
5	Net unrealized gains (losses) on investments	5			 194,295
6	Donated services and use of facilities	6			5,921
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		17,	475,452
Par	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. $\sqsubset$
	·			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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or range separate basis, consolidated basis, or both	eviewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sbasis, consolidated basis, or both	separate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for over of the audit, review, or compilation of its financial statements and selection of an independent account		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explanation of the control				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Single Audit Act and OMB Circular A-133?	n the	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why in Schedule O and describe any steps taken to undergo such aud		3b		

Software ID: **Software Version:** 

**EIN:** 04-2751357

Name: LAND TRUST ALLIANCE INC

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	(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
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former			related organizations
Aageenbrug Lise DIRECTOR-DENVER, CO	3 00	Х						0	0	0
Andrews Laurie DirectorJackson, WY	3 00	х						0	0	0
Ayres Robert A DirectorAustin, TX	3 00	х						0	0	0
Bell Alan M DirectorChicago, IL	3 00	х						0	0	0
Campisteguy Maria Elena DirectorPortland, OR	3 00	х						0	0	0
Colloredo-Mansfeld Franz DirectorBoston, MA	3 00	х						0	0	0
Dachs Lauren DirectorSan Francisco, CA	3 00	х						0	0	0
Dowling Michael P  IMMEDIATE PAST ChairDenver, CO	3 00	х		х				0	0	0
Calvert Fitzsimons Blair DirectorSan Antonio, TX	3 00	х						0	0	0
French Jameson Vice-ChairKingston, NH	3 00	х		x				0	0	0
Hagood Elizabeth DirectorCharleston, SC	3 00	х						0	0	0
Hartwell David DirectorMinneapolis, MN	3 00	х						0	0	0
Hausmann Peter DirectorNewtown Square, PA	3 00	х						0	0	0
Huber Sherry F  DirectorFalmouth, ME	3 00	х						0	0	0
Johnson Laura A ChairConcord, MA	5 00	х		х				0	0	0
Kueter Lawrence DirectorDenver, CO	3 00	х						0	0	0
Ladd Edward H DirectorDover, MA	3 00	x						0	0	0
Lloveras Fernando DirectorSan Juan, PR	3 00	х						0	0	0
Leptuck Cary DirectorBirchrunville, P	3 00	х						0	0	0
Lockhart Stephen  DirectorOakland, CA	3 00	×						0	0	0
McFadden Mary DirectorBrookline, MA	3 00	х						0	0	0
Mulligan William Treasurer/Secretary-Chagrin, OH	3 00	х		х				0	0	0
Olsen George DırectorHelena, MT	3 00	х						0	0	0
Polemis Michael DirectorOld Chatham, NY	3 00	х						0	0	0
Rich Frederic VICE CHAIRGarrison, NY	3 00	х		х				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) A verage hours per week (list any hours for related organizations below dotted line)	Posit more th	ion (d nan o n is b	ne booth a	ox, u an of	inless ficer		roffice Highest compensate employee		fice Highest compensat		(D) Reportable compensation from the organization (W- 2/1099-MISC)	( <b>E</b> ) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Rosenberg Steven E DirectorPoughkeepsie, NY	3 00	х						0	0	0				
JUDITH STOCKDALE  DirectorChicago, IL	3 00	х						0	0	0				
DARRELL WOOD DirectorVina, CA	3 00	х						0	0	0				
RAND WENTWORTH President	45 00			х				339,142	0	152,883				
MARILYN M AYRES	45 00			х				159,206	0	24,745				
MARY POPE M HUTSON  Executive Vice President	45 00				х			205,177	0	93,679				
McGillan Mary Ellen  Vice President	45 00					х		199,688	0	21,265				
Ward Elizabeth  Director of Communications	45 00					х		132,148	0	33,276				
Shay Russell  Director of Public Policy	45 00					х		129,333	0	28,670				
Kıvıkko Renee Dırector of Education	45 00					х		120,767	0	28,237				
Mcleod Andrew  Director of Advocacy	45 00					х		120,516	0	5,941				

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OMB No 1545-0047

#### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

### **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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

**2015** 

Open to Public

Inspection

**Employer identification number** Name of the organization LAND TRUST ALLIANCE INC 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement. (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other organization listed in your governing monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes

instructions

Pa	Support Schedule f (Complete only if you Part III. If the organi	checked the bo	ox on line 5, 7,	or 8 of Part I o	r if the organiz	ation failed to q	
	ection A. Public Support	zation fails to qu	danily under the	tests listed be	iow, piease con	iipiete Part III.)	
	Calendar year						
(or	fiscal year beginning in)	(a)2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	11,787,057	17,470,117	9,236,564	11,977,933	13,706,410	64,178,081
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	11,787,057	17,470,117	9,236,564	11,977,933	13,706,410	64,178,081
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						11,545,428
6	<b>Public support.</b> Subtract line 5 from line 4						52,632,653
_S	ection B. Total Support						
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	<b>(d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> Total
(or 7	fiscal year beginning in) ► Amounts from line 4	11,787,057	17,470,117	9,236,564	11,977,933	13,706,410	64,178,081
8	Gross income from interest,	11,707,037	17,470,117	3,230,304	11,517,555	13,700,410	04,170,001
Ü	dividends, payments received on securities loans, rents, royalties and income from similar sources	94,942	122,531	132,596	142,994	145,821	638,884
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	<b>Total support.</b> Add lines 7						64,816,965
12	through 10 Gross receipts from related activities	ities, etc (see ins	tructions)			12	
13	First five years. If the Form 990 is check this box and stop here						organization,
S	ection C. Computation of Pu					1	
14	Public support percentage for 20			11, column (f))		14	81 200 %
15	Public support percentage for 201			. , ,		15	85 400 %
	33 1/3% support test—2015.If the	•	•	contine 13 and	line 14 is 33 1/30		
b	and stop here. The organization q 33 1/3% support test—2014. If th box and stop here. The organizati 10%-facts-and-circumstances tes is 10% or more, and if the organiz in Part VI how the organization m	ualifies as a publice organization did on qualifies as a part organization meets the factors.	cly supported organic not check a box of the	anization on line 13 or 16a organization check a box on lir tances test, chec	, and line 15 is 3 ne 13, 16a, or 16 ck this box and <b>st</b>	3 1/3% or more, cl b, and line 14 cop here. Explain	►F neck this ►F
b 18	organization  10%-facts-and-circumstances tes 15 is 10% or more, and if the org Explain in Part VI how the organiz supported organization  Private foundation. If the organization	anızatıon meets th zatıon meets the "	ne "facts-and-circ facts-and-circum	umstances" test stances" test Th	, check this box a ne organization qu	and <b>stop here.</b> Jalifies as a public	ly ▶⊏

▶□

Schedule A (Form 990 or 990-EZ) 2015 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (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 vear (a)2011 (d)2014 **(b)**2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning in) 🕨 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt nurnose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2014 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage

b 33 1/3% support tests—2014. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

19a 33 1/3% support tests—2015. 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

Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2014 Schedule A, Part III, line 17

18

►ſ

17

18

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked

Section A. All Supporting Organizations			
I, complete Sections A and D, and complete	te Part V )		
11b of Part I, complete Sections A and C	If you checked 11c of Part I, com	iplete Sections A , D , and E If y	ou checked 11d of Par

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?  If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  If "Yes," answer (b) and (c) below.	За		ı
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$ , $(5)$ , or $(6)$ and satisfied the public support tests under section $509(a)(2)$ ?  If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?  If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
<b>4</b> a	Was any supported organization not organized in the United States ("foreign supported organization")?  If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		ı
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?  If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised	4b		
c	by or in connection with its supported organizations.  Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)$ ?  If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	<b>4</b> c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year?  If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		ı
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
C	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		l
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		<u> </u>
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		

Pai	Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?  If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?  If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b	The organization is the parent of each of its supported organizations Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
Ŀ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in?  If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
Ŀ	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			uct ions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
!	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
ı	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
1	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
<b>i</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting o	rganızatıon (see

Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	· · · · · · · · · · · · · · · · · · ·
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp	pt purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval re	quired)		
6 Other distributions (describe in Part VI) See instru	uctions		
7 Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to details in Part VI) See instructions	to which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
<b>d</b> From 2013			
e From 2014			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<ul> <li>Carryover from 2010 not applied (see instructions)</li> </ul>			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (If amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
<b>c</b> Excess from 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			

#### Part VI Supplemental Information.

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

Facts	And	Circum	stances	Test
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Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2015

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DLN: 93493132003436 **Political Campaign and Lobbying Activities** OMB No 1545-0047

2015

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

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ►Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

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

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

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

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

	Section 501(c)(3) organizations that have filed Form 5768 (election under section 50	•	•
	e organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see se	. ,,	•
	35c (Proxy Tax) (see separate instructions), then	sparate matractions, o	1 1 O m 330-12, 1 art v,
	Section 501(c)(4), (5), or (6) organizations Complete Part III		
	ime of the organization	Employer ide	entification number
	ND TRUST ALLIANCE INC		
_		04-275135	
ar	t I-A Complete if the organization is exempt under section 501(c	c) or is a section 52	?/ organization.
1	Provide a description of the organization's direct and indirect political campaign acti	vities in Part IV	
2			
olit	tical expenditures		
Onc	.icui experiures		
Þ	<b>-</b>		
			\$
3			
olu/	unteer hours		
			=
'ar	t I-B Complete if the organization is exempt under section 501(c	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	1 4955	\$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?		☐ Yes ☐ No
4a			
vas	a correction made?		
- <sub>Y</sub>	es No		
	If "Yes," describe in Part IV		
	t I-C Complete if the organization is exempt under section 501(c	c), except section 5	(01(c)(3).
1	Enter the amount directly expended by the filing organization for section 527 exemp	t function activities	\$
2			
	er the amount of the filing organization's funds contributed to other organizations for se	oction F27	
	npt function activities	:0001 527	
			\$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120	0-POL, line 17b	\$
	▶		⊅
4			
old t	the filing organization file <b>Form 1120-POL</b> for this year?		
_ Y	es No		
5	Enter the names, addresses and employer identification number (EIN) of all section organization made payments. For each organization listed, enter the amount paid fro amount of political contributions received that were promptly and directly delivered separate segregated fund or a political action committee (PAC). If additional space	m the filing organization's to a separate political or	s funds Also enter the ganızatıon, such as a

(a) Name	( <b>b)</b> Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-
2				
3				
4				
5				
6				

ochedule C (i	onn 990 or 990-E2)2013	Page ∡
Part II-A	Complete if the organization is exempt under section 501(c)(3) and filed Form 57	68 (election
	under section 501(h)).	

A Check Fr 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.)	` '	(b) Affiliated group totals
---	-----	--------------------------------

Total lobbying expenditures to influence public opinion (grass roots

1a lobbying)

- $oldsymbol{b}$  Total lobbying expenditures to influence a legislative body (direct lobbying)
- Total lobbying expenditures (add lines 1a and 1b)
- $oldsymbol{d}$  O ther exempt purpose expenditures
- Total exempt purpose expenditures (add lines 1c and 1d)  ${f e}$

f Lobbying nontaxable amount Enter the amount from the following table in both columns

Lobbying noncaxable amount. Enter the amount from the following table in both columns				
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			

Grassroots nontaxable amount (enter 25% of line 1f)

Subtract line 1g from line 1a If zero or less, enter -0-

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

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 i reporting section 4911 tax for this year?

Yes 🗆

### 4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period** 

	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> Total
	Lobbying nontaxable amount	700,602	751,028	825,773	907,603	3,185,006
ь 	Lobbying ceiling amount (150% of line 2a, column(e))					4,777,509
_c	Total lobbying expenditures	287,127	305,571	435,177	392,686	1,420,561
_d	Grassroots nontaxable amount	175,151	187,757	206,443	226,901	796,252
e	Grassroots ceiling amount (150% of line 2d, column (e))					1,194,378
f	Grassroots lobbying expenditures	2,500	10,000		28,800 <b>Jule C (Form 990</b>	

28,800 363,886

392,686 14,759,382

15,152,068

907,603

226,901

	Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	(a)	(b)
or each "Yes" r ctivity.	esponse on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	No	Amount
legislatio	ne year, did the filing organization attempt to influence foreign, national, state or local on, including any attempt to influence public opinion on a legislative matter or referendum, the use of	Yes	
<b>a</b> olunteers?		1 1	ı
	I		
<b>b</b> Paid staf	J ff or management (include compensation in expenses reported on lines 1c through 1i)?		
<b>c</b> ledia advertis	ements?		
	<u> </u>		
<b>d</b> lailings to me	mbers, legislators, or the public?		
I			
<b>e</b> Publicati	ions, or published or broadcast statements?		
<b>f</b> Grants to	o other organizations for lobbying purposes?		
<b>g</b> Direct co			1
<b>h</b> Rallies, o	demonstrations, seminars, conventions, speeches, lectures, or any similar means?		
<b>i</b> ther activitie	s?		
I			
j otal Add line	s 1c through 1:		
	activities in line 1 cause the organization to be not described in section 501(c)(3)?		4
	enter the amount of any tax incurred under section 4912  enter the amount of any tax incurred by organization managers under section 4912		L
•	ng 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
dicili A	501(c)(6).		Yes No
<b>1</b> Were sub	ostantially all (90% or more) dues received nondeductible by members?		1
2 Did the o	organization make only in-house lobbying expenditures of \$2,000 or less?		2
3 Did the o	organization agree to carry over lobbying and political expenditures from the prior year?		3
Part III-B	Complete if the organization is exempt under section $501(c)(4)$ , section $501(c)(6)$ and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes."		
<b>1</b> ues, assessn	nents and similar amounts from members		
1			
	162(e) nondeductible lobbying and political expenditures (do not include amounts of political s for which the section 527(f) tax was paid).		
<b>a</b> urrent year			
2a			
ь			
arryover from	last year		
C C			
otal .			
<b>2c</b>   <b>3</b> Aggregat	te amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess		
oes the organ	ization agree to carryover to the reasonable estimate of nondeductible lobbying and diture next year?		
<b>4</b> Taxable	amount of lobbying and political expenditures (see instructions)	5	
Part IV	Supplemental Information		
Provide the d	escriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gr	oup list), Part	II-A, lines 1 and
	ctions), and Part II-B, line 1 Also, complete this part for any additional information  eurn Reference Explanation		
	·		90 or 990EZ) 2015

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DLN: 93493132003436

OMB No 1545-0047

## **SCHEDULE D**

(Form 990)

Department of the Treasury

## **Supplemental Financial Statements**

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

Open to Public

ernal Revenue Service	Information about Schedule D	(Form 990) and its instructions is at <u>www.i</u>	rs.gov/form990.	Inspection
Name of the org			Employer iden	tification number
DAND TROST ALEJAN	ICE INC		04-2751357	
		r Advised Funds or Other Similar I ed "Yes" on Form 990, Part IV, line 6.	Funds or Acco	unts.
		(a) Donor advised funds	( <b>b</b> )Funds an	d other accounts
. Total nur	mber at end of year			
Aggregat year)	ce value of contributions to (during			
A ggregat	e value of grants from (during year)			
Aggregat	e value at end of year			
_		advisors in writing that the assets held in do the organization's exclusive legal control?	onor advised	┌ Yes ┌ No
used only fo		and donor advisors in writing that grant fund benefit of the donor or donor advisor, or for		┌ Yes ┌ No
Part III Con	servation Easements. Compl	ete if the organization answered "Yes"	on Form 990, P	art IV, line 7.
Preserva Protecti Preserva Complete III	ation of land for public use (e g , recro on of natural habitat ation of open space nes 2a through 2d if the organization	ne organization (check all that apply) eation or education)	certified historic	structure
easement o	n the last day of the tax year		Held a	nt the End of the Year
a Total numbe	er of conservation easements		2a	the End of the Fedi
<b>b</b> Total acrea	ge restricted by conservation easem	ents	2b	
<b>c</b> Number of c	conservation easements on a certified	d historic structure included in (a)	2c	
	conservation easements included in ( ucture listed in the National Register	c) acquired after 8/17/06, and not on a	2d	
Number of c tax year ►_	conservation easements modified, tra	nsferred, released, extinguished, or termina	ted by the organiza	ation during the
Number of s	states where property subject to cons	ervation easement is located 🗠		
	ganization have a written policy rega and enforcement of the conservation	rding the periodic monitoring, inspection, ha easements it holds?	ndling of	┌ Yes ┌ No
Staff and vo year	llunteer hours devoted to monitoring,	inspecting, handling of violations, and enfor	cing conservation	easements during the
<b>-</b>	<del></del>			
	expenses incurred in monitoring, insp	ecting, handling of violations, and enforcing	conservation ease	ments during the year
	conservation easement reported on li ection 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of se		ΓYes ΓNο
In Part XIII balance she	I, describe how the organization repoi	rts conservation easements in its revenue a t of the footnote to the organization's financi asements		
		ctions of Art, Historical Treasures	, or Other Sim	ilar Assets.
Com	nplete if the organization answer	ed "Yes" on Form 990, Part IV, line 8.	•	
works of art	, historical treasures, or other simila	FAS 116 (ASC 958), not to report in its rever assets held for public exhibition, education in its reverse to its financial statements that describ	, or research in fui	
works of art		FAS 116 (ASC 958), to report in its revenue r assets held for public exhibition, education o these items		
(i) Revenue ir	ncluded on Form 990, Part VIII, line	1	<b>►</b> \$	
(ii) Assets inc	luded in Form 990, Part X		<b>-</b> \$	
If the organ	ization received or held works of art,	historical treasures, or other similar assets SFAS 116 (ASC 958) relating to these item	for financial gain,	
a Revenue inc	cluded on Form 990, Part VIII, line 1		<b>►</b> \$_	

**b** Assets included in Form 990, Part X

3												
•		the organization's acquisition, acc tion items (check all that apply)	ession, and other re	ecords, cl	heck any	of the	following tha	tare	a sıgnıfıcant u	se of it	ts	
а	┌ P	ublic exhibition		d	┌ Lo	an or	exchange pro	gram	s			
b	Γs	cholarly research		e	$\Gamma$ 0	ther						
c	ΓP	reservation for future generations										
4	Provide Part X	de a description of the organization (III	s collections and ex	xplain ho	w they fu	rther t	the organizati	on's e	xempt purpos	e ın		
5	Durin	g the year, did the organization soli	cit or receive donat	ions of a	rt, hıstorı	cal tre	easures or otl	nersii	mılar			
		s to be sold to raise funds rather th		d as part	of the org	janıza	tıon's collectı	on?	┌ Ye	s 「	No	
Par	t IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		n Form	990, Pa	rt IV,	line 9, or r	epor	ted an amou	nt on	Form	າ 990,
1a		e organization an agent, trustee, cus led on Form 990, Part X?	todian or other inte	ermediary	for cont	rıbutıc	ons or other a	ssets	not <b>Ye</b>	s 「	No	
ь	If"	Yes," explain the arrangement in P	art XIII and comple	ete the fo	llowing ta	ble			Ar	nount		
C		ginning balance	·		_		:	lc				
d		ditions during the year						ld				
e	Dıs	tributions during the year						le				
f		ding balance						Lf				
2a		ie organization include an amount o	n Form 990. Part X	. line 21.	for escr	word	ـــــ ustodial acco	ount li	ability? <b>T Ye</b>	 s Г	No	
b		s," explain the arrangement in Part										Г
Pa	rt V	Endowment Funds. Comple									•	
		·	(a)Current year		or year	_	Two years back	<del>-</del>	Three years back	_	our yea	ars back
1a	Begin	ning of year balance	4,164,443		3,995,09	5	3,577,843	3	3,341,289		1	1,817,590
b	Contr •	ributions • • • • • • •	940		16,880	5	1,30	7	4,025	5	1	1,564,357
С	Net ır losse	nvestment earnings, gains, and s	-43,532		265,96	ı	507,446	5	310,529			12,342
d		s or scholarships · · · ·	155,000		110,50		88,500		75,000	<u> </u>		50,000
e	and p	r expenditures for facilities rograms • • • • • • •	3,000		3,000		3,000		3,000			3,000
f	A dmı	nistrative expenses										
g	End o	f year balance · · · · ·	3,963,851		4,164,44	3	3,995,096	5	3,577,843		3	3,341,289
2	Provid	de the estimated percentage of the	current year end ba	ılance (lır	ne 1g, co	lumn (	(a)) held as					
а	Board	designated or quasi-endowment 🕨										
b	Perma	anent endowment ► 78 580 %										
c		orarily restricted endowment Fercentages on lines 2a, 2b, and 2c	21 420 % should equal 100%	o o								
3a		nere endowment funds not in the pos			that are	held a	nd administer	red fo	r the			
		ization by		aa						Γ	Yes	No
	<b>(i)</b> un	related organizations							3	a(i)		No
		lated organizations							<u> </u>	a(ii)		No
_		s" on 3a(II), are the related organiz								3b		
4	t VI	Tibe in Part XIII the intended uses		s endown	ient tuna	<u> </u>						
Par	t VI	Land, Buildings, and Equip Complete if the organization a		Form 9	90. Par	t IV.	line 11a.See	e Fori	m 990. Part	X. lıne	e 10.	
		Description of property			(a)		(b)		Accumulate	d (		k value
	land				ost or othe (investm		Cost or other (other)	basis	(c)depreciatioi	1		
				· · ⊢			+					
		gs		· .			446	010	356	004		E4 025
		oold improvements		·  -				,919	356,	-		54,825
		nent		·  -			886	5,692	806,	U04		80,608
					mn (B). I	ne 100	(c).)	L		+		135,433

See Form 990, Part X, line 12.  (a) Description of security or category		( <b>b)</b> Book value	(c)Method of valuation
(including name of security)  (1)Financial derivatives			Cost or end-of-year market value
(2)Closely-held equity interests (3)Other			
(3)0 thei			
	<u> </u>		
Total (Column (h) must equal Form 990 Part V col. (R) line 12.)	<b>*</b>		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)  Part VIII Investments—Program Related.		_	
Complete if the organization answered  (a) Description of investment		art IV, line 11c. <sub>Se</sub> ( <b>b)</b> Book value	e Form 990, Part X, line 13.
(a) Description of investment		BOOK Value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )	<b>*</b>		
Part IX Other Assets. Complete if the organization (a) Descri		n 990, Part IV, line :	
(a) Descri	ption		(b) Book value
Part X Other Liabilities. Complete if the orga See Form 990, Part X, line 25.	nızatıon answered 'Ye		
Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.  1. (a) Description of liability			
Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.  1. (a) Description of liability	nızatıon answered 'Ye		
Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	nızatıon answered 'Ye		
Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  DEFERRED COMPENSATION	(b) Book value		
Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  DEFERRED COMPENSATION  deferred Rent	(b) Book value		
Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  DEFERRED COMPENSATION  deFERRED RENT  CAPITAL LEASE OBLIGATION	(b) Book value  355,102  117,125		
See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  DEFERRED COMPENSATION  deFERRED RENT  CAPITAL LEASE OBLIGATION	(b) Book value  355,102		
Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  DEFERRED COMPENSATION  deFERRED RENT  CAPITAL LEASE OBLIGATION	(b) Book value  355,102  117,125		
Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  DEFERRED COMPENSATION  deferred rent deferred ren	(b) Book value  355,102  117,125		
Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  DEFERRED COMPENSATION  deferred Rent  CAPITAL LEASE OBLIGATION	(b) Book value  355,102  117,125		
Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  DEFERRED COMPENSATION  deferred Rent  CAPITAL LEASE OBLIGATION	(b) Book value  355,102  117,125		
Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  DEFERRED COMPENSATION  deferred Rent  CAPITAL LEASE OBLIGATION	(b) Book value  355,102  117,125		

15,152,068

	2410 5 (1 01111 550) 2015		i age -
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue   Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per F	leturn
1	Total revenue, gains, and other support per audited financial statements	1	15,557,567
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a -194,295		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	631,655
3	Subtract line <b>2e</b> from line <b>1</b>	3	14,925,912
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII ) 4b 275,500		
c	Add lines <b>4a</b> and <b>4b</b>	4c	275,500
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	15,201,412
Part	Reconciliation of Expenses per Audited Financial Statements With Expense	s per	Return.
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	15,659,067
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	782,499
3	Subtract line <b>2e</b> from line <b>1</b>	3	14,876,568
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	275,500

#### Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . .

Return Reference	Explanation
Part V, Line 4	The Berkley Endowment is to be used for accreditation of land trusts to build and recognize strong land trusts, foster public confidence in land conservation and help ensure the long-term protection of conserved land. The Kingsbury Browne Award Endowment is to be used for the Alliance expenses of this conservation leadership award given annually in memory of Kingsbury Browne.
Part X, Line 2	THE ORGANIZATION ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS BASED ON A "MORE LIKELY THAN NOT" THRESHOLD TO THE RECOGNITION OF THE TAX POSITIONS BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION UNDER SCRUTINY BY THE APPLICABLE TAXING AUTHORITY IF A TAX POSITION OR POSITIONS ARE DEEMED TO RESULT IN UNCERTAINTIES OF THOSE POSITIONS, THE UNRECOGNIZED TAX BENEFIT IS ESTIMATED BASED ON A "CUMULATIVE PROBABILITY ASSESSMENT" THAT AGGREGATES THE ESTIMATED TAX LIABILITY FOR ALL UNCERTAIN TAX POSITIONS THE ORGANIZATION HAS IDENTIFIED ITS TAX STATUS AS A TAX-EXEMPT ENTITY AS ITS ONLY SIGNIFICANT TAX POSITION, HOWEVER, THE ORGANIZATION HAS DETERMINED THAT SUCH TAX POSITION DOES NOT RESULT IN AN UNCERTAINTY REQUIRING RECOGNITION THE ORGANIZATION IS NOT CURRENTLY UNDER EXAMINATION BY ANY TAXING JURISDICTION THE ORGANIZATIONS FEDERAL AND STATE TAX RETURNS ARE GENERALLY OPEN FOR EXAMINATION FOR THREE YEARS FOLLOWING THE DATE FILED
PART XI, LINE 2D, OTHER	REPRESENTS REVENUE FROM THE LAND TRUST ACCREDITATION COMMISSION WHICH ARE PART OF THE CONSOLIATED AUDITED FINANCIAL STATEMENTS PART XI, LINE 4B, OTHER INTER-ORGANIZATIONAL TRANSFERS PART XII, LINE 2D, OTHER REPRESENTS EXPENSES FROM THE LAND TRUST ACCREDITATION COMMISSION WHICH ARE PART OF THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS PART XII, LINE 4B, OTHER INTER-ORGANIZATIONAL TRANSFERS

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

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DLN: 93493132003436

OMB No 1545-0047

**SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

10

Total

**Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**Supplemental Information Regarding** 

Attach to Form 990 or Form 990-EZ. ► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection

	ne of the organization ND TRUST ALLIANCE INC						<b>Employer iden</b> 04-2751357	tification number
Pa		tivities.Complete			cion answered "Yes" (	on Form		line 17.
a b c d	✓ Internet and email solicitations f ✓ Solicitation of government grants ✓ Phone solicitations g ✓ Special fundraising events ✓ In-person solicitations 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 ✓ Yes ✓ No services?							
	(i) Name and address of ındıvıdual or entity (fundraiser)	(ii) Activity	fundrai cust cont	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(or r fundra	nount paid to etained by) iser listed in col <b>(i)</b>	(vi) A mount paid to (or retained by) organization
1	SOCIAL CAPITAL INC 980 N MICHIGAN AVE	FUNDRAISING CONSULTING	Yes	No No	0		10,750	-10,750
2	CHICAGO, IL 60611  NEW ENGLAND GRANT WORKS 17 PINE ISLAND ROAD  MATTAPOISETT, MA 02739	GRANT WRITING		No	0		5,910	-5,910
3	PAMELA NICHOLLS 620 RUSHMORE DRIVE GRAND JUNCTION, CO 81503	EVENT MANAGEMENT		No	0		11,298	-11,298
4								
5								
6								
7								
8								

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

-27,958

27,958

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

Schedule G	(Form 990 or 990-E2) 2015 Pag
Part II	Fundraising Events.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of
	fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross
	receipts greater than \$5,000

	receipts greater than \$5,000	-			
		<b>(a)</b> Event #1	<b>(b)</b> Event #2	(c)O ther events	(d) Total events (add col (a) through
		(event type)	(event type)	(total number)	col <b>(c)</b> )
ф.					
Revenue	<b>1</b> Gross receipts				
_	<b>2</b> Less Contributions				
	3 Gross income (line 1 minus line 2)				
	4 Cash prizes				
	5 Noncash prizes				
မှာ	6 Rent/facility costs				
Expenses	<b>7</b> Food and beverages				
ă	8 Entertainment				
Direct	<b>9</b> Other direct expenses				
à	10 Direct expense summary Add lines 4	through 9 ın column (c	1)		
	<b>11</b> Net income summary Subtract line 1	0 from line 3, column (d	i)		
Par	t III Gaming. Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on	Form 990, Part IV, line	e 19, or reported mor	re than \$15,000 on
Revenue		<b>(a)</b> Bıngo	(b)P ull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
æ	1 Gross revenue				
- Se	2 Cash prizes				
bens	3 Noncash prizes				
Direct Expense	4 Rent/facility costs				
<u>a</u>					<del> </del>
	5 Other direct expenses	_		_	
	6 Volunteerlabor		│	✓ Yes	
	7 Direct expense summary Add lines :	2 through 5 in column (	1)		_
	8 Net gaming income summary Subtra	ct line 7 from line 1, co	lumn (d)	<u> ▶</u>	
9 a	Enter the state(s) in which the organiza Is the organization licensed to conduct				<b>□</b> Yes □No
b	If "No," explain				
10a	Were any of the organization's gaming l				「Yes 「No
b	If "Yes," explain				
					J

Schedule	G (Form	990	or 990-EZ	201

Page	3
------	---

11	Does the organization conduct gaming	activities with nonmem	bers?	Yes	No
12	Is the organization a grantor, beneficia	ty			
	formed to administer charitable gaming	g?		ГYes Г	No
13	Indicate the percentage of gaming acti	ıvıty conducted ın			
а	The organization's facility			13a	%
b	An outside facility			13b	%
14	Enter the name and address of the per	son who prepares the or	ganızatıon's gamıng/specıal events books	s and records	
	Name <b>▶</b>				
15a	Does the organization have a contract		whom the organization receives gaming		
	revenue?	men a emia parcy nom v	mom the organization receives gaining	□Yes □	No
h		avanua racaiyad by tha	organization 🟲 \$ a		110
	amount of gaming revenue retained by			and the	
_					
	If "Yes," enter name and address of th	e third party			
	Name 🟲				
	Address ►				
16	Gaming manager information				
	Name 🕨				
	Gaming manager compensation > \$				
	Description of services provided				
	Director/officer	 Employee			
	Director/officer	Employee	☐ Independent contractor		
17	Mandatory distributions				
	·	e law to make charitable	e distributions from the gaming proceeds	to	
	retain the state gaming license?		5 5.	ГYes Г	No
ь	• •	red under state law dist	ributed to other exempt organizations or s		
	in the organization's own exempt activ			•	
Pa	rt IV Supplemental Information	on. Provide the explain the explain the state of the stat	anations required by Part I, line 2b, as applicable. Also complete this pa		(v); and
	Return Reference		Explanation		
		L	· · · · · · · · · · · · · · · · · · ·		

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Schedule I

(Form 990)

Department of the

**DLN: 93493132003436**OMB No 1545-0047

2015

Open to Public

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

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

Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

nternal Revenue Service		•	•	ctions is at www.iirs.go.			
ame of the organization						Employer identification	on number
AND TRUST ALLIANCE INC						04-2751357	
Part I General Information	on Grants and	d Assistance					
<ul> <li>Does the organization maintain rethe selection criteria used to awa</li> <li>Describe in Part IV the organizat</li> </ul>	rd the grants or as non's procedures fo	sistance? or monitoring the use	of grant funds in the Un	ıted States			▽Yes ┌N
Part II Grants and Other Assistan that received more than \$1				plete if the organization	answered "Yes" on Fo	orm 990, Part IV, line 21	., for any recipient
(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See Additional Data Table							
_							

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

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

unused funds to the Alliance

(a)Type of grant or assistance	ce <b>(b)</b> Numl recipie		<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance	
Part IV Supplemental In	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.						
Return Reference Explanation							

Return Reference Explanation

Part I, Line 2 The Alliance monitors the use of regrant funds through rigorous review of project budgets, interim and final grant reports, ongoing project tracking, and site visits with grantees where appropriate Grantees that are unable to complete projects or to use funds as proposed are typically required to return

Schedule I (Form 990) 2015

## **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 04-2751357

Name: LAND TRUST ALLIANCE INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	( <b>g)</b> Description of non-cash assistance	(h) Purpose of grant or assistance
AGRICULTURAL STEWARDSHIP ASSOCIATION 2531 STATE ROUTE 40 GREENWICH, NY 128341210	22-3084628	501(c)(3)	36,777				CAPACITY BUILDING
AMERICAN FARMLAND TRUST 112 SPRING STREET SARATOGA SPRINGS,NY 12866	52-1190211	501(c)(3)	35,000				CAPACITY BUILDING
ARIZONA LAND AND WATER TRUST 3127 N CHERRY AVENUE TUCSON,AZ 85719	86-6148507	501(c)(3)	12,000				CAPACITY BUILDING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	(d) A mount of cash grant	1	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
BATTENKILL CONSERVANCY PO BOX 327 CAMBRIDGE,NY 12816	14-1774022	501(c)(3)	45,500				CAPACITY BUILDING				
BEDFORD AUDUBON SOCIETY 35 TODD ROAD KATONAH,NY 10536	13-6220779	501(c)(3)	15,700				CAPACITY BUILDING				
BITTER ROOT LAND TRUST PO BOX 1806 HAMILTON,MT 59840	31-1595967	501(c)(3)	20,000				CAPACITY BUILDING				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
BLUE MOUNTAIN CONSERVANCY PO BOX 666 LA GRANDE, OR 978500666	26-0805038	501(c)(3)	29,532				CAPACITY BUILDING				
BLUE MOUNTAIN LAND TRUST PO BOX 1473 WALLA WALLA,WA 99362	91-1989279	501(c)(3)	52,201				CAPACITY BUILDING				
BROOKLYN QUEENS LAND TRUST 677 LAFAYETTE AVENUE BROOKLYN,NY 11216	61-1441052	501(c)(3)	25,000				CAPACITY BUILDING				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
BUFFALO NIAGARA RIVER LAND TRUST 721 MAIN STREET BUFFALO,NY 14203	46-2654753	501(c)(3)	20,000				CAPACITY BUILDING				
CAPITAL ROOTS 40 RIVER STREET TROY,NY 12180	14-1596291	501(c)(3)	20,000				CAPACITY BUILDING				
CAPITOL LAND TRUST 209 4TH AVENUE EAST OLYMPIA,WA 985016968	91-1413484	501(c)(3)	6,500				CAPACITY BUILDING				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CATSKILL CENTER FOR CONSERVATION & DEVELOPMENT 43355 STATE HIGHWAY 28 ARKVILLE,NY 124060504	23-7058142	501(c)(3)	25,000				CAPACITY BUILDING			
CAZENOVIA PRESERVATION FOUNDATION PO BOX 627 CAZENOVIA,NY 130350627	16-6101151	501(c)(3)	24,500				CAPACITY BUILDING			
CENTRAL NEW YORK LAND TRUST PO BOX 9417 SYRACUSE,NY 13290	23-7399316	501(c)(3)	25,000				CAPACITY BUILDING			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
CHAMPLAIN AREA TRAILS PO BOX 193 WESTPORT,NY 12993	26-4004845	501(c)(3)	70,000				CAPACITY BUILDING				
CHAUTAUQUA WATERSHED CONSERVANCY 413 NORTH MAIN STREET JAMESTOWN,NY 14701	16-1389010	501(c)(3)	11,000				CAPACITY BUILDING				
CHELAN-DOUGLAS LAND TRUST PO BOX 4461 WENATCHEE, WA 98807	91-1331348	501(c)(3)	15,428				CAPACITY BUILDING				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
COLORADO OPEN LANDS 355 S TELLER STREET LAKEWOOD,CO 80226	84-0866211	501(c)(3)	17,000				CAPACITY BUILDING				
COLUMBIA LAND CONSERVANCY PO BOX 299 CHATHAM,NY 12037	22-2757332	501(c)(3)	55,400				CAPACITY BUILDING				
COLUMBIA LAND TRUST 1351 OFFICERS ROW VANCOUVER, WA 98661	94-3140861	501(c)(3)	56,200				CAPACITY BUILDING				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	( <b>d)</b> A mount of cash grant	` '	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CONGRESSIONAL SPORTSMEN'S FOUNDATION 110 NORTH CAROLINA AVE SE WASHINGTON, DC 20003	52-1686163	501(c)(3)	7,500				POLICY GRANT			
CONSERVATION FOUNDATION OF THE GULF COAST PO BOX 902 OSPREY,FL 34229	20-0345249	501(c)(3)	7,500				CAPACITY BUILDING			
CRESTED BUTTE LAND TRUST PO BOX 2224 CRESTED BUTTE,CO 81224	84-1190830	501(c)(3)	25,500				CAPACITY BUILDING			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	( <b>d)</b> A mount of cash grant	• •	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
DELAWARE HIGHLANDS CONSERVANCY PO BOX 428 HAWLEY,PA 18428	23-2804664	501(c)(3)	31,210				CAPACITY BUILDING			
DESCHUTES LAND TRUST 210 NW IRVING AVENUE BEND,OR 977012050	93-1186407	501(c)(3)	71,768				CAPACITY BUILDING			
DESERT FOOTHILLS LAND TRUST PO BOX 4861 CAVE CREEK, AZ 85327	86-0677917	501(c)(3)	13,500				CAPACITY BUILDING			

Form 990,Schedule I, Par	Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
DUTCHESS LAND CONSERVANCY PO BOX 138 MILLBROOK,NY 12545	14-1667526	501(c)(3)	27,000				CAPACITY BUILDING					
EAST COOPER LAND TRUST PO BOX 2495 MOUNT PLEASANT,SC 29465	20-0473518	501(c)(3)	5,500				CAPACITY BUILDING					
EDMUND NILES HUYCK PRESERVE 5052 DELAWARE TURNPIKE RENSSELAERVILLE, NY 121470189	14-1338387	501(c)(3)	15,000				CAPACITY BUILDING					

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> A mount of cash grant		<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
FINGER LAKES LAND TRUST 202 E COURT STREET ITHACA,NY 14850	22-2983688	501(c)(3)	51,000				CAPACITY BUILDING			
FLATHEAD LAND TRUST PO BOX 1913 KALISPELL,MT 599031913	36-3479966	501(c)(3)	9,400				CAPACITY BUILDING			
FRIENDS OF THE COLUMBIA GORGE LAND TRUST 522 SW 5TH AVENUE PORTLAND,OR 97204	93-0782467	501(c)(3)	54,675				CAPACITY BUILDING			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
FRIENDS OF THE WASHINGTON COUNTY GRASSLANDS IBA 3 OAKWOOD DRIVE S GLENN FALLS,NY 12803	27-4846966	501(c)(3)	17,100				CAPACITY BUILDING				
GALLATIN VALLEY LAND TRUST 212 S WALLACE BOZEMAN,MT 59715	81-0464513	501(c)(3)	5,750				CAPACITY BUILDING				
GALVESTON BAY FOUNDATION 17330 HWY 3 WEBSTER,TX 77598	76-0279876	501(c)(3)	13,500				CAPACITY BUILDING				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	, , , ,	(h) Purpose of grant or assistance				
GENESEE LAND TRUST 46 PRINCE STREET ROCHESTER, NY 146071912	22-3033712	501(c)(3)	59,000				CAPACITY BUILDING				
GRAND TRAVERSE REGIONAL LAND CONS 3860 NORTH LONG LAKE ROAD TRAVERSE CITY,MI 49684	38-2994229	501(c)(3)	11,100				CAPACITY BUILDING				
GRASSROOTS GARDENS OF BUFFALO 2496 MAIN STREET BUFFALO,NY 14214	16-1479159	501(c)(3)	65,000				CAPACITY BUILDING				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> A mount of cash grant		<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
GREAT LAND TRUST PO BOX 101272 ANCHORAGE, AK 99501	92-0155014	501(c)(3)	10,000				CAPACITY BUILDING				
GREAT SWAMP CONSERVANCY 8375 NORTH MAIN STREET CANASTOTA,NY 13032	16-1529688	501(c)(3)	28,000				CAPACITY BUILDING				
GREENE LAND TRUST 270 MANSION STREET COXSACKIE,NY 12154	20-2696414	501(c)(3)	9,000				CAPACITY BUILDING				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
GREEN GUERILLAS 232 E 11TH STREET NEW YORK, NY 10003	13-2903183	501(c)(3)	27,000				CAPACITY BUILDING				
GREENBELT LAND TRUST 101 SW WESTERN BLVD CORVALLIS,OR 97333	94-3113836	501(c)(3)	57,285				CAPACITY BUILDING				
HUDSON HIGHLANDS LAND TRUST PO BOX 226 GARRISON,NY 10524	13-3528266	501(c)(3)	55,000				CAPACITY BUILDING				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
IDAHO COALITION OF LAND TRUSTS PO BOX 1845 BOISE,ID 83701	46-4754548	501(c)(3)	8,500				CAPACITY BUILDING				
INDIAN RIVER LAKES CONSERVANCY PO BOX 27 REDWOOD,NY 13679	16-1555636	501(c)(3)	65,000				CAPACITY BUILDING				
JEFFERSON LAND TRUST 1033 LAWRENCE STREET PORT TOWNSEND, WA 983686523	91-1465078	501(c)(3)	11,250				CAPACITY BUILDING				

Form 990,Schedule I, Par	orm 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
JO DAVIESS CONSERVATION FOUNDATION PO BOX 216 ELIZABETH,IL 61028	36-3913497	501(c)(3)	11,500				CAPACITY BUILDING				
KACHEMAK HERITAGE LAND TRUST 315 KLONDIKE AVENUE HOMER,AK 99603	94-3104608	501(c)(3)	9,113				CAPACITY BUILDING				
KANIKSU LAND TRUST PO BOX 2123 SANDPOINT,ID 83864	47-0898549	501(c)(3)	11,324				CAPACITY BUILDING				

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	( <b>d)</b> A mount of cash grant	• •	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
KEWEENAW LAND TRUST 801 N LINCOLN DRIVE HANCOCK,MI 499301563	38-3299537	501(c)(3)	6,000				CAPACITY BUILDING				
KLAMATH LAKE LAND TRUST 212 S 9TH STREET KLAMATH FALLS,OR 97603	27-2927649	501(c)(3)	54,625				CAPACITY BUILDING				
LAKE CHAMPLAIN LAND TRUST 1 MAIN STREET SUITE 205 BURLINGTON,VT 05401	03-0267331	501(c)(3)	12,200				CAPACITY BUILDING				

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LAKE PLACID LAND CONSERVANCY PO BOX 1250 LAKE PLACID,NY 12946	16-1452565	501(c)(3)	15,000				CAPACITY BUILDING				
LAND TRUST ACCREDITATION COMMISSION 1660 L STREET NW SUITE 1100 WASHINGTON, DC 20036	20-4622209	501(c)(3)	262,500				OPERATION SUPPORT				
LAND TRUST OF SANTA CRUZ COUNTY 617 WATER STREET SANTA CRUZ,CA 95060	94-2431856	501(c)(3)	10,000				CAPACITY BUILDING				

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LEMHI REGIONAL LAND TRUST PO BOX 871 SALMON,ID 83467	20-2753508	501(c)(3)	6,000				CAPACITY BUILDING			
LORD BERKELEY CONSERVATION TRUST 223 EAST MAIN STREET MONCKS CORNER, SC 29461	57-6140810	501(c)(3)	6,000				CAPACITY BUILDING			
LOWER NEHALEM COMMUNITY TRUST PO BOX 496 MANZANITA,OR 971300496	74-3052925	501(c)(3)	69,162				CAPACITY BUILDING			

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MCKENZIE RIVER TRUST 1245 PEARL STREET EUGENE,OR 974012411	93-1029808	501(c)(3)	84,375				CAPACITY BUILDING				
MENDOCINO LAND TRUST PO BOX 1094 MENDOCINO,CA 95460	94-2362450	501(c)(3)	9,000, 9				CAPACITY BUILDING				
MIANUS RIVER GORGE 167 MIANUS RIVER ROAD BEDFORD,NY 105061808	13-3523329	501(c)(3)	60,000				CAPACITY BUILDING				

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MOHAWK HUDSON LAND CONSERVANCY PO BOX 567 SLINGERLANDS, NY 121590567	14-1754157	501(c)(3)	20,050				CAPACITY BUILDING				
MOHONK PRESERVE PO BOX 715 NEW PALTZ,NY 12561	14-1609484	501(c)(3)	30,000				CAPACITY BUILDING				
MONMOUTH CONSERVATION FDTN P O BOX 4150 MIDDLETOWN,NJ 077484150	22-2185314	501(c)(3)	11,000				CAPACITY BUILDING				

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(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	( <b>d)</b> A mount of cash grant	1	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
MONTANA ASSOCIATION OF LAND TRUSTS PO BOX 892 HELENA,MT 59624	81-0506868	501(c)(3)	9,000, 9				CAPACITY BUILDING				
MONTEZUMA LAND CONSERVANCY 216A W MONTEZUMA AVENUE CORTEZ,CO 813211522	31-1632961	501(c)(3)	8,000				CAPACITY BUILDING				
NEVADA LAND TRUST PO BOX 20288 RENO,NV 89515	88-0287591	501(c)(3)	5,250				POLICY GRANT				

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NEW MEXICO LAND CONSERVANCY PO BOX 6759 SANTA FE,NM 875026759	06-1648104	501(c)(3)	16,000				CAPACITY BUILDING				
NEW YORK AGRICULTURAL LAND TRUST PO BOX 216 ELBRIDGE,NY 13141	20-5679522	501(c)(3)	19,500				CAPACITY BUILDING				
NEW YORK-NEW JERSEY TRAIL CONFERENCE 600 RAMAPO VALLEY ROAD MAHWAH,NJ 07430	22-6042838	501(c)(3)	20,000				CAPACITY BUILDING				

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(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	(d) A mount of cash grant	1 3 5	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
NEWTOWN FOREST ASSOCIATION INC PO BOX 213 NEWTOWN,CT 06470	06-6079549	501(c)(3)	7,500				CAPACITY BUILDING				
NORTH COAST LAND CONSERVANCY PO BOX 67 SEASIDE,OR 97138	93-0957815	501(c)(3)	63,700				CAPACITY BUILDING				
NORTH OLYMPIC LAND TRUST 104 NORTH LAUREL STREET PORT ANGELES,WA 98362	91-1500378	501(c)(3)	17,750				CAPACITY BUILDING				

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NORTH SHORE LAND ALLIANCE 151 POST ROAD OLD WESTBURY,NY 11568	56-2368769	501(c)(3)	80,000				CAPACITY BUILDING				
NORTHCOAST REGIONAL LAND TRUST PO BOX 398 BAYSIDE,CA 95524	68-0456290	501(c)(3)	7,000				CAPACITY BUILDING				
OBLONG LAND CONSERVANCY PO BOX 601 PAWLING,NY 12564	11-1080022	501(c)(3)	8,600				CAPACITY BUILDING				

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(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	1	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
ONTARIO BAYS INITIATIVE PO BOX 117 CHAUMONT, NY 136220117	16-1461521	501(c)(3)	13,000				CAPACITY BUILDING				
ORANGE COUNTY LAND TRUST PO BOX 269 SUGAR LOAF,NY 10981	13-3692034	501(c)(3)	65,000				CAPACITY BUILDING				
OTSEGO LAND TRUST PO BOX 173 COOPERSTOWN, NY 133260173	13-3499394	501(c)(3)	30,000				CAPACITY BUILDING				

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OZAUKEE WASHINGTON LAND TRUST 200 WISCONSIN STREET WEST BEND, WI 530950917	39-1741288	501(c)(3)	9,800				CAPACITY BUILDING				
PALOUSE LAND TRUST PO BOX 8506 MOSCOW,ID 83843	94-3219418	501(c)(3)	11,500				CAPACITY BUILDING				
PECONIC LAND TRUST PO BOX 1776 SOUTHAMPTON, NY 119691776	11-2667021	501(c)(3)	40,000				CAPACITY BUILDING				

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	1 3 5	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
PUTNAM COUNTY LAND TRUST PO BOX 36 BREWSTER,NY 105090036	23-7058465	501(c)(3)	10,000				CAPACITY BUILDING				
RENSSELAER LAND TRUST PO BOX 204 SAND LAKE,NY 12153	14-1708890	501(c)(3)	20,500				CAPACITY BUILDING				
RENSSELAER PLATEAU ALLIANCE 167 BRAINARD ROAD AVERILL PARK,NY 12018	94-3444825	501(c)(3)	75,000				CAPACITY BUILDING				

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RIO GRANDE HEADWATERS LAND TRUST 840 GRAND AVENUE DEL NORTE,CO 81132	84-1495770	501(c)(3)	10,500				CAPACITY BUILDING				
SAGEBRUSH STEPPE LAND TRUST PO BOX 1404 POCATELLO,ID 83204	82-6092501	501(c)(3)	10,000				CAPACITY BUILDING				
SAN ISABEL LAND PROTECTION TRUST PO BOX 124 WESTCLIFFE,CO 81252	84-1311010	501(c)(3)	16,000				CAPACITY BUILDING				

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	( <b>d)</b> A mount of cash grant	• •	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
SANTA FE CONSERVATION TRUST PO BOX 23985 SANTA FE,NM 87502	85-0418988	501(c)(3)	12,000				CAPACITY BUILDING				
SARATOGA PLAN 112 SPRING STREET SARATOGA,NY 128663351	14-1706013	501(c)(3)	30,000				CAPACITY BUILDING				
SHASTA LAND TRUST 1768 WEST STREET REDDING,CA 960992026	68-0441184	501(c)(3)	8,750				CAPACITY BUILDING				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SHEEPSCOT VALLEY CONSERVATION ASSOCIATION 624 SHEEPSCOT ROAD NEWCASTLE, ME 04553	22-2658964	501(c)(3)	17,700				CAPACITY BUILDING			
SIERRA FOOTHILL CONSERVANCY PO BOX 691 MARIPOSA,CA 95338	93-6301478	501(c)(3)	10,000				CAPACITY BUILDING			
SOLANO LAND TRUST 1001 TEXAS STREET FAIRFIELD,CA 94533	94-3015363	501(c)(3)	5,500				CAPACITY BUILDING			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
SOUTHEAST LAND TRUST OF NEW HAMPSHIRE PO 675 EXETER,NH 03833	02-0355374	501(c)(3)	17,700				CAPACITY BUILDING				
SOUTHERN OREGON LAND CONSERVAN PO BOX 954 ASHLAND,OR 975200032	93-0724691	501(c)(3)	74,451				CAPACITY BUILDING				
SOUTHERN PLAINS LAND TRUST 6439 E MAPLEWOOD AVENUE CENTENNIAL,CO 80111	84-1470479	501(c)(3)	9,000				CAPACITY BUILDING				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
SOUTHWEST MICHIGAN LAND CONSERVANCY 6851 S SPRINKLE ROAD PORTAGE, MI 490029708	38-3038708	501(c)(3)	9,750				CAPACITY BUILDING				
ST LAWRENCE LAND TRUST PO BOX 684 CANTON,NY 13617	35-2215442	501(c)(3)	12,000				CAPACITY BUILDING				
STOWE LAND TRUST PO BOX 284 STOWE, VT 056720284	03-0307155	501(c)(3)	19,200				CAPACITY BUILDING				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	( <b>d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
SUMMIT LAND CONSERVANCY PO BOX 1775 PARK CITY, UT 84060	42-1538872	501(c)(3)	11,000				CAPACITY BUILDING				
TEATOWN LAKE RESERVATION INC 1600 SPRING VALLEY ROAD OSSINING,NY 105621643	23-7154985	501(c)(3)	67,500				CAPACITY BUILDING				
TETON REGIONAL LAND TRUST 146 S HWY 33 DRIGGS,ID 834220247	94-3146525	501(c)(3)	10,000				CAPACITY BUILDING				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	( <b>d)</b> A mount of cash grant	3 5	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
TEXAS LAND CONSERVANCY PO BOX 162481 AUSTIN,TX 78716	75-1825883	501(c)(3)	11,000				CAPACITY BUILDING				
THE COALITION OF OREGON LAND TRUSTS 511 SE MORRISON STREET PORTLAND,OR 97214	45-1510255	501(c)(3)	14,000				CAPACITY BUILDING				
THE KENNEBEC ESTUARY LAND TRUST 92 FRONT STREET BATH,ME 045302607	01-0446468	501(c)(3)	17,700				CAPACITY BUILDING				

Form 990,Schedule I, Par	Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	( <b>d)</b> A mount of cash grant	` '	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
THE MONADNOCK CONSERVANCY PO BOX 337 KEENE,NH 03431	22-3030420	501(c)(3)	19,700				CAPACITY BUILDING		
THE NATURE CONSERVANCY 195 NEW KARNER ROAD ALBANY,NY 122054605	53-0242652	501(c)(3)	30,000				CAPACITY BUILDING		
THE NATURE CONSERVANCY 821 SE 14TH AVENUE PORTLAND,OR 97214	53-0242652	501(c)(3)	26,500				CAPACITY BUILDING		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	(b) EIN	<b>(c)</b> IRC section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
THE NATURE CONSERVANCY- CWNY 1048 UNIVERSITY AVENUE ROCHESTER,NY 14607	53-0242652	501(c)(3)	20,000				CAPACITY BUILDING	
THE WETLANDS CONSERVANCY 4640 SW MACADAM PORTLAND, OR 97239	93-0797197	501(c)(3)	41,023				CAPACITY BUILDING	
THOUSAND ISLANDS LAND TRUST 135 JOHN STREET CLAYTON,NY 13624	22-2629183	501(c)(3)	60,000				CAPACITY BUILDING	

Form 990,Schedule I, Part	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	( <b>d)</b> A mount of cash grant	1 3 5	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
THREE VILLAGE COMMUNITY TRUST POBOX 2596 SETAUKET,NY 11733	14-1889124	501(c)(3)	6,000				CAPACITY BUILDING		
TUG HILL TOMORROW LAND TRUST PO BOX 6063 WATERTOWN,NY 13601	22-3115498	501(c)(3)	40,900				CAPACITY BUILDING		
VALLEY CONSERVATION COUNCIL INC 17 BARRISTERS ROW STAUNTON,VA 244014225	54-1548245	501(c)(3)	6,000				CAPACITY BUILDING		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
WALLOWA LAND TRUST PO BOX 516 ENTERPRISE,OR 97828	20-1037078	501(c)(3)	38,961				CAPACITY BUILDING	
WASHINGTON ASSOCIATION OF LAND TRUSTS PO BOX 218 GREENBANK, WA 98253	26-3186170	501(c)(3)	13,500				CAPACITY BUILDING	
WEANTIONOGE HERITAGE LAND TRUST 5 MAPLE STREET KENT,CT 06757	06-6082034	501(c)(3)	10,000				CAPACITY BUILDING	

Form 990,Schedule I, Par	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
WESTCHESTER LAND TRUST 403 HARRIS ROAD BEDFORD HILLS, NY 105071802	13-3507910	501(c)(3)	31,000				CAPACITY BUILDING		
WESTERN NEW YORK LAND CONSERVANCY PO BOX 471 EAST AURORA, NY 140520471	22-3160426	501(c)(3)	61,694				CAPACITY BUILDING		
WILD RIVERS LAND TRUST PO BOX 1158 PORT ORFORD, OR 97465	93-1289894	501(c)(3)	57,544				CAPACITY BUILDING		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	( <b>d)</b> A mount of cash grant	` '	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
WINNAKEE LAND TRUST PO BOX 610 RHINEBACK,NY 12572	14-1722963	501(c)(3)	30,000				CAPACITY BUILDING	
WOODSTOCK LAND CONSERVANCY PO BOX 864 WOODSTOCK,NY 12498	22-2950482	501(c)(3)	35,000				CAPACITY BUILDING	
YALE SCHOOL OF FORESTRY & ENVIRONMENTAL STUDIES 205 PROSPECT STREET NEW HAVEN,CT 06511	06-0646973	501(c)(3)	15,000				YALE/BERKLEY WORKSHOP	

DLN: 93493132003436

## Schedule J

(Form 990)

**Compensation Information** 

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

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

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LAND TRUST ALLIANCE INC

**Employer identification number** 

04-2751357

Par	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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)			
	Personal services (e.g., maid, chadheur, cher)			
	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods			
	used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee  Written employment contract			
	✓ Independent compensation consultant ✓ Compensation survey or study ✓ Form 990 of other organizations ✓ Approval by the board or compensation committee			
	Form 990 of other organizations  Approval by the board or compensation committee			
	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
С	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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Νo
b	Any related organization?	5b		Νο
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
	Any related organization?	6b		Νο
	If "Yes," on line 6a or 6b, describe in Part III			
	For persons listed on 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 on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	In Part III	8		No
	<u> </u>	0		INU
	If "Yes" on 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 duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation in
		Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred benefits compensation		(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 RAND WENTWORTH President	(i)	336,436	0	2,706	125,299	27,584	492,025	91,292
	(ii)	0	0	0	0	0	0	0
2 MARILYN M AYRES COO & CFO	(i)	159,068	0	138	12,980	11,765	183,951	0
	(ii)	0	0	0	0	0	0	0
3 MARY POPE M HUTSON Executive Vice President	(i)	205,050	0	127	84,015	9,664	298,856	35,000
	(ii)	0	0	0	0	0	0	0
4 McGillan Mary Ellen Vice President	(i)	199,430	0	258	10,879	10,386	220,953	0
	(ii)	0	0	0	0	0	0	0
5 Ward Elizabeth Director of Communications	(i)	132,010	0	138	9,059	24,217	165,424	0
	(ii)	0	0	0	0	0	0	0
6 Shay Russell Director of Public Policy	(i)	128,937	0	396	10,853	17,817	158,003	0
,	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2015

#### Part III Supplemental Information

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

r Tovide the information, explanation, o	r descriptions required for rait 1, times 14, 16, 3, 44, 46, 36, 36, 66, 7, and 6, and for rait 11. Also complete this part for any additional information
Return Reference	Explanation
Part I, Line 4b	RAND WENTWORTH - \$91,500 MARY POPE M HUTSON - \$16,500

Schedule J (Form 990) 2015

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DLN: 93493132003436

2015

OMB No 1545-0047

Department of the Treasury

Internal Revenue Service

**SCHEDULE M** 

(Form 990)

# **Noncash Contributions**

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

► Attach to Form 990.

►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Open to Public Inspection

	ie of the organization TRUST ALLIANCE INC				Employer identificati	on number	
4110	TROST ALLIANCE INC				04-2751357		
Pa	rt I Types of Property						
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	( <b>d)</b> Method of de noncash contribu	termining	ts
1	Art—Works of art						
2	Art—Historical treasures .						
3	Art—Fractional interests						
	Books and publications						
5	Clothing and household						
6	goods						
	Boats and planes						
	Intellectual property						
	Securities—Publicly traded .	X	19	516 100	AVG HI/LO ON REC	FIPT	
	Securities—Closely held stock .	L	17	310,100	A V O HI / LO ON KEE		
	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 .						
	Taxidermy						
	Historical artifacts						
	Scientific specimens						
	Archeological artifacts						
	Other ► ()						
	Other ► ()						
	Other ► ()						
	Other ► ()			<u> </u>	<u> </u>		
29	Number of Forms 8283 received for which the organization comple				29		
30a	During the year, did the organiza					Yes	No
	it must hold for at least three ye				reu to de usea		
	for exempt purposes for the enti					30a	Νo
b	If "Yes," describe the arrangem	ent in Part :	II				
31	Does the organization have a gi	ft acceptan	ce policy that requires the r	review of any non-standard	contributions?	<b>31</b> Yes	
32a	Does the organization hire or us contributions?	e third part	ies or related organizations	to solicit, process, or sell	noncash • • •	32a	No
b	If "Yes," describe in Part II						
33	If the organization did not report	t an amount	in column (c) for a type of	property for which column (	a) is checked,		

describe in Part II

Page 2

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Part II		9	ì	nn	ما	m	6

Supplemental Information.

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

Return Reference Explanation

Schedule M (Form 990) (2015)

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DLN: 93493132003436

OMB No 1545-0047

2015

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# SCHEDULE O Sup

Department of the Treasury
Internal Revenue Service

(Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

Return Reference	Explanation
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

Return Reference	Explanation
FORM 990, PART III, LINE 4A	EDUCATION AND CAPACITY BUILDING in 2015, the Alliance provided training and peer networking opportunities to over 3,100 individuals through Rally 2015. National Land Trust Conservation Conference, in-person regional trainings, webinars, an online Learning Center and "Ask-the-Expert" conference calls. The Alliance furthered its commitment to investing deeply in the capacity and growth of land trusts, providing \$3.5 million in grants through its Excellence and Leadership, Accreditation Preparation and regional programs. Utilizing 4 circuit riders, specialists who provide regional assistance and support, with a reserving 36 land trusts in Connecticut, Rhode Island, New York, Western Pennsylvania and the Potomac Watershed, building the strength and sustainability of these small and all-volunteer land trusts. Part I of our Leadership Program is a five-day intensive training for 28 executive directors. The content is organized around four themes meeting your mission, leadership and organizational effectiveness, financial management and oversight, and fundraising. The training is followed by a post-training grant to advance a priority they identified during the training. Prior year graduates of Part I are invited to Part II which is a two-and-a-half-day training retreat for the executive director and a board leader. In 2015, we had 44 participants representing 22 land trusts for a session organized around four themes connecting with community, organizational sustainability, managing change, and fundraising. Part II land trusts also receive a post-training grant to help implement an improvement project jointly identified by the executive directors and their board counterparts. Through our Excellence Program the Alliance invested \$941,320 in 63 high potential land trusts to help them take the next critical steps in their growth and development. In the first two years of the program, the Alliance has now invested a total of \$1,835,714 in these land trusts. The direct grants are designed to help land trusts take the next

Return Reference	Explanation
FORM 990, PART III, LINE 4B	POLICY AND OUTREACH IN 2015, THE LAND TRUST ALLIANCE SECURED A PERMANENT ENHANCED FEDERAL TAX INCENTIVE FOR DONATIONS OF CONSERVATION EASEMENTSONE OF THE MOST EFFECTIVE WAY'S TO INCREASE THE PACE OF LAND CONSERVATION—THROUGH ENACTMENT OF A NEW LAW SIGNED BY THE PRESIDENT LAST DECEMBER A CCORDING TO THE JOINT COMMITTEE ON TAXATION, THIS COULD RESULT IN \$300 MILLION WORTH OF NEW CONSERVATION EACH YEAR WITH SIGNIFICANT POTENTIAL FOR MORE THIS SUCCESS WAS MADE POSSIBLE BY THE ALLIANCE'S WORK TO ENGAGE LAND TRUSTS IN POLICY ADVOCACY, ENLIST SUPPORT FROM AMERICA'S TOP CHARITY ORGANIZATIONS, RECRUIT ALLIES IN CONGRESS AND UTILIZE EVERY ALLIANCE STAFF MEMBER IN THE ADVOCACY EFFORT IN 2015, WE EXPANDED MEMBERSHIP IN OUR AMBASSADOR PROGRAM, AN INITIATIVE LAUNCHED BY THE ALLIANCE IN 2014 TO ENCOURAGE LAND TRUST LEADERS TO PROACTIVELY CULTIVATE RELATIONSHIPS WITH THEIR ELECTED OFFICIALS WE TRAINED 445 INDIVIDUALS IN POLICY AND ADVOCACY WORK THROUGH OUR ONLINE WEBINARS AND BROUGHT NEARLY 100 LAND TRUST LEADERS FROM 38 STATES TO WASHINGTON, DC, FOR OUR FOURTH ANNUAL ADVOCACY DAY IN APRIL 2015 THIS ADVOCACY DAY WAS OUR LARGEST YET, AND AFTER RECEIVING TRAINING, PARTICIPANTS HELD MORE THAN 200 MEETINGS ON CAPITOL HILL TO PROMOTE THE TAX INCENTIVE AS WELL AS FEDERAL CONSERVATION PROGRAM FUNDING ORGANIZING OUR MEMBER LAND TRUSTS TO ADVOCATE FOR THE LAND AND WATER CONSERVATION FUND (LWCF) HELPED ACHIEVE A HREE-YEAR OUTHORIZATION FOR THE EXPIRED LWCF, AND THE APPROPRIATION OF \$450 MILLION FOR IT WE ALSO HELPED LAND TRUSTS ENGAGE IN SEVERAL LOCAL BALLOT MEASURES IN PARTICEPATION FOR THE FIRED SHOW AND ADVOCACY DAY WAS OUR CARRIED FOR THE EXPIRED LWCF, AND THE APPROPRIATION OF \$450 MILLION FOR TO PUBLIC LAND, HELPING TO GENERATE \$24 MILLION FOR CONSERVATION IN THE APPROPRIATION OF SA50 MILLION FOR IT WE ALSO HELPED LAND TRUSTS BAGGE IN SEVERAL LOCAL BALLOT MEASURES IN PARTICEPATION FOR A GRICULTURE RULLEMAKING FOR ITS NEW AGRICULTURE RULLEMAKING FOR THE EXPRISIONAL CONSERVATION IN THE PROVIDES \$70 MILLION OF SAFO MILLION A YEAR R

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Return Reference	Explanation
FORM 990, PART III, LINE 4C	CONSERVATION PERMANENCE. The Conservation Defense Initiative provides legal information, education, and exchange of news and information on legal defense issues. These efforts educate land trust staff to prepare for the broader spectrum of risk management and includes an online Conservation Defense Clearinghouse which includes case law summaries, judicial opinions, IRS letter rulings, and collections of materials on legal topics. It fosters the professional development of conservation attorneys by providing risk management webinars, in-person trainings, monthly updates, and four forums for our conservation defense network of experienced senior practitioners and attorneys to discuss cutting-edge issues. The Alliance has also worked to help young attorneysand those new to conservation workby offering quarterly webinars, access to legal materials, and a reception at Rally. We have developed a growing network for new attorneys, providing quarterly webinars on conservation law. Finally, the Alliance has utilized its Conservation Defense Fund to help influence positive decisions and set positive legal precedents including two case involving property tax exemptions that successfully upheld the public benefit of conserved lands. For the 2015 policy year, all of the members of Terrafirma Risk Retention Group LLC, a charitable risk pool launched by the Alliance and owned by its member land trusts, renewed their participation in the program Terrafirma now insures 7.26 million acres held by 476 land trusts in 46 states and the District of Columbia. The Alliance estimates that 90% of land conserved under easement by land trusts is insured by Terrafirma or held by organizations capable of self-insuring. Legal defense is necessary but not sufficient to ensure the permanence of conservation. The Alliance believes that land trusts will need broad and deep public support in order for their conservation work to stand the tests of time. To encourage this, the Alliance is highlighting and championing the work of innovative land tru

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	THE DRAFT 990 IS EMAILED TO ALL DIRECTORS WITH INSTRUCTIONS TO DIRECT ALL QUESTIONS, COMMENTS OR REVISIONS TO THE AUDIT COMMITTEE OR CHIEF OPERATING AND FINANCIAL OFFICER THE AUDIT COMMITTEE REVIEWS THE RETURN WITH REPRESENTATIVES OF THE FIRM PREPARING THE RETURN AND AFTER IT COMPLETES IT'S REVIEW AND ADDRESSES ANY QUESTIONS OR COMMENTS FROM OTHER BOARD MEMBERS, DIRECTS THE CHIEF OPERATING AND FINANCIAL OFFICER TO SIGN AND FILE THE RETURNS

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 Committee of the Board to review, make recommendations and disclose actions taken at the next Board meeting. Staff with potential conflicts will disclose them in writing to the President who will review them, take appropriate actions and report substantive conflict issues to the Audit Committee of the Board on a regular basis. The facts and circumstances surrounding the potential conflict, justification for proceeding with the potential conflict and the recommended course of action to be taken to mitigate the Alliance's participation in the conflict will be documented. At a minimum the mitigation actions should include asking the individual involved in the potential conflict to recuse and absent himself or herself from any involvement in discussions or decisions pertaining to the potential conflict.

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	In 2012, the board established a compensation committee which contracted for an independent review of the compensation of the President, Executive Vice President, and Chief Operating & Financial Officer This review included a review of comparability data. A copy of the consultant's written report was provided to all board members

Return Reference	Explanation
• • • • • • • • • • • • • • • • • • • •	Form 990 and financial statements are available on the Alliance website www landtrustalliance org. The conflict of interest policy and governing documents are made available upon request.

Return Reference	Explanation
FORM 990, PART VII, SECTION A	PRESIDENTS COMPENSATION THE ORGANIZATION HAS A 457(F) DEFERRED COMPENSATION PLAN AGREEMENT THAT CALLS FOR \$375,000 IN TOTAL CONTRIBUTIONS BY JANUARY 1, 2017, WITH A VESTING SCHEDULE COMMENCING ON JANUARY 1, 2014 TOTAL DEFERRED COMPENSATION EXPENSE FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014 WAS \$91,292 AND \$90,714, RESPECTIVELY

DLN: 93493132003436

OMB No 1545-0047

2015

Open to Public **Inspection** 

# **SCHEDULE R**

(Form 990)

Department of the Treasury

Internal Revenue Service

**Related Organizations and Unrelated Partnerships** 

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

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization LAND TRUST ALLIANCE INC

**Employer identification number** 

04-2751357

Part I Identification of Disregarded Entities Comple	te if the organization ar	nswered "Yes" on I	Form 990, Part	IV, line 33.			
(a) Name, address, and EIN (If applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity		
(1) ALLIANCE RISK MANAGEMENT SERVICES LLC 1660 L STREET NW SUITE 1100 WASHINGTON, DC 20036 46-3045386	RISK MANAGEMENT	VT	180,000	50,929	LAND TRUST ALLIANCE		
Part II Identification of Related Tax-Exempt Organize or more related tax-exempt organizations during the	cations Complete if the ne tax year.	organization ansv	vered "Yes" on	Form 990, Par	t IV, line 34 because it	had on	e
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	Public charity s (if section 501(d		Section (13) co	
						Yes	No
(1)LAND TRUST ACCREDITATION COMMISSION 1660 L STREET NW SUITE 1100	ACCREDITATION	DC	501(c)(3)	Line 11a, I			No
WASHINGTON, DC 20036 22-4622209							
						1	T

Jenedale IV (	ray										
	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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(F
	Name, address, and EIN of	Primary activity	Legal	Direct	Predominant	Share of	Share of	Disproprtionate	Code V-UBI	General or	Percei
	related organization		domicile	controlling	ıncome(related,	total income	end-of-year	allocations?	amount in box	managing	owne
			(state or	entity	unrelated,		assets		20 of	partner?	

Name, add related	lrèss, and EIN of organization		Legal domicile (state or foreign country)	entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disprop alloca	ortionate ations?	te Code V-UBI G amount in box 20 of Schedule K-1 (Form 1065)		ral or aging ner?	Percentage ownership
					311,			Yes	No		Yes	No	
		_	_						·				_

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> 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	<b>(h)</b> Percentage ownership	(i) Section 512 (b)(13) controlled entity?  Yes No		Section 512 (b)(13) controlled		_
										_		

Part V	Transactions With Related Organizations Complete if the organization answers	ered "Yes" on Form	990, Part IV, line	34, 35b, or 36.									
Note	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No						
<b>1</b> During	the tax year, did the orgranization engage in any of the following transactions with one or more r	elated organizations lis	sted in Parts II-IV?										
<b>a</b> Rece	upt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity				1a		No						
<b>b</b> Gıft,	grant, or capital contribution to related organization(s)				1b	Yes							
<b>c</b> Gıft,	, ,												
<b>d</b> Loan													
<b>e</b> Loan	s or loan guarantees by related organization(s)				1e		No						
<b>f</b> Divid	lends from related organization(s)				<b>1</b> f		No						
<b>g</b> Sale	of assets to related organization(s)				1g		No						
<b>h</b> Purchase of assets from related organization(s)													
i Exchange of assets with related organization(s)													
j Lease of facilities, equipment, or other assets to related organization(s)													
<b>k</b> Leas	e of facilities, equipment, or other assets from related organization(s)				1k		No						
<b>I</b> Perfo	rmance of services or membership or fundraising solicitations for related organization(s) . $$ .				11	Yes							
m Performance of services or membership or fundraising solicitations by related organization(s)													
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)													
<b>o</b> Shar	ing of paid employees with related organization(s)				1o		No						
<b>p</b> Reim	bursement paid to related organization(s) for expenses				<b>1</b> p		No						
<b>q</b> Reim	bursement paid by related organization(s) for expenses				1q	Yes							
<b>r</b> Othe	r transfer of cash or property to related organization(s)				1r		No						
<b>s</b> Othe	r transfer of cash or property from related organization(s)				1s		No						
2 If the	answer to any of the above is "Yes," see the instructions for information on who must complete	e this line, including co	vered relationships	and transaction thresholds									
	<b>(a)</b> Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	ivolved								
1)LAND TRU	ST ACCREDITATION COMMISSION	В	262,500	FMV PAID									
<b>2)</b> LAND TRU	ST ACCREDITATION COMMISSION	Q	142,228	FMV PAID									

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

revenue) that was not a related organization. See instructions													
<b>(a)</b> 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)	org	(e) all partners section 501(c)(3) janizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		<b>(k)</b> Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
											1	1	İ
			<u> </u>	_			1	I	_	<u> </u>			

## Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2015