efile GRAPHIC print - DO NOT PROCESS As Filed Data -Form **990** 

For Paperwork Reduction Act Notice, see the separate instructions.

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

2016

DLN: 93493132062457 OMB No 1545-0047

Open to Public

Department of the Treasury

▶ 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 qov/form990</u>

nterna									Inspection	
A F	or the	<b>2016</b> ca	alendar year, or tax year begin	ning 01-01-2016 , and end	ing 12-31	L-2016				
		plicable	C Name of organization LAND TRUST ALLIANCE INC				D Employ	er identif	ication number	
	dress ch	-					04-275	1357		
	me chai tial retu	-	Doing business as							
Fın	al						F T 1 '			
	n/termi ended i		Number and street (or P O box if ma 1250 H STREET NW NO 600	all is not delivered to street address	) Room/sui	te	E Telephone number			
		n pending					(202) 8	00-2235		
• '			City or town, state or province, coun WASHINGTON, DC 20005	try, and ZIP or foreign postal code						
			,				<b>G</b> Gross re		2,669,024	
			<b>F</b> Name and address of principa ANDREW J BOWMAN	officer		<b>H(a)</b> Is this	a group re	turn for		
			1250 H STREET NW SUITE 600				dinates?	.05	☐Yes ☑No	
			WASHINGTON, DC 20005			H(b) Are al includ		es	☐ Yes ☐No	
Tax	k-exem	pt status	<b>☑</b> 501(c)(3) <b>□</b> 501(c)( ) <b>◄</b> (	ınsert no ) 🔲 4947(a)(1) or 📗	☐ 527			•	instructions)	
W	ebsite	e:► WW	W LANDTRUSTALLIANCE ORG			H(c) Group	exemption	number	<b>&gt;</b>	
						_		Ι		
<b>F</b> orn	n of org	ganızatıon	✓ Corporation ☐ Trust ☐ Associ	ciation 🔲 Other 🕨		L Year of forma	tion 1982	M State MA	of legal domicile	
-										
Рa	rt I	Sumi		- march complement activities						
			cribe the organization's mission or THE PLACES PEOPLE LOVE BY STRI		TION ACR	OSS AMERICA				
נ	=									
Ē	_									
anvellialite		C				350/				
3	_		s box <b>&gt;</b>					ssets 3	25	
ಶ			of independent voting members of	• • • • • • •				4	25	
<u>û</u>	l		nber of individuals employed in cal		•			5	75	
Ĕ			nber of volunteers (estimate if nec	, , ,	•		•	6	300	
Activities	l		elated business revenue from Part	* *			•	7a	4,650	
•	l		ated business taxable income from	• • •			•	7b	-2,828	
	ין ט	vet unier	ated business taxable income non	1 FOITH 990-1, IIIIe 34			or Year	/	Current Year	
		Contribut	ions and grants (Part VIII, line 1h)			PIN		410	13,164,253	
ġ.	l				13,706,4					
Rəvenue	l	-	service revenue (Part VIII, line 2g			<u>' '</u>		1,206,952 194,793		
œ.	l		nt income (Part VIII, column (A),		•		191,0	0	· · · · · · · · · · · · · · · · · · ·	
	l		enue (Part VIII, column (A), lines		l 12\		15,201,4		14,565,998	
			enue—add lines 8 through 11 (mus		iine 12)		3,790,		<u> </u>	
	l		nd similar amounts paid (Part IX, c		•		3,/90,.	0	4,039,365	
	l		paid to or for members (Part IX, co	, ,,			C 45C	<del>-</del>	( 262 576	
8	l		other compensation, employee be				6,456,		6,362,578	
Ë			nal fundraising fees (Part IX, colur	, ,,				0	C	
Expenses	l		raising expenses (Part IX, column (D), lii	· <del>· · · · · · · · · · · · · · · · · · </del>			1.00=			
_	l		penses (Part IX, column (A), lines	,			4,905,	_	4,277,161	
	l		enses Add lines 13–17 (must equ				15,152,0		14,679,104	
un .	19 F	Revenue	less expenses Subtract line 18 fro	om line 12	• •		49,:		-113,106	
5 0						beginning	of Current Y	еаг	End of Year	
Fund Balances	20 1	Total asse	ets (Part X, line 16)				19,012,4	499	18,815,602	
2 B	l		ılıtıes (Part X, lıne 26)				1,537,0		1,287,226	
Į.	l		s or fund balances Subtract line 2				17,475,4		17,528,376	
Par	t II		ature Block				,,			
			erjury, I declare that I have exami	ned this return, including accor	mpanying	schedules and	statements	s, and to	the best of my	
	edge a		f, it is true, correct, and complete	Declaration of preparer (other	than offic	er) is based oi	n all inform	ation of v	which preparer has	
III K	ilowiec	uge								
		*****					7-05-11			
Sign		Signatu	ure of officer			Date	2			
lere	:		'N AYRES CHIEF OP & FIN OFFICER							
		Туре о	r print name and title							
			rınt/Type preparer's name SCOTT DENLINGER	Preparer's signature J SCOTT DENLINGER	D	ate Che		PTI <b>N</b> P00740770		
Paid	t	<u> </u>		3 30011 DENETINGER		self-	employed			
<sup>2</sup> re	oare	ı ⊢	rm's name ► CHERRY BEKAERT LLP				n's EIN ► 56-			
-	Onl	1 =	irm's address ► 4600 EAST WEST HWY	STE 200		Pho	ne no (301)	951-3636		
		_	BETHESDA, MD 20814							

Cat No 11282Y

Form **990** (2016)

Form	990 (20	16)					Page <b>2</b>			
Par	t III	Statement	of Program Service	e Accomplis	hments					
		Check if Sche	edule O contains a respo	onse or note to	any line in this Part III		🗹			
1			organization's mission		•					
SEE :	SCHEDUI	LE O								
2	Did the	organization	undertake any significa	nt program ser	vices during the year w	hich were not listed on				
	the pric	🗌 Yes 🗹 No								
	If "Yes,	" describe th	ese new services on Sch	nedule O						
3	Did the organization cease conducting, or make significant changes in how it conducts, any program									
	service	🗌 Yes 🗹 No								
	If "Yes,	" describe th	ese changes on Schedu	le O						
4	Section	n 501(c)(3) ar		ons are required	to report the amount	largest program services, as mea of grants and allocations to others				
	(Code		) (Expenses \$	8,895,578	including grants of \$	4,011,888 ) (Revenue \$	1,015,302 )			
	•	HEDULE O	, (=	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	g g	.,,, , ,	_, ,			
4b	(Code		) (Expenses \$	2,059,581	including grants of \$	329 ) (Revenue \$	0)			
	SEE SCH	HEDULE O								
4c	(Code		) (Expenses \$	783,208	including grants of \$	27,148 ) (Revenue \$	187,000 }			
		HEDULE O	, (Expenses ¢	, 00,200	moraumy grante or ¢	27,210 / (1.0701100 \$	201,000 /			
4d	Other p	orogram serv	ices (Describe in Schedi	ule O )						
	(Expen	ises \$	ıncl	uding grants of	\$	) (Revenue \$	)			
4e	Total	program ser	vice expenses ►	11,738,3	67					
							Form <b>990</b> (2016)			

Section 501(c)(3) organizations.

or X as applicable

Yes

1

2

3

Page 3

No

Nο

No

Part IV

Checklist of Required Schedules	
the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete	_
nedule A 🥦	ı

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b Was the organization included in consolidated, independent audited financial statements for the tax year?

**b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . . . . . .

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

**14a** Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . .

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 💆 . . . . . . . . . .

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year? 

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Yes

4 5

Yes

Yes

Yes

Yes

Yes

Nο

Nο

Nο

Nο

Nο

No

Nο

No

Nο

No

Nο

Form **990** (2016)

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

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19

to provide advice on the distribution or investment of amounts in such funds or accounts? Nο 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Nο the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 🔒 . Did the organization maintain collections of works of art, historical treasures, or other similar assets? Nο 8 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 Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Yes permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

Form 990 (2016)							
Par	t IV Checklist of Required Schedules (continued)						
			Yes	No			
20a	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					
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				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? 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? If "Yes," complete Schedule J	23	Yes				
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer 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					
С	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			
ь	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?	25b		No			

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b Nο 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? 26 Nο 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 27 Nο Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 28a Nο

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part 28b No c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an Nο officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . 28c

Yes

Yes

Yes

Yes

Form **990** (2016)

Nο

No

Nο

Nο

Nο

29

30

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32

33

34

35a

35h

36

37

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . 🥞 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . 31

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🛸 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

33

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37

38

orm	990 (2016)			Page
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	•		Ш
	Fortunation according Day 2 of Forms 1000 Fortun O of each conclusion.		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 84  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			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	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	
44	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?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	30		
·	If res, to line 3a of 5b, did the organization me Form 6655-17	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	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  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		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12   10a			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	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 )			
.2a	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			
.3	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			
c	Enter the amount of reserves on hand			
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

	330 (2010)			Page <b>U</b>
Par	<b>TVI</b> Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	ı" respo	nse to li	nes
	Check if Schedule O contains a response or note to any line in this Part VI			<b>✓</b>
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 25	;		
	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
	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 7b		No No
	persons other than the governing body?	/6		NO
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	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	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			140
		16b		
	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed AK , AL , AR , AZ , CA , CO , CT , DC , FL , ME , MD , MI , MS , MN , NC , NH , NJ , PA , RI , SC , TN , UT , VA , WA , WI , W	NM , NY		
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
20	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			
20	►MARILYN M AYRES 1250 H STREET NW SUITE 600 WASHINGTON, DC 20005 (202) 800-2235			

compensated employees, and former such persons

(A)

(F)

(E)

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

Part VII and Independent Contractors

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

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

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

(B)

• 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

(C)

(D)

Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation organization (Wanv hours director/trustee) organizations from the for related 2/1099-MISC) (W- 2/1099organization and Highest co Individual trustee or director Former organizations related MISC) Institutional Trustee below dotted employee organizations line) compensated See Additional Data Table

Form 990 (2016)

Page 8

141,131

137,500

Form **990** (2016)

	<del></del>	T -	<del></del>		<u> </u>	<u> </u>				•				
	<b>(A)</b> Name and Title	(B) 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) Rep						Repo compo froi organiz	( <b>D)</b> ortable  ensation  m the  ation (W-	(E) Reportable compensation from related organizations (V	N-	(F) Estima amount o compens from t	ated f other sation
		for related organizations below dotted	individ or dire	Institu	Officer	Xey er	Highes emplo	Former	2/109	9-MISC)	2/1099-MISC)	)   '	organızatı relatı organıza	ed
		line)	individual trustee or director	Institutional Trustee		employee	t comp	-						
			)   	กมรณะ			Highest compensated employee							
See	Additional Data Table													
		-												
		-												
1b 9	Sub-Total		<u> </u>	<u> </u>	Щ		<u> </u>							
c 1	Total from continuation sheets to Pa				•		•			466 560				255.070
	Total (add lines 1b and 1c)  Total number of individuals (including									466,568		0		355,070
	of reportable compensation from the			e iiste	eu ai	DOVE	e) who	rece	eived mo	re man şi	00,000			
_	Did the comment of the first factors of	- <b>cc</b>									[		Yes	No
3	Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule 3</i>			ee, к	• ey er	• •	• •	• •	• •	npensated	employee on	3		No
4	For any individual listed on line 1a, is organization and related organization individual										the	4	Yes	
5	Did any person listed on line 1a receive services rendered to the organization											5		No
Se	ection B. Independent Contract	ors											'	
1	Complete this table for your five higher from the organization Report comper											npens	sation	
	Name i	(A) and business addre	ess							Descr	(B) option of services		(C Compen	
PO BO	MUNITY IT INNOVATORS, OX 220278									IT SERVICES	•		,	179,376
CHAN	TILLY, VA 20153													

		_
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the	

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

DESIGN SERVICES

CONSULTING/LOBBYING

O2 COLLABORATIVE INC,

1401 CHURCH STREET NW WASHINGTON, DC 20005 CAPITOL TAX PARTNERS LLP

101 CONSTITUTION AVE NW WASHINGTON, DC 20001

compensation from the organization ► 3

Part		I Statement of	Revenue								rage <b>3</b>
· arc		Check if Schedul		a respo	onse or note to a	nv line in t	hıs Part VII	п			🗆
		3.133.1 H 34.1344.1		<u> </u>		(	<b>A)</b> revenue	Relate exe	B) ted or empt ction	(C) Unrelated business	(D) Revenue excluded from tax under sections
	1:	a Federated campaign	ns	1a	7,219	<u> </u> 		rev	enue		512-514
ats nts		<b>b</b> Membership dues		1b	.,	_					
irai iou		c Fundraising events		1c		_					
ributions, Gifts, Grants Other Similar Amounts		_				-					
計画		d Related organizatio		1d	4 204 004	_					
S, C		e Government grants (co	·	1e	4,294,900	_					
ion	1	<ul> <li>All other contributions, and similar amounts no</li> </ul>		1f	8,862,134	4					
but		above				_					
		g Noncash contribution in lines 1a-1f \$		1,01	.9,775						
Contributions, Giffs, Grants and Other Similar Amounts		<b>Total.</b> Add lines 1a-1	.f		•	13	,164,253				
						ss Code	,101,233				<u> </u>
in.	<b>2</b> a	CONFERENCE & WORKS	HOPS			900004	9	922,173	922,1	73	
E.	b	OTHER PROGRAM REVE	NUE			900004	:	265,680	261,0	30 4,65	50
Service Revenue	c	PUBLICATIONS				900004		19,099	19,0	99	
κerν	d			_							
E .	е			_							
Program	f	All other program se	rvice revenue	<b>:</b>							
Ĕ	g	<b>Total.</b> Add lines 2a-2f			<b>&gt;</b>	1,206,952					
		Investment Income (II			nterest, and othe	er	152.55				152 555
		similar amounts)  . Income from investme				<u> </u>	152,55	55	-		152,555
		Income from investme Royalties			ona proceeas	<b>&gt;</b>			+		
	•	itoyaities i i i	(ı) Rea		(II) Personal	-					
	6a	Gross rents	(1)		(11)						
	t	Less rental expenses									
	c	Rental income or									
	_	(loss)	(1 )								
	•	Net rental income o	r (loss) (i) Securi		(II) Other	·					
	7a	Gross amount from sales of assets other than inventory	, ,	145,264	(ii) Other						
	Ŀ	Less cost or other basis and sales expenses	8,1	103,026							
	c	Gain or (loss)		42,238							
		Net gain or (loss) .			<b></b>	·	42,23	88			42,238
Other Revenue	8a	Gross income from for (not including \$ contributions reporte See Part IV, line 18	d on line 1c)	of							
Re		Less direct expense		b							
her		: Net income or (loss)			ents 🛌	_					
o	Уa	i Gross income from g See Part IV, line 19		ies							
				а							
		Less direct expense		b							
		Net income or (loss)		activit	les <b>&gt;</b>						
	10	aGross sales of invent returns and allowand	es	a							
	Ŀ	Less cost of goods s	sold	b							
	C	Net income or (loss)		invent							
	11	Miscellaneous	Revenue		Business Code	-					
	11	.d									
					•						
	Ŀ	•									
	C										
		All other revenue									
	e	Total. Add lines 11a	–11d		•						
	12	<b>Total revenue.</b> See	Instructions				14,565,99	98	1,202,302	4,650	194,793
							, 100	-	,	.,	194,793 Form <b>990</b> (2016)

key employees

section 4958(c)(3)(B)

7 Other salaries and wages

9 Other employee benefits . 10 Payroll taxes . . .

a Management . .

**b** Legal

**c** Accounting

**11** Fees for services (non-employees)

**d** Lobbying . . . . .

12 Advertising and promotion 13 Office expenses .

14 Information technology

15 Royalties .

**17** Travel .

20 Interest .

23 Insurance .

d

16 Occupancy .

f Investment management fees . .

240,780

1,092,612

76,445

117,357

95,818

7,229

41,259

96,514 63,068

75,187

84,780

99,368

19,883

35,184

12,568

2,158,315

Form **990** (2016)

0

263

5 Compensation of current officers, directors, trustees, and

6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in

8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . .

.

e Professional fundraising services See Part IV, line 17

(A) amount, list line 11g expenses on Schedule O)

18 Payments of travel or entertainment expenses for any federal, state, or local public officials .

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

25 Total functional expenses. Add lines 1 through 24e 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)

**19** Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization .

21 Payments to affiliates . . .

expenses on Schedule O ) a PRINTING & PUBLICATIONS

**b** BOARD MEETING EXPENSES

c PROFESSIONAL DEVELOPMEN

e All other expenses

g Other (If line 11g amount exceeds 10% of line 25, column

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)								
Check if Schedule O contains a response or note to any line in this Part IX								
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses				
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	4,039,365	4,039,365						
<b>2</b> 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, line 15 and 16								
4 Benefits paid to or for members								

942,659

4,284,279

299,750

460,174

375,716

48,406

24,250

97,013

1,149,992

425,104

453,572

425,459

599.478

560,639

1,235

93,195

28,671

295,734

37,326

37,087

14,679,104

215,584

3,130,291

219,011

336,225

274,516

39,303

97,013

1,077,033

308,495

374,354

328,879

505,601

452,646

68,159

5,656

254,014

11,318

11,738,367

0

904

486,295

61,376

4,294

6,592

5,382

1,874

24,250

31,700

20,095

16,150

21,393

9,097

8,625

5,153

23,015

6,536

37,326

13,201

782,422

68

Page **11** 

91,111

80.203

4.117.487

18.815.602

493,720

450.035

339.591

1,287,226

2.312.242

12,090,623

3.125.511

17,528,376

18.815.602

Form **990** (2016)

3.880

		Beginning of year		End of year
1	Cash-non-interest-bearing	2,863,596	1	3,144,292
2	Savings and temporary cash investments	4,669,901	2	5,108,097
3	Pledges and grants receivable, net	6,881,093	3	5,790,692
4	Accounts receivable, net	128,603	4	103,550
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule I		5	

	3	Pledges and grants receivable, net		•	6,881,093	3	5,790,692
	4	Accounts receivable, net	128,603	4	103,550		
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa II of Schedule L			5		
	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations Part II of Schedule L	n 4958 itions d	(c)(3)(B), and of section 501(c)(9)		6	
ets	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use	39,583	8	35,734		
⋖	9	Prepaid expenses and deferred charges	306,430	9	344,436		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,335,093			

19,012,499

527.350

509.888

499.809

1,537,047

2.211.654

12.149.067

3.114.731

17,475,452

19.012.499

10c

11

16

17

18

19

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22 23

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31 32

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34

١		section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations Part II of Schedule L	ations o	f section 501(c)(9)	
از	7	Notes and loans receivable, net			
3	8	Inventories for sale or use			39,583
ן	9	Prepaid expenses and deferred charges			306,430
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,335,093	
	b	Less accumulated depreciation	<b>10</b> b	1,243,982	135,433
	11	Investments—publicly traded securities .			3,980,699
	12	Investments—other securities See Part IV, line	11 .		7,161
	13	Investments—program-related See Part IV, line	e 11 .		
	14	Intangible assets			
	15	Other assets See Part IV, line 11			

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . .

Paid-in or capital surplus, or land, building or equipment fund .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Grants payable . .

Deferred revenue . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Form 990 (2016)

16

17

18

19

20

21

23

24

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

2c

3a

3b

Yes

No

Form 990 (2016)

Audit Act and OMB Circular A-133?

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

#### **Additional Data**

DIRECTOR--JACKSON, WY

DIRECTOR--AUSTIN, TX

DIRECTOR--CHICAGO, IL

CAMPISTEGUY MARIA ELENA

DIRECTOR--PORTLAND, OR

......

AYRES ROBERT A

BELL ALAN M

#### Software ID:

Software Version:

ETI

**EIN:** 04-2751357

Name: LAND TRUST ALLIANCE INC

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Form 990 (2016)										
Form 990, Part VII - Compensation of	f Officers, D	irecto	rs,T	rus	tee	s, Ke	ey E	Employees, Hig	hest	
Compensated Employees, and Indep	Average hours per week (list any hours for related organizations below dotted line)	Positio tha pers	n (do in on on is	both ecto	t che x, u n an or/tr	inless office ustee)	r	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
JOHNSON LAURA A CHAIRCONCORD, MA	3 00	х		х				0	0	0
FRENCH JAMESON VICE-CHAIRKINGSTON, NH	3 00	х		x				0	0	0
RICH FREDERIC VICE CHAIRGARRISON, NY	3 00	Х		х				0	0	0
MULLIGAN WILLIAM TREASURER/SECRETARY-CHAGRI	3 00	х		×				0	0	0
DOWLING MICHAEL P IMMEDIATE PAST CHAIRDENV	3 00	х		×				0	0	0
AAGEENBRUG LISE DIRECTOR-DENVER, CO	3 00	х						0	0	0
ANDREWS LAURIE	3 00	· ·							0	

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3 00

3 00

3 00

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organizations organization from the for related (W-2/1099-(W- 2/1099organization and Highest compensatemplovee Former Individual trustee or director Key employee Institutional MISC) related organizations MISC) below dotted organizations line) Trustee 3 00 COLLOREDO-MANSFELD FRANZ

DIRECTORBOSTON, MA	•••••	×			0	
DACHS LAUREN	3 00	×			0	
DIRECTORSAN FRANCISCO, C						
CALVERT FITZSIMONS BLAIR	3 00					
		Ιv			ا ۱	

ACHS LAUREN DIRECTORSAN FRANCISCO, C		x					o	
ALVERT FITZSIMONS BLAIR	3 00	×					0	
IRECTORSAN ANTONIO, TX		,					Ĭ	
IAGOOD ELIZABETH	3 00					ĺ		
		X	l	I	i I		O	

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3 00

3 00

3 00

LLOVERAS FERNANDO

LEPTUCK CARY

DIRECTOR--SAN JUAN, PR

DIRECTOR--ELVERSON, PA

DIRECTOR--OAKLAND, CA

DIRECTOR--BROOKLINE, MA

LOCKHART STEPHEN

MCFADDEN MARY

CALVERT FITZSIMONS BLAIR	3 00	l ,					0	0	
DIRECTORSAN ANTONIO, TX		_ ^					Ĭ		
HAGOOD ELIZABETH	3 00	×					0	0	
DIRECTORCHARLESTON, SC		_ ^							
HAUSMANN PETER	3 00	×					0	0	
		I ^	l		l	l	l	I	ı

TIAGOOD ELIZABETTI		l <sub>x</sub>			l n	l n	n
DIRECTORCHARLESTON, SC		, ,					
HAUSMANN PETER	3 00	×			0	0	0
DIRECTORNEWTOWN SQUARE,		^					0
HUBER SHERRY F	3 00	.,					
		X			0	0	0

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0

0

HAUSMANN PETER	3 00				_		ı
DIRECTORNEWTOWN SQUARE,		X			0	0	
HUBER SHERRY F	3 00	,,					
DIRECTORFALMOUTH, ME		×				0	ı

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Compensated Employees, and Independent Contractors (C) (D) (E) Name and Title Average Position (do not check more Reportable Reportable than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations

(F)

Estimated

14,132

153,146

73,177

25,875

20,825

0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

	any hours	and	l a dır	recto	r/tr	ustee	)	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
OLSEN GEORGE DIRECTORHELENA, MT	3 00	x						0	0	0	
POLEMIS MICHAEL	3 00			$\vdash$							

OLSEN GEORGE	3 00				,	_	
DIRECTORHELENA, MT		^			ľ	٥	
POLEMIS MICHAEL	3 00	v			0	0	
DIRECTOROLD CHATHAM, NY		^			Ĭ		
ROSENBERG STEVEN E	3 00	V				0	
DIDECTOD DOLIGHKEEDSIE NV		_ ^			١	l "	

<u> </u>							1
POLEMIS MICHAEL	3 00	v			0	0	
DIRECTOROLD CHATHAM, NY		^					
ROSENBERG STEVEN E	3 00	\ \			0	0	
DIRECTORPOUGHKEEPSIE, NY		^			0	J	
STOCKDALE JUDITH	3 00						

3 00

50 00

50 00

50 00

45 00

45 00

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WOOD DARRELL

DIRECTOR--VINA, CA

**BOWMAN ANDREW** 

WENTWORTH RAND

AYRES MARILYN M

WARD ELIZABETH

SHAY RUSSELL

PRESIDENT-EMERITUS

...........

DIRECTOR OF COMMUNICATIONS

DIRECTOR OF PUBLIC POLICY

PRESIDENT

COO & CFO

......

POLEMIS MICHAEL	3 00	,					
DIRECTOROLD CHATHAM, NY		*				0	0
ROSENBERG STEVEN E	3 00	V			0	0	0
DIRECTORPOUGHKEEPSIE, NY		_ ^				0	
STOCKDALE JUDITH	3 00	.,					
DIRECTORCHICAGO. IL					0	٠ ا	0

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249,591

410,726

167,581

137,541

132,244

Compensated Employees, and Independent Contractors (D) (E) Name and Title Average Position (do not check more Reportable Reportable than one box, unless hours per compensation compensation person is both an officer from the from related week (list

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

...............

................

45 00

DIRECTOR OF ADVOCACY

DIRECTOR OF NATIONAL &

HESKETT FRIN

	any hours	and	a dır	ecto	r/tr	ustee	)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
KIVIKKO RENEE DIRECTOR OF EDUCATION	45 00					х		126,599	0	25,764
MCLEOD ANDREW	45 00									

(F)

Estimated

amount of other

compensation

8,495

33,656

120,523

121,763

		व		at ed			
KIVIKKO RENEE DIRECTOR OF EDUCATION	45 00			X	126,599	0	
	4E 00						

efile	GR/	APHIC prii	t - DO NOT PROC	ESS	As Filed Data -			DLN: 9	3493132062457
SCI	IED	ULE A	Puh	dic C	harity Statu	s and Pub	olic Supp	ort	OMB No 1545-0047
(For	m 990				ganization is a sect				2016
990E	<b>(Z</b> )			•	4947(a)(1) nonexe ▶ Attach to Form 9				2010
		the Treasury	► Information	ı about	Schedule A (Form	990 or 990-EZ		ıctions is at	Open to Public Inspection
lam	of th	ne Service ne organiza	tion		www.irs.go	ov/form990.		Employer identific	<u> </u>
AND	RUST	ALLIANCE INC						04-2751357	
Pa			for Public Charity					See instructions.	
	rganız		a private foundation be		•	•	,		
1		·	onvention of churches					(A)(I).	
2			scribed in <b>section 17</b>			·	• • •		
3		•	or a cooperative hospit		-				
4		name, city,	esearch organization of and state			-			·
5			ation operated for the (iv). (Complete Part I		of a college or univer	sity owned or op	perated by a gov	ernmental unit descri	bed in <b>section 1/U</b>
6		A federal, s	tate, or local governm	ent or o	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	۱)(v).	
7	<b>✓</b>	section 17	ation that normally red ( <b>0(b)(1)(A)(vi).</b> (Co	mplete I	Part II )			ınıt or from the gener	al public described in
8		A communi	ty trust described in <b>s</b>	ection	170(b)(1)(A)(vi)	Complete Part I	I )		
9			ural research organiza rant college of agricult						ege or university or a
.0		from activit	ation that normally rec les related to its exen income and unrelated See section 509(a)(2	npt func I busine	tions—subject to cert ss taxable income (le	aın exceptions, a	and (2) no more	than 331/3% of its su	pport from gross
.1	П		ation organized and op			public safety S	ee section 509	(a)(4).	
12		An organiza more public	ation organized and op ly supported organiza through 12d that des	erated itions de	exclusively for the be escribed in <b>section 5</b>	nefit of, to perfo	orm the function. ction 509(a)(2	s of, or to carry out th	
а			supporting organizatio		· · · · · · · ·	-		· · · · · · · · · · · · · · · · · · ·	giving the supported
		organizatio	n(s) the power to regular <b>IV, Sections A</b> a	ılarİy ap					
b		manageme	supporting organization of the supporting opporting opporting opporting the plate Part IV, Section	rganızat	ion vested in the san				
С		Type III f	unctionally integrate organization(s) (see in	<b>ed.</b> A su	ipporting organizatioi				ted with, its
d		functionally	on-functionally inte integrated The organ	nization	generally must satisf	y a distribution i			
e		Check this	box if the organization or Type III non-functi	receive	ed a written determin	ation from the II	RS that it is a Ty	pe I, Type II, Type II	I functionally
f	Enter		of supported organiza	•		<b>J</b>			
g			ing information about			•		T -	_
(i)N	ame of	f supported o	organization (ii)E	IN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv Is the organiz your governin	ation listed in	Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
			I						
Tota			tion Act Notice, see	<u> </u>		Cat No 11285	-	 Schedule A (Form 9	00 000 57\ 0015

Sch	edule A (Form 990 or 990-EZ) 2016						Page <b>2</b>
P	art II Support Schedule for						
	(Complete only if you ch						under Part
	III. If the organization for	alls to quality un	der the tests list	ted below, pleas	e complete Part	111.)	
	Section A. Public Support  Calendar year						
	(or fiscal year beginning in) ▶	(a)2012	<b>(b)</b> 2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	17,470,117	9,236,564	11,977,933	13,706,410	13,164,253	65,555,277
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	<b>Total.</b> Add lines 1 through 3	17,470,117	9,236,564	11,977,933	13,706,410	13,164,253	65,555,277
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)						11,017,048
6	<b>Public support.</b> Subtract line 5 from line 4						54,538,229
S	Section B. Total Support						
	Calendar year	(a)2012	<b>(b)</b> 2013	<b>(c)</b> 2014	(d)2015	(e)2016	(f)Total
7	(or fiscal year beginning in) ► Amounts from line 4	17,470,117	9,236,564	11,977,933	13,706,410	13,164,253	65,555,277
8	Gross income from interest,	17,170,111	3,230,331	12/3777355	13,700,110	15/10 1/255	00/000/277
	dividends, payments received on securities loans, rents, royalties and income from similar sources	122,531	132,596	142,994	145,821	152,555	696,497
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
10	- · · · · · · · · · · · · · · · · · · ·						
	or loss from the sale of capital						
	assets (Explain in Part VI ) <b>Total support.</b> Add lines 7 through					+	
11	10						66,251,774
12	Gross receipts from related activities,	etc (see instruction	ons)			12	
13	First five years. If the Form 990 is fo	or the organization	's first, second, th	ırd, fourth, or fıfth	tax year as a secti	on 501(c)(3) orga	nization,
	check this box and <b>stop here</b>					▶ □	
	ection C. Computation of Public	• •	_				
14	Public support percentage for 2016 (III	ne 6, column (f) d	ivided by line 11, o	olumn (f))		14	82 320 %
15	Public support percentage for 2015 Sc	hedule A, Part II,	line 14			15	81 200 %
<b>16</b> a	<b>33 1/3% support test—2016.</b> If the	e organization did i	not check the box	on line 13, and line	e 14 is 33 1/3% or	more, check this b	ox
E	and <b>stop here.</b> The organization qual <b>33 1/3% support test—2015.</b> If th	•			nd line 15 is 33 1/3	3% or more, check	_
17a	box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances test</b> is 10% or more, and if the organization in Part VI how the organization meets	t— <b>2016.</b> If the order in meets the "facts	ganization did not s-and-circumstance	check a box on line es" test, check this	box and stop her	e. Explain	▶⊔
Ь	organization  10%-facts-and-circumstances tes 15 is 10% or more, and if the organization  Explain in Part VI how the organization	zation meets the "i	facts-and-circumst	ances" test, check	this box and stop	here.	▶□
	supported organization			5- 16h 171		. ,	▶ □

P	art III	Support Schedule for						
		(Complete only if you c						er Part II. If
	ation A	the organization fails to	qualify under t	ne tests listed	below, please co	mpiete Part II.	)	
56		Public Support alendar year			T			
		year beginning in)	(a)2012	<b>(b)</b> 2013	(c)2014	<b>(d)</b> 2015	(e)2016	<b>(f)</b> Total
1	Gıfts, grar	its, contributions, and						
		rip fees received (Do not y "unusual grants")						
2		eipts from admissions,						
_		se sold or services						
		, or facilities furnished in						
		y that is related to the on's tax-exempt purpose						
	or garnzaci	on a tax exempt purpose						
3		eipts from activities that are						
	not an uni under sect	related trade or business						
4		ues levied for the						
•		on's benefit and either paid						
		nded on its behalf						
5		of services or facilities by a governmental unit to						
		zation without charge						
6	_	l lines 1 through 5						
7a		ncluded on lines 1, 2, and						
	3 received	from disqualified persons						
Ь	Amounts i	ncluded on lines 2 and 3						
		rom other than disqualified						
		at exceed the greater of						
	\$5,000 or 13 for the	1% of the amount on line						
С	Add lines	*						
8	Public su	pport. (Subtract line 7c						
_	from line (							
Se		Total Support		Γ	_	<b>-</b>	1	
		alendar year year beginning in) ▶	(a)2012	<b>(b)</b> 2013	(c)2014	<b>(d)</b> 2015	(e)2016	(f)Total
9	•	from line 6						
L0a		ome from interest,						
		, payments received on						
		loans, rents, royalties and						
b		om similar sources I business taxable income						
		ion 511 taxes) from						
		es acquired after June 30,						
	1975	10 110						
C		10a and 10b ne from unrelated business						
11		not included in line 10b,						
		or not the business is						
		carried on						
12		ome Do not include gain or the sale of capital assets						
		n Part VI )						
13		pport. (Add lines 9, 10c,						
	11, and 1	vears. If the Form 990 is fo	r the organization	's first second t	hird fourth or fift	h tay year as a se	ction 501(c)(3) or	ganization
14		•	tile organization	s mst, second, t	illia, iourai, or illi	ii tax year as a se	201011 201(0)(3) 01	yamzation, ▶ □
Se		box and stop here  Computation of Public S	Sunnort Perce	ntage				
<u> </u>		port percentage for 2016 (lin			column (f))		15	
16	-	port percentage from 2015 S		•			16	
		Computation of Investi					10	
<u> </u>		nt income percentage for 201			line 13. column (f	))	17	
		nt income percentage from 20		.,	13, column (1	"		
18 10-		upport tests—2016. If the			on line 14 and lin	ie 15 is more than	18   33 1/3% and line	a 17 is not
								<b>▶</b> □
		33 1/3%, check this box and s support tests—2015. If the						
D			_					
20		than 33 1/3%, check this box		-	•			· — <u> </u>
20	Private f	<b>oundation.</b> If the organization	on did not check a	i box on line 14, :	19a, or 19b, check	this box and see	instructions	▶□

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Page 4

8

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2016

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete

1

8

10a

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below

Schedule A (Form 990 or 990-EZ) 2016

Sections A and D, and complete Part V ) Section A. All Supporting Organizations Yes No

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	I
to the contract of the contrac		ì

	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		
	ın section 509(a)(1) or (2)	2	
			ľ

		1	1 '	i
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described	·		
	ın section 509(a)(1) or (2)	2		ĺ
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			ĺ
	below	3a		ĺ
h	Did the organization confirm that each supported organization qualified under section $501(c)(4)$ (5) or (6) and satisfied			ĺ

3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	
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?		

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		
	hecked 12a or 12b in Part I, answer (b) and (c) below	4a	

D	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	<b>3</b> b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		3c	
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or	4b		

4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	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 <b>Part VI</b> 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			
		4c		
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 <b>Part VI</b> , 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			

	(c) below (if applicable) Also, provide detail in <b>Part VI,</b> 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	
Ь	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its		

6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing		
	organization's supported organizations? 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a		

	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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a		
	substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7	

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

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,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Par	Supporting Organizations (continued)			
			Yes	No
11	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		
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		
Se	ction B. Type I Supporting Organizations			
	ction by Type a 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	t		
	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	ction C. Type II Supporting Organizations			
	ction c. Type 11 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)	f		
		1		
Se	ction D. All Type III Supporting Organizations			
	// 11 2 2		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	e		
		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			
<u>Se</u> 1	ction E. Type III Functionally-Integrated Supporting Organizations	<u></u>		
т а	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction and the organization satisfied the Activities Test Complete line 2 below	tions)		
b	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below			
С	The organization supported a governmental entity Describe in <b>Part VI</b> how you supported a government entity (se	e ınstru	ctions)	)
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 the activities.	22		
h	substantially all of its activities  Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the	2a		
U	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		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its			
	supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3b		

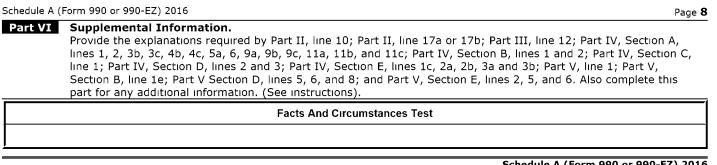
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	Section B - Minimum Asset Amount		(A) Prior Year	` '
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>		
_	Average monthly value of securities	1a		
d	Average monthly value of securities	14		
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			

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	<b>1</b> b		
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)			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
Net value of non-evempt-use assets (subtract line 4 from line 3)	5		

_	tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	<b>1</b> b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	

Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency 6 temporary reduction (see instructions)

Schedule A (Form 990 or 990-EZ) (2016)



### **Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

DLN: 93493132062457

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

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 527 organizations Complete Part I-A only

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

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization Employer identification number

LAND TRUST ALLIANCE INC. 04-2751357 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes Was a correction made? ☐ Yes □ No

h If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities

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

4 Did the filing organization fileForm 1120-POL for this year?

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount

of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated

fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

3 5

751,028

305,571

187,757

10,000

825,773

435,177

206,443

907,603

392,686

226,901

28,800

883,955

140,022

220,989

Schedule C (Form 990 or 990-EZ) 2016

3,368,359

5.052.539

1,273,456

842,090

1.263.135

38,800

beginning in)

Lobbying nontaxable amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Lobbying ceiling amount

2a

Return Reference

activity

Volunteers?

1

(b)

Amount

(a)

Yes

No

Schedule C (Form 990 or 990EZ) 2016

#### Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) Part III-A (6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year C Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

efile GRAPHIC print - DO NOT PROCESS SCHEDULE D

(Form 990)

Department of the Treasury

As Filed Data -

DLN: 93493132062457

OMB No 1545-0047

**2016** 

# **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 Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization LAND TRUST ALLIANCE INC

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

**Employer identification number** 04-2751357

Pa	rt I	<b>Organizations Maintaining Donor</b> Complete if the organization answere	Advised Funds or Ot	her S	imilar Fund	ls or Ac	counts.			
		complete if the organization anomero	(a) Donor advised		v /	(b	Funds and	other acco	unts	
L	Total	I number at end of year	(a) Deliter davided			(2	,, and and			
2	Aggr year	egate value of contributions to (during )								
3	Aggr	egate value of grants from (during year)								
1	Aggr	egate value at end of year								
5		e organization inform all donors and donor a are the organization's property, subject to t				or advised			Yes	□ No
5	used o	e organization inform all grantees, donors, a only for charitable purposes and not for the ring impermissible private benefit?					urpose		Yes	□ No
Pai	rt II	Conservation Easements. Complete	e if the organization ai	nswer	ed "Yes" on I	Form 990	, Part IV,	line 7.		
L		se(s) of conservation easements held by the	_							
	□ Р	Preservation of land for public use (e g , reci	reation or education)		Preservation o	f an histoi	cally impo	rtant land a	area	
	□ P	Protection of natural habitat			Preservation o	f a certifie	d historic s	structure		
		Preservation of open space								
2		ete lines 2a through 2d if the organization hent on the last day of the tax year	neld a qualified conservati	on con	tribution in the	e form of a		ion t the End o	of the \	ear (
а	Total n	number of conservation easements				2a				
b	Total a	creage restricted by conservation easement	ts			2b				
С	Numbe	er of conservation easements on a certified l	historic structure included	ın (a)		2c				
d		er of conservation easements included in (c) ire listed in the National Register	acquired after 8/17/06, a	and no	t on a historic	2d				
3	Numbe tax ye	er of conservation easements modified, tran ar ►	nsferred, released, extingu	ııshed,	or terminated	l by the or	ganızatıon	during the		
1	Numb	er of states where property subject to conse	ervation easement is locat	ed <b>&gt;</b>						
5		the organization have a written policy regard iforcement of the conservation easements if		ng, ins	pection, handl	ing of viol	ations,	☐ Yes		lo
5	Staff a	and volunteer hours devoted to monitoring,	inspecting, handling of vi	olation	s, and enforcir	ng conserv	atıon easeı	ments durin	ig the y	/ear
7	Amour ▶ \$	nt of expenses incurred in monitoring, inspe	cting, handling of violatio	ns, and	d enforcing coi	nservation	easements	s during the	year	
3		each conservation easement reported on line	e 2(d) above satisfy the r	equirer	ments of section	on 170(h)(	4)(B)(ı)			
		ection 170(h)(4)(B)(II)?						☐ Yes		lo
•	balanc	t XIII, describe how the organization report: se sheet, and include, if applicable, the text ganization's accounting for conservation eas	of the footnote to the org							
ar	t III	Organizations Maintaining Collect Complete if the organization answere	ions of Art, Historic			Other Si	milar As:	sets.		
La	art, hi	organization elected, as permitted under SF storical treasures, or other similar assets he e, in Part XIII, the text of the footnote to its	AS 116 (ASC 958), not to ld for public exhibition, e	repor	in its revenue n, or research	ın further				f
b	If the histori	organization elected, as permitted under SF cal treasures, or other similar assets held fo ng amounts relating to these items	AS 116 (ASC 958), to rep	ort in	ts revenue sta	atement a				
(		nue included on Form 990, Part VIII, line 1					▶ \$			
-	-	s included in Form 990, Part X					<b>▶</b> \$			
2	If the	organization received or held works of art, I				financial g	jain, provid	le the		
а		ue included on Form 990, Part VIII, line 1	(	. 5 . 5			<b>▶</b> \$			
		: included in Form 990, Part X					<b>▶</b> \$			

Cat No 52283D

Schedule D (Form 990) 2016

	t 1111	Organizations Mai	ntaining Coil	ections of Art,	Histori	ical Tr	eas	ures, or	Other :	Similar As	sets (c	ontinued)	
3		the organization's acquist (check all that apply)	sition, accession	, and other records	, check	any of	he fo	ollowing t	hat are a	sıgnıfıcant u	se of its	collection	
а		Public exhibition			d		Loar	n or excha	ange prog	rams			
b		Scholarly research			е		Othe	er					
c		Preservation for future of	generations										
4	Provid Part >	de a description of the or KIII	ganızatıon's coll	ections and explain	how the	ey furth	er th	ne organız	atıon's ex	empt purpo	se in		
5		g the year, dıd the organ s to be sold to raıse fund								ılar	☐ Yes	;	<b>o</b>
Pai	rt IV	Escrow and Custoe Complete if the orga X, line 21.			rm 990	), Part	IV, I	ine 9, or	reporte	d an amou	nt on F	orm 990, I	Part
1a		e organization an agent, t led on Form 990, Part X?		n or other intermed	diary for	contrib	oution	ns or othe	er assets r	not	Yes	;	<b></b>
b	If "Y∈	es," explain the arrangem	ent in Part XIII	and complete the f	ollowing	table		[		Aı	mount		-
c	Begin	ning balance						[	1c				
d	Addıt	ions during the year							<b>1</b> d				
е	Dıstrı	butions during the year							1e				_
f	Endın	g balance							1f				
2a	Did th	ne organization include ai	n amount on Foi	rm 990, Part X, line	21, for	escrow	or c	ustodial a	ccount lia	bility?	☐ Yes	N	<b>D</b>
b	_	s," explain the arrangem						•				. Ц	
Pa	rt V	Endowment Funds	. Complete if										
1-	Dagunn	una af wanu balansa		(a)Current year 3,963,851	(b)₽	rior year 4,164	-	(c)Two ye	ears back 3,995,096	(d)Three yea	rs back 577,843	<b>(e)</b> Four year: د د	s back 41,289
	-	ing of year balance .		10,780		4,104	940		16,886	3,:	1,307	5,3	4,025
		outions		300,934		-43	,532		265,961	1	507,446	3	10,529
		estment earnings, gains,		-170,400			,000			•	88,500		75,000
		or scholarships		-170,400		155	,000		110,500		88,300		75,000
е		expenditures for facilities ograms		-3,000		3	,000		3,000		3,000		3,000
f	Admını	strative expenses					_						
g	End of	year balance		4,102,165		3,963	,851		4,164,443	3,9	995,096	3,5	77,843
2 a		de the estimated percent I designated or quasi-end	_	nt year end balance	e (line 1	g, colur	nn (a	a)) held a	S				
Ь	Perm	anent endowment 🕨 🗀	100 000 %										
С	Temp	orarily restricted endown	nent ▶										
	The p	ercentages on lines 2a, 2	2b, and 2c shoul	d equal 100%									
За	Are th	nere endowment funds no	ot in the possess	sion of the organiza	tion tha	t are he	eld ar	nd admını	stered for	the			
	-	nization by										Yes	No
		nrelated organizations .			• •	•					3a		No
b		elated organizations    . is" on 3a(ii), are the relat	ed organization		on Sche	 adula Pi	•				3a		No
4		tibe in Part XIII the inten-	_				•	•				<u> </u>	
Pai	rt VI	Land, Buildings, a											
		Complete if the orga			m 990,	Part I	V, lı	ne 11a.	See Forr	n 990, Par	t X, lıne	10.	
	Descri	ption of property	(a) Cost or oth (investme		or other	basıs (o	ther)	(c)Accı	ımulated de	epreciation	(1	d)Book value	
1a	Land												
	Buildin	_											
		old improvements				41	0,919	9		397,229			13,690
		nent					4,174			846,753			77,421
	Other	<b>⊢</b>								*			
		lines 1a through 1e (Colu	ımn (d) must ed	ual Form 990, Part	X, colui	mn (B),	line	10(c)).	. ,	<b>&gt;</b>			91,111

Part VII	<b>Investments—Other Securities.</b> Complete if the o See Form 990, Part X, line 12.	organization	answ	ered 'Yes' on	Form 990, Pa	rt IV, line 11b.
	(a) Description of security or category (including name of security)		Book alue	Cosi	(c)Method of v	
	derivatives					That is a second of the second
(2)Closely-l (3)Other	held equity interests	· ·				
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Colum	on (b) must equal Form 990, Part X, col (B) line 12 )	<b>•</b>				
Part VIII		organizatio	n ans	wered 'Yes' or	າ Form 990, P	art IV, line 11c.
	See Form 990, Part X, line 13.  (a) Description of investment	(b) Book	value		(c) Method of v	
(1)				COS	t or end-of-year	market value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	nn (b) must equal Form 990, Part X, col (B) line 13 )	<b>•</b>				
Part IX	Other Assets. Complete if the organization answered 'Ye		90, Par	rt IV, line 11d	See Form 990, F	
(1)	(a) Description					(b) Book value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	ımn (b) must equal Form 990, Part X, col (B) line 15 )					•
Part X		wered 'Yes'	on Foi	rm 990, Part 1	V, line 11e or	11f.
1.	(a) Description of liability		<b>(b)</b> Bo	ook value		
(1) Federal	income taxes					
DEFERRED (	COMPENSATION			304,568		
DEFERRED F				30,186		
(4)	ASE OBLIGATION			4,837		
(5)						
(6)						
(7)						
(8)						
(9)	W					
	on (b) must equal Form 990, Part X, col (B) line 25 ) or uncertain tax positions In Part XIII, provide the text of the	e footnote to	the or	339,591 ganization's fina		s that reports the

Add lines 4a and 4b .

Other losses .

Investment expenses not included on Form 990, Part VIII, line 7b.

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . . .

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

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

Other (Describe in Part XIII ) . . . . . .

Total expenses and losses per audited financial statements

Donated services and use of facilities .

Prior year adjustments . . . .

Other (Describe in Part XIII ) .

Add lines 2a through 2d .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Subtract line 2e from line 1 .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Supplemental Information

Schedule D (Form 990) 2016

Part XI

2

5

1

2

а b

d

3

4

b

c

Part XIII

5

Part XII

304.900

818.468

304.900

4c

2e

3

4c

5

Page 4

304,900

14,565,998

15,192,672

818,468

304,900

14,679,104

Schedule D (Form 990) 2015

14.374.204

Amounts included on line 1 but not on Form 990, Part VIII, line 12			
Net unrealized gains (losses) on investments	2a	151,539	
Donated services and use of facilities	2b	14,490	
Recoveries of prior year grants	2c		

4a

4b

2a

2b

2c

2d

4b

Explanation

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

b	Donated services and use of facilities	2b	14,490	
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII )	2d	750,254	
	· · · · · · · · · · · · · · · · · · ·			_

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

d	Other (Describe in Part XIII )	2d			750,254		
е	Add lines <b>2a</b> through <b>2d</b>					2e	916,283
3	Subtract line <b>2e</b> from line <b>1</b>					3	14,261,098
4	Amounts included on Form 990. Part VIII, line 12, but not on line 1						i

	Schedule D (Form 990) 2015			
Supplemental Information (continued)	Part XIII Supplemental Info			
Return Reference Explanation	Return Reference			

Schedule D (Form 990) 2016

### Additional Data

Software Version: **EIN:** 04-2751357

Name: LAND TRUST ALLIANCE INC.

Supplemental Information

Return Reference Explanation THE BERKLEY ENDOWMENT IS TO BE USED FOR ACCREDITATION OF LAND TRUSTS TO BUILD AND RECOGNIZ E STRONG LAND TRUSTS, FOSTER PUBLIC CONFIDENCE IN LAND CONSERVATION AND HELP ENSURE THE LO

PART V, LINE 4 NG-TERM PROTECTION OF CONSERVED LAND THE KINGSBURY BROWNE AWARD ENDOWMENT IS TO BE USED OR THE ALLIANCE EXPENSES OF THIS CONSERVATION LEADERSHIP AWARD GIVEN ANNUALLY IN MEMORY OF KINGSBURY BROWNE

Software ID:

Supplemental Information							
Return Reference	Explanation						
PART X, LINE 2	THE ORGANIZATION ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS BASED ON A "MORE L IKELY 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 I F 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" THA TAGGREGATES 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 UN CERTAINTY REQUIRING RECOGNITION THE ORGANIZATION IS NOT CURRENTLY UNDER EXAMINATION BY AN Y TAXING JURISDICTION THE ORGANIZATION'S FEDERAL AND STATE TAX RETURNS ARE GENERALLY OPEN FOR EXAMINATION FOR THREE YEARS FOLLOWING THE DATE FILED						

Supplemental Information							
Return Reference	Explanation						
PART XI, LINE 2D, OTHER	REPRESENTS REVENUE FROM THE LAND TRUST ACCREDITATION COMMISSION WHICH ARE PART OF THE CONS OLIATED AUDITED FINANCIAL STATEMENTS PART XI, LINE 4B, OTHER INTER-ORGANIZATIONAL TRANSF ERS PART XII, LINE 2D, OTHER REPRESENTS EXPENSES FROM THE LAND TRUST ACCREDITATION COMMIS SION WHICH ARE PART OF THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS PART XII, LINE 4B, O THER INTER-ORGANIZATIONAL TRANSFERS						

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DLN: 93493132062457

OMB No 1545-0047

2016

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**SCHEDULE G** 

## **Supplemental Information Regarding** 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 Attach to Form 990 or Form 990-EZ.

**Open to Public** 

Inspection ▶ Information about Schedule G (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		
Pa		<b>ivities.</b> Complete if s are not required	-		inswered "Yes" on F art.	orm 990,	Part IV, line	17.	
1	Indicate whether the organ	nization raised funds t	through any of the	foll	lowing activities Checl	k all that a	oply		
а	Mail solicitations				Solicitation of non-government grants				
b	☑ Internet and email solicitations			f	Solicitation of government grants				
c	Phone solicitations			g	Special fundraising events				
d	✓ In-person solicitations								
2a	Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?								
b	b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization								
- (	(i) Name and address of individual	(ii) Activity	(iii) Did fundraiser have custody or	(	( <b>iv)</b> Gross receipts from activity	(or ref	ount paid to	(vi) Amount paid to (or retained by)	

or entity (fundraiser)		custody or control of contributions?		Hom activity	fundraiser listed in col (i)	organization
		Yes	No			
NEW ENGLAND GRANT WORKS 17 PINE ISLAND ROAD	GRANT WRITING		No	0	12,360	-12,360
620 RUSHMORE DRIVE GRAND JUNCTION, CO 81503	EVENT MANAGEMENT		No	0	8,000	-8,000
3						
4						
5						
6						
7						
8						
9						
10						
Total	•	•	<b>•</b>		20,360	-20,360

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

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

than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a)Event #1 (b) Event #2 (c)Other events (d) Total events (add col (a) through (event type) (event type) (total number) col (c)) Revenue 1 Gross receipts. 2 Less Contributions. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary Add lines 4 through 9 in column (d) . . . . . . 11 Net income summary Subtract line 10 from line 3, column (d) . . . . . . Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/Instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue . Expenses | 2 Cash prizes 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes % Yes\_\_\_\_\_% Yes % 6 Volunteer labor No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d). Enter the state(s) in which the organization conducts gaming activities \_ ☐ Yes ☐ No Is the organization licensed to conduct gaming activities in each of these states? If "No," explain . 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No If "Yes," explain \_

sche	dule G (Form 990 or 990-EZ) 2016					F	Page				
L1	Does the organization conduct gaming	activities with nonmember	s?		☐ Yes	□No					
L <b>2</b>	Is the organization a grantor, beneficial formed to administer charitable gamin		member of a partnership or other entity		□Yes	□No					
L3	Indicate the percentage of gaming act	ivity conducted in									
а	The organization's facility			13a							
b	An outside facility			13b							
.4	Enter the name and address of the pe	rson who prepares the orga	nization's gaming/special events books and re	cords							
	Name										
	Address •	·····									
.5a	5a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes No										
b	If "Yes," enter the amount of gaming i										
	amount of gaming revenue retained by	y the third party $ hildsymbol{\blacktriangleright}$ \$									
С	If "Yes," enter name and address of the	ie third party									
	Name ►										
	Address ▶										
6	Gaming manager information										
	Name ►										
	Gaming manager compensation ▶ \$										
	Description of services provided ▶										
	☐ Director/officer	☐ Employee	☐ Independent contractor								
7	Mandatory distributions										
а	Is the organization required under star retain the state gaming license?	te law to make charitable di	stributions from the gaming proceeds to		П.,	П.,					
b		ured under state law distribi	uted to other exempt organizations or spent		☐ Yes	∐ No					
,	in the organization's own exempt activ										
Par	t IV Supplemental Information	on. Provide the explanat .5c, 16, and 17b, as app	cions required by Part I, line 2b, column licable. Also complete this part to provid				_				
	Return Reference		Explanation								
			<u>'</u>	ule G (F	orm 990 or	990-F7)	20				

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493132062457 OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) **2016** Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number LAND TRUST ALLIANCE INC 04-2751357 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ✓ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance other) or government assistance See Additional Data Table (1)(2)(3)(4)

(6)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . . 154 

Page **2** 

Schedule I (Form 990) 2016

(2) (3)

Schedule I (Form 990) 2016

(4)

(5) (6)

(7)

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

Explanation

Return Reference PART I, LINE 2 ITHE ALLIANCE MONITORS THE USE OF REGRANT FUNDS THROUGH RIGOROUS REVIEW OF PROJECT BUDGETS, INTERIM AND FINAL GRANT REPORTS, ONGOING

PROJECT TRACKING, AND SITE VISITS WITH GRANTEES WHERE APPROPRIATE GRANTEES THAT ARE UNABLE TO COMPLETE PROJECTS OR TO USE FUNDS AS PROPOSED ARE TYPICALLY REQUIRED TO RETURN UNUSED FUNDS TO THE ALLIANCE

## **Additional Data**

SUITE 600

TRUST

WASHINGTON, DC 20036 ARIZONA LAND AND WATER

3127 N CHERRY AVENUE TUCSON, AZ 85719

## 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 (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable or assistance organization grant cash (book, FMV, appraisal, non-cash assistance or government assistance other) AGRICULTURAL STEWARDSHIP 22-3084628 501(C)(3) 75,000 CAPACITY BUILDING ASSOCIATION 2531 STATE ROUTE 40

15,000

CAPACITY BUILDING

CAPACITY BUILDING

## GREENWICH, NY 128341210 AMERICAN FARMLAND TRUST 52-1190211 501(C)(3) 40,000 1150 CONNECTICUT AVE NW

501(C)(3)

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 501(C)(3) 52,500 CAPACITY BUILDING BATTENKILL CONSERVANCY 14-1774022 15 WEST MAIN STREET CAMBRIDGE, NY 12816 BITTER ROOT LAND TRUST 31-1595967 501(C)(3) 5.406 CAPACITY BUILDING PO BOX 1806

14,520

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

501(C)(3)

HAMILTON, MT 59840 BLUE MOUNTAIN

LA GRANDE, OR 978500666

CONSERVANCY PO BOX 666

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 501(C)(3) 37.663 CAPACITY BUILDING BLUE MOUNTAIN LAND TRUST 91-1989279 PO BOX 1473 WALLA WALLA, WA 99362 61-1441052 501(C)(3) 41.000 CAPACITY BUILDING

48.000

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

501(C)(3)

BROOKLYN QUEENS LAND
TRUST
677 LAFAYETTE AVENUE

BROOKLYN, NY 11216

CAPITAL ROOTS 594 RIVER STREET TROY, NY 12180

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) CAPITOL LAND TRUST 91-1413484 501(C)(3) 5,500 CAPACITY BUILDING 209 4TH AVENUE EAST OLYMPIA, WA 985016968 ING

CATSKILL CENTER FOR CONSERVATION & DEVELOPMENT 43355 STATE HIGHWAY 28 ARKVILLE, NY 124060504	23-7058142	501(C)(3)	15,500		CAPACITY BUILDING
CAZENOVIA PRESERVATION FOUNDATION	16-6101151	501(C)(3)	19,000		CAPACITY BUILDING

PO BOX 627

CAZENOVIA, NY 130350627

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance CENTRAL NEW YORK LAND 23-7399316 501(C)(3) 25,000 CAPACITY BUILDING TRUST PO BOX 9417

413 NORTH MAIN STREET JAMESTOWN, NY 14701

SYRACUSE, NY 13290					
CHAMPLAIN AREA TRAILS PO BOX 193 WESTPORT, NY 12993	26-4004845	501(C)(3)	30,000		CAPACITY BUILDING
CHAUTAUQUA WATERSHED CONSERVANCY	16-1389010	501(C)(3)	80,500		CAPACITY BUILDING

if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 91-1331348 501(C)(3) 13,636 CAPACITY BUILDING CHELAN-DOUGLAS LAND TRUST

(e) Amount of non-

(f) Method of valuation

(q) Description of

(h) Purpose of grant

WENATCHEE, WA 98807					
COLUMBIA LAND CONSERVANCY PO BOX 299	22-2757332	501(C)(3)	36,000		CAPACITY BUILDING

CHATHAM, NY 12037

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

DO DOV 4464

**(b)** EIN

COLUMBIA LAND TRUST 501(C)(3) 97,450 CAPACITY BUILDING 94-3140861

1351 OFFICERS ROW

VANCOUVER, WA 98661

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 23-2804664 501(C)(3) 21,000 CAPACITY BUILDING DELAWARE HIGHLANDS CONSERVANCY DO BOY 428

TRUST PO BOX 4861

CAVE CREEK, AZ 85327

HAWLEY, PA 18428					
DESCHUTES LAND TRUST 210 NW IRVING AVENUE BEND, OR 977012050	93-1186407	501(C)(3)	68,574		CAPACITY BUILDING
DESERT FOOTHILLS LAND	86-0677917	501(C)(3)	10,000		CAPACITY BUILDING

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) **DUTCHESS LAND** 14-1667526 501(C)(3) 10.000 CAPACITY BUILDING CONSERVANCY PO BOX 138

MILLBROOK, NY 12545					
EAST COOPER LAND TRUST PO BOX 2495 MOUNT PLEASANT, SC 29465	20-0473518	501(C)(3)	12,000		CAPACITY BUILDING
EDMUND NILES HUYCK PRESERVE 5052 DELAWARE TURNPIKE	14-1338387	501(C)(3)	30,000		CAPACITY BUILDING

RENSSELAERVILLE, NY

121470189

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 501(C)(3) 60.000 FINGER LAKES LAND TRUST 22-2983688 CAPACITY BUILDING 202 E COURT STREET ITHACA, NY 14850 FLATHEAD LAND TRUST 36-3479966 501(C)(3) 8.500 CAPACITY BUILDING 690 N MERIDIAN SUITE 207 KALISPELL, MT 59903

60,925

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

501(C)(3)

FRIENDS OF THE COLUMBIA

GORGE LAND TRUST 522 SW 5TH AVENUE PORTLAND, OR 97204

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

FRIENDS OF THE	27-4846966	501(C)(3)	25,000		CAPACITY BUILDING
WASHINGTON COUNTY GRASSLANDS IBA					
PO BOX 82					
FT EDWARD, NY 12828					

7,250 GALLATIN VALLEY LAND 81-0464513 501(C)(3)

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

HOUSTON, TX 77058

CAPACITY BUILDING

TRUST 212 S WALLACE BOZEMAN, MT 59715					
GALVESTON BAY FOUNDATION 1100 HERCULES AVE SUITE 200	76-0279876	501(C)(3)	5,150		CAPACITY BUILDING

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 501(C)(3) 47.500 GENESEE LAND TRUST 22-3033712 CAPACITY BUILDING 46 PRINCE STREET ROCHESTER, NY 146071912 GRASSROOTS GARDENS OF 16-1479159 501(C)(3) 40.000 CAPACITY BUILDING BUFFALO

10,250

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

501(C)(3)

2495 MAIN STREET SUITE 408 BUFFALO, NY 14214 GREAT LAND TRUST

PO BOX 101272 ANCHORAGE, AK 99501

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 16-1529688 501(C)(3) 25.000 CAPACITY BUILDING GREAT SWAMP CONSERVANCY 8375 NORTH MAIN STREET TY BUILDING

CANASTOTA, NY 13032					
GREEN GUERILLAS 232 E 11TH STREET NEW YORK NY 10003	13-2903183	501(C)(3)	20,000		CAPACITY

CORVALLIS. OR 97333

MEAN LOWN'INI TOOOS

94-3113836 501(C)(3) 69,910 CAPACITY BUILDING

GREENBELT LAND TRUST 101 SW WESTERN BLVD

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 13-3528266 501(C)(3) 44.000 CAPACITY BUILDING HUDSON HIGHLANDS LAND TRUST DO BOY 226

GARRISON, NY 10524					
IDAHO COALITION OF LAND TRUSTS PO BOX 1845	46-4754548	501(C)(3)	12,875		CAPACITY BUILDING

35,000

CAPACITY BUILDING

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

501(C)(3)

BOISE, ID 83701 INDIAN RIVER LAKES

REDWOOD, NY 13679

CONSERVANCY PO BOX 27

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 04 4465070 E04/61/31 . . . . CADACITY DUIL DING

1033 LAWRENCE STREET PORT TOWNSEND, WA 983686523	91-14650/8	501(C)(3)	9,000		CAPACITY BUILDING
KACHEMAK HERITAGE LAND	94-3104608	501(C)(3)	12,144		CAPACITY BUILDING

7,000

CAPACITY BUILDING

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

501(C)(3)

47-0898549

TRUST

PO BOX 2123 SANDPOINT. ID 83864

315 KLONDIKE AVENUE HOMER, AK 99603 KANIKSU LAND TRUST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance KLAMATH LAKE LAND TRUST 501(C)(3) 8,625 CAPACITY BUILDING 27-2927649 PO BOX 5142 KLAMATH FALLS, OR 97601 CITY BUILDING

LAKE CHAMPLAIN LAND TRUST 1 MAIN STREET SUITE 205 BURLINGTON, VT 05401	03-0267331	501(C)(3)	5,500		CAPACITY BUILDING
LAKE PLACID LAND	16-1452565	501(C)(3)	25,000		CAPACITY BUILDING

CONSERVANCY PO BOX 1250

LAKE PLACID, NY 12946

if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 20-4622209 501(C)(3) 291.900 OPERATION SUPPORT LAND TRUST ACCREDITATION COMMISSION

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

CAPACITY BUILDING

(d) Amount of cash

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

501(C)(3)

(c) IRC section

SARATOGA SPRINGS, NY 128663351					
LEMHI REGIONAL LAND TRUST PO BOX 871 SALMON ID 83467	20-2753508	501(C)(3)	6,530		CAPACITY BUILDING

8,750

LEMHI REGIONAL LAND TRUST
PO BOX 871
SALMON, ID 83467

LORD BERKELEY
CONSERVATION TRUST

20-2753508
57-6140810

(b) EIN

(a) Name and address of

223 EAST MAIN STREET MONCKS CORNER, SC 29461

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 74-3052925 501(C)(3) 45,295 CAPACITY BUILDING LOWER NEHALEM COMMUNITY TRUST

PO BOX 496 MANZANITA, OR 971300496					
MCKENZIE RIVER TRUST	93-1029808	501(C)(3)	72,130		CAPACITY BUIL

EUGENE, OR 974012411

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

501(C)(3)

MENDOCINO LAND TRUST

MENDOCINO, CA 95460

PO BOX 1094

94-2362450

UILDING

6,500

CAPACITY BUILDING

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 501(C)(3) 20.000 CAPACITY BUILDING MIANUS RIVER GORGE 13-3523329 167 MIANUS RIVER ROAD BEDFORD, NY 105061808 MOHAWK HUDSON LAND 14-1754157 501(C)(3) 61.000 CAPACITY BUILDING

20,000

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

501(C)(3)

14-1609484

CONSERVANCY
425 KENWOOD AVENUE
DELMAR, NY 12054
MOHONK PRESERVE

PO BOX 715

NEW PALTZ, NY 12561

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 81-0506868 501(C)(3) 8.000 CAPACITY BUILDING MONTANA ASSOCIATION OF LAND TRUSTS PO BOX 892 06-1648104 501(C)(3) 7.300 CAPACITY BUILDING

HELENA, MT 59624 NEW MEXICO LAND CONSERVANCY PO BOX 6759

30,000

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

501(C)(3)

SANTA FE. NM 875026759

600 RAMAPO VALLEY ROAD MAHWAH, NJ 07430

CONFERENCE

NEW YORK-NEW JERSEY TRAIL

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 93-0957815 501(C)(3) 61,525 CAPACITY BUILDING NORTH COAST LAND CONSERVANCY DO DOV CT

SEASIDE, OR 97138					
NORTH OLYMPIC LAND TRUST 104 NORTH LAUREL STREET PORT ANGELES, WA 98362	91-1500378	501(C)(3)	12,000		CAPACITY BUILDING
NORTH SHORE LAND	56-2368769	501(C)(3)	45,000		CAPACITY BUILDING

ALLIANCE 151 POST ROAD

OLD WESTBURY, NY 11568

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance NORTHCOAST REGIONAL LAND 68-0456290 501(C)(3) 8.000 CAPACITY BUILDING TRUST

PO BOX 398 BAYSIDE, CA 95524					
ONTARIO BAYS INITIATIVE PO BOX 117 CHAUMONT, NY 136220117	16-1461521	501(C)(3)	12,750		CAPACITY BUILDING

14,000

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

501(C)(3)

ORANGE COUNTY LAND TRUST

23 WHITE OAK DRIVE SUGAR LOAF, NY 10981

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 13-3499394 501(C)(3) 19,200 CAPACITY BUILDING OTSEGO LAND TRUST PO BOX 173

501(C)(3)

COOPERSTOWN, NY 133260173					
OZAUKEE WASHINGTON LAND TRUST	39-1741288	501(C)(3)	9,500		CAPACITY BUILDING

14,150

CAPACITY BUILDING

200 WISCONSIN STREET WEST BEND, WI 530950917

94-3219418

PALOUSE LAND TRUST

PO BOX 8506 MOSCOW, ID 83843

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance PECONIC LAND TRUST 11-2667021 501(C)(3) 30,000 CAPACITY BUILDING PO BOX 1776

119691776					
PUTNAM COUNTY LAND TRUST PO BOX 36 BREWSTER NY 105090036	23-7058465	501(C)(3)	15,000		CAPACITY BUILDING

47,500

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

501(C)(3)

14-1708890

RENSSELAER LAND TRUST

SAND LAKE, NY 12153

PO BOX 204

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 501(C)(3) 36,900 CAPACITY BUILDING RENSSELAER PLATEAU 94-3444825 ALLIANCE 167 BRAINARD ROAD AVERILL PARK, NY 12018 501(C)(3) 10.000 CAPACITY BUILDING 84-1495770

RIO GRANDE HEADWATERS LAND TRUST 840 GRAND AVENUE DEL NORTE. CO 81132

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

POCATELLO. ID 83204

501(C)(3) 6,000 SAGEBRUSH STEPPE LAND 82-6092501 TRUST

CAPACITY BUILDING PO BOX 1404

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 84-1311010 501(C)(3) 10,000 CAPACITY BUILDING SAN ISABEL LAND PROTECTION TRUST

PO BOX 124 WESTCLIFFE, CO 81252					
SARATOGA PLAN 112 SPRING STREET SARATOGA, NY 128663351	14-1706013	501(C)(3)	30,000		CAPACITY BUILDING

5067 HWY 140 MARIPOSA, CA 95338

SIERRA FOOTHILL 93-6301478 501(C)(3) 8,000 CAPACITY BUILDING CONSERVANCY

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 94-3015363 501(C)(3) 7.000 CAPACITY BUILDING SOLANO LAND TRUST 1001 TEXAS STREET FAIRFIELD CA 94533

TAIR ILLD, CA 54555					i
SOUTHEAST LAND TRUST OF NEW HAMPSHIRE	02-0355374	501(C)(3)	13,000		CAPACITY BUILDING
12 CENTER STREET 2ND FL EXETER, NH 03833					

PO BOX 954

ASHLAND, OR 975200032

86,537 SOUTHERN OREGON LAND 93-0724691 501(C)(3) CAPACITY BUILDING CONSERVAN

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 38-3038708 501(C)(3) 6,000 CAPACITY BUILDING SOUTHWEST MICHIGAN LAND CONSERVANCY

8935 EAST MAIN STREET GALESBURG, MI 49053					
ST LAWRENCE LAND TRUST PO BOX 684	35-2215442	501(C)(3)	12,000		CAPACITY BUILDING

8.000

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

501(C)(3)

CANTON, NY 13617

PO BOX 1775 PARK CITY, UT 84060

SUMMIT LAND CONSERVANCY

if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance TEATOWN LAKE RESERVATION 23-7154985 501(C)(3) 38,000 CAPACITY BUILDING TNC

(e) Amount of non-

(f) Method of valuation

(q) Description of

(h) Purpose of grant

1600 SPRING VALLEY ROAD OSSINING, NY 105621643					
TETON REGIONAL LAND TRUST 1520 S 500 W	94-3146525	501(C)(3)	10,000		CAPACITY BUILDING

TETON REGIONAL LAND TRUST 94-3146525 501(C)(3) 10,000 CAPACITY BUILDING 1520 S 500 W DRIGGS, ID 83422

TEXAS LAND CONSERVANCY 75-1825883 501(C)(3) 22,000 CAPACITY BUILDING 6626 SILVERMINE DRIVE

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

SUITE 300 AUSTIN, TX 78736 **(b)** EIN

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance THE COALITION OF OREGON 45-1510255 501(0)(3) 21 344 CAPACITY BUILDING

LAND TRUSTS 511 SE MORRISON STREET PORTLAND, OR 97214	13 1310233	301(0)(3)	21,311		O WACITY BOILDING
THE MONADNOCK	22-3030420	501(C)(3)	13,500		CAPACITY BUILDING

PORTLAND, OR 97214					
THE MONADNOCK CONSERVANCY PO BOX 337	22-3030420	501(C)(3)	13,500		CAPACITY BUILD

10,000

CAPACITY BUILDING

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

501(C)(3)

KEENE, NH 03431

821 SE 14TH AVENUE PORTLAND, OR 97214

THE NATURE CONSERVANCY

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) THE WETLANDS 93-0797197 501(C)(3) 35,503 CAPACITY BUILDING CONCEDVANCY

501(C)(3)

CLAYTON, NY 13624

TRUST

PARK

TUG HILL TOMORROW LAND

PO BOX 60631 THOMPSON

WATERTOWN, NY 13601

22-3115498

CONSERVANCY 4640 SW MACADAM PORTLAND, OR 97239					
THOUSAND ISLANDS LAND TRUST 135 JOHN STREET	22-2629183	501(C)(3)	40,000		CAPACITY BUILDING

28,500

CAPACITY BUILDING

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 20-1037078 501(C)(3) 72,717 CAPACITY BUILDING WALLOWA LAND TRUST PO BOX 516

ENTERPRISE, OR 97828					
WASHINGTON ASSOCIATION OF LAND TRUSTS PO BOX 2001 SEATTLE, WA 98122	26-3186170	501(C)(3)	8,000		CAPACITY BUILDING

WESTCHESTER LAND TRUST 13-3507910 501(C)(3) 68,000 CAPACITY BUILDING 403 HARRIS ROAD

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

BEDFORD HILLS, NY 105071802

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 501(C)(3) 55.000 CAPACITY BUILDING WESTERN NEW YORK LAND 22-3160426 CONSERVANCY PO BOX 471 EAST AURORA, NY 140520471

CAPACITY BUILDING

74.979

75,000

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

501(C)(3)

501(C)(3)

WILD RIVERS LAND TRUST

PORT ORFORD, OR 97465
WINNAKEE LAND TRUST

RHINEBACK, NY 12572

PO BOX 1158

PO BOX 610

93-1289894

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 22-2950482 501(C)(3) 25.000 CAPACITY BUILDING WOODSTOCK LAND CONSERVANCY PO BOX 864

WOODSTOCK, NY 12498					
ALACHUA CONSERVATION	59-2919630	501(C)(3)	10,000		CAPACITY BUILDING
TRUST 7204 SE COUNTY ROAD 234					
GAINESVILLE, FL 32641					

9,000

CAPACITY BUILDING

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

501(C)(3)

AMMONOOSUC

CONSERVATION TRUST 107 GLESSNER ROAD BETHLEHEM, NH 03574 02-6121209

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) BLUE RIDGE LAND 31-0496895 501(C)(3) 9,950 CAPACITY BUILDING CONSERVANCY 700 FIDET CTREET CM CHITE I

501(C)(3)

59-3613021

CONSERVATION TRUST FOR

1731 NORTHWEST 6TH STREET SUITE D GAINESVILLE, FL 32609

FLORIDA

ROANOKE, VA 24016					
CENTRAL ARIZONA LAND TRUST PO BOX 1050 PRESCOTT, AZ 86302	86-0610154	501(C)(3)	8,000		CAPACITY BUILDING

CAPACITY BUILDING

7,700

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance FIVE VALLEYS LAND TRUST 23-7182055 501(C)(3) 5,500 CAPACITY BUILDING 120 HICKORY STREET UNIT 24

CAPACITY BUILDING

MISSOULA, MT 59801					
FONDY FOOD CENTER	31-1751969	501(C)(3)	9,000		CAPACITY BUILDING
1617 W NORTH AVE SUITE 4					

11,000

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

501(C)(3)

MILWAUKEE, WI 53205 FRONTERA LAND ALLIANCE 42-1645381

3800 N MESA SUITE A2-258 EL PASO, TX 79902

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 39-1805090 501(C)(3) 5,500 CAPACITY BUILDING GATHERING WATERS CONSERVANCY 211 S PATTERSON SUITE 270 MADICON MIT ESTASIESO CITY BUILDING

MADISON, WI 53/034539					
GREAT PENINSULA CONSERVANCY 423 PACIFIC AVE SUITE 401 BREMERTON, WA 98337	91-1110978	501(C)(3)	5,500		CAPACITY BUILDING
GREEN RIVER VALLEY LAND	83-0332208	501(C)(3)	5,500		CAPACITY BUILDING

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

GREEN RIVER VALLEY LAND TRUST

PO BOX 1580 PINEDALE, WY 82941

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 39-6076028 501(C)(3) 19.000 CAPACITY BUILDING ICE AGE TRAIL ALLIANCE 2110 MAIN STREET

501(C)(3)

06-6087579

JOSHUA'S TRUST

MANSFIELD CENTER, CT

PO BOX 4

06250

CRUSS PLAINS, WI 53528					
INTERIOR ALASKA LAND TRUST PO BOX 84169 FAIRBANKS, AK 99708	92-0156596	501(C)(3)	6,750		CAPACITY BUILDING

CAPACITY BUILDING

15,000

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 501(C)(3) 13,500 KENNEBEC LAND TRUST 01-0440729 CAPACITY BUILDING 331 MAIN STREET PO BOX 261 WINTHROP ME 04364 CAPACITY BUILDING

CAPACITY BUILDING

1121111111017,112 01301					1
KINGSTON LAND TRUST PO BOX 2701 KINGSTON, NY 12402	26-2938986	501(C)(3)	28,500		
LAKE GEORGE LAND	22-2902944	501(C)(3)	41,000		ĺ

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

CONSERVANCY PO BOX 1250

BOLTON LANDING, NY 12814

if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) LAND TRUST FOR LOUISIANA 35-2239029 501(C)(3) 7.000 CAPACITY BUILDING 102 NORTH HOLLY STREET SUITE 102

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

CAPACITY BUILDING

(d) Amount of cash

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

501(C)(3)

(c) IRC section

LAND TRUST FOR THE 64-0936130 501(C)(3) 24,420 MISSISSIPPI COASTAL PLAIN PO BOX 245 BILOXI, MS 39533 CAPPLAIN C	CAPACITY BUILDING

5,500

MISSISSIPPI COASTAL PL PO BOX 245 BILOXI, MS 39533 LAND TRUST OF THE TREASURE VALLEY 708 W FRANKLIN STREET

BOISE, ID 83702

(a) Name and address of

(b) EIN

84-1380693

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) LEECH LAKE AREA 41-1887906 501(C)(3) 8,000 CAPACITY BUILDING WATERSHED

501(C)(3)

22-3070912

LOWELL PARKS AND CONSERVATION TRUST PO BOX 7162

LOWELL, MA 018520162

140 MN-371 HACKENSACK, MN 56452					
LOOKOUT MOUNTAIN CONSERVANCY PO BOX 76 LOOKOUT MOUNTAIN, TN 37350	62-1460535	501(C)(3)	15,000		CAPACITY BUILDING

CAPACITY BUILDING

19,560

(book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 23-7099105 501(C)(3) 26,000 CAPACITY BUILDING MAINE COAST HERITAGE TRUST

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

CAPACITY BUILDING

SUITE 201 TOPSHAM, ME 04086					
MARYLAND ENVIRONMENTAL TRUST 100 COMMUNITY PLACE 1ST	52-0685073	501(C)(3)	8,500		CAPACITY BUILDING

15,000

FLOOR CROWNSVILLE, MD 21032

(d) Amount of cash

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

501(C)(3)

(c) IRC section

(a) Name and address of

MOUNT GRACE LAND

CONSERVATION TRUST 1461 OLD KEENE ROAD ATHOL, MA 01331

**(b)** EIN

04-2938967

if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 58-2123670 501(C)(3) 9,000 CAPACITY BUILDING MOUNTAIN CONSERVATION TRUST

(e) Amount of non-

(f) Method of valuation

(q) Description of

(h) Purpose of grant

CAPACITY BUILDING

(d) Amount of cash

PO BOX 35 JASPER, GA 301431556					
NEBRASKA LAND TRUST 9200 ANDERMATT DRIVE	47-0843794	501(C)(3)	7,500		CAPACITY BUILDING

8,000

SUITE 7 LINCOLN, NE 68526

06-6098244

**(b)** EIN

(a) Name and address of

NEW CANAAN LAND TRUST

NEW CANAAN, CT 06840

PO BOX 425

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

501(C)(3)

(c) IRC section

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 54-2053383 501(C)(3) 16,700 CAPACITY BUILDING NEW RIVER LAND TRUST PO BOX 11057

BLACKSBURG, VA 24062					
NORTHEAST WILDERNESS TRUST	01-0729039	501(C)(3)	13,600		CAPACITY BUILDING
PO BOX 405 BRISTOL, VT 05443					

NORTHWEST ARKANSAS LAND 58-1916568 501(C)(3) 30,650 CAPACITY BUILDING TRUST

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

DIACKEDIDE VA 24062

1725 SMOKEHOUSE TRAIL FAYETTEVILLE. AR 72701

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 52-1053406 501(C)(3) 38,000 CAPACITY BUILDING OPEN SPACE INSTITUTE 1350 BROADWAY SUITE 201 NEW YORK NIV 40040

NEW YORK, NY 10018					
PARTNERSHIP FOR GULF COAST LAND CONSERVATION	64-0936130	501(C)(3)	23,100		CAPAC
PO BOX 245					İ
DILOVI MC 20E22					1

PEE DEE LAND TRUST PO BOX 2134 FLORENCE, SC 29503

ACITY BUILDING BILOXI, MS 39533 57-1075947 501(C)(3) 8.200 CAPACITY BUILDING

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 74-2989863 501(C)(3) 6,000 CAPACITY BUILDING PINES AND PRAIRIES LAND TRUST

501(C)(3)

POUND RIDGE, NY 10576
PRICKLY PEAR LAND TRUST

46 N LAST CHANCE GULCH HELENA. MT 59601 81-0506568

1018 MAIN STREET B BASTROP, TX 786025676					
POUND RIDGE LAND CONSERVANCY PO BOX 173	51-0173458	501(C)(3)	6,900		CAPACITY BUILDING

CAPACITY BUILDING

12,250

if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) SCENIC HUDSON LAND TRUST 13-2898799 501(C)(3) 37,000 CAPACITY BUILDING

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

ONE CIVIC CENTER PLAZA SUITE 200 POUGHKEEPSIE, NY 126013157		· // /	,		
SHERIDAN COMMUNITY LAND	20-4385635	501(C)(3)	10,625		CAPACITY BUILDING

IKUSI PO BOX 7185 SHERIDAN, WY 828017004

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

ROCHESTER, MI 483080902

**(b)** EIN

501(C)(3) 5,500 SIX RIVERS REGIONAL LAND 38-3189562 CAPACITY BUILDING CONSERVANCY PO BOX 80902

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 31-1313236 501(C)(3) 13.500 CAPACITY BUILDING TECUMSEH LAND PRESERVATION ASSOCIATION PO BOX 417

CAPACITY BUILDING

YELLOW SPRINGS, OH 45387 THE KENNEBEC LAND TRUST 01-0440729 501(C)(3) 10.000 PO BOX 261

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

501(C)(3)

04-6243236

THE KESTREL LAND TRUST

PO BOX 1016 AMHERST, MA 01004

CAPACITY BUILDING WINTHROP, ME 04364

8.000

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance THE LITTLE FORKS 38-3353122 501(C)(3) 14,100 CAPACITY BUILDING CONSERVANCY 105 POST STREET MIDLAND, MI 486405266 TRIANGLE LAND 58-1514406 501(C)(3) 7.000 CAPACITY BUILDING

CONSERVANCY 514 SOUTH DUKE STREET DURHAM, NC 27701

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

430 HELIX ROAD GREENWOOD, SC 29646

501(C)(3) 7,500 CAPACITY BUILDING UPPER SAVANNAH LAND 57-1109364 TRUST

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 01-0769456 501(C)(3) 7,000 CAPACITY BUILDING VENTURA HILLSIDE CONSERVANCY

PO BOX 1284 VENTURA, CA 930021284					
WALLKILL VALLEY LAND	22-2867070	501(C)(3)	25,500		CAPACITY BUILDING

					1
WALLKILL VALLEY LAND	22-2867070	501(C)(3)	25,500		CAPACITY BUILDIN
TRUST PO BOX 208					
NEW PALTZ, NY 125610208					ĺ

10,300

CAPACITY BUILDING

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

501(C)(3)

WEEKS BAY FOUNDATION

11401 US HHW 98 FAIRHOPE, AL 365325068 63-1021925

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 39-1618389 501(C)(3) 17,500 CAPACITY BUILDING WEST WISCONSIN LAND TRUST

GANSEVOORT, NY 12831

500 EAST MAIN STREET SUITE 307 MENOMONIE, WI 547512513					
WESTERN RESERVE LAND CONSERVANCY 3850 CHAGRIN RIVER ROAD	34-1571233	501(C)(3)	6,000		CAPACITY BUILDING

WESTERN RESERVE LAND
CONSERVANCY
3850 CHAGRIN RIVER ROAD
MORELEAND HILLS, OH 44022

WILTON WILDLIFE PRESERVE
PARK
80 SCOUT ROAD

CAPACITY BUILDING
CAPACITY BUILDING

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance WINCHESTER LAND TRUST 06-1263180 501(C)(3) 7,500 CAPACITY BUILDING

501(C)(3)

PO BOX 1050 WINCHESTER CENTER, CT 06094					
YORK LAND TRUST PO BOX 1241	22-2793161	501(C)(3)	6,000		CAPACITY BUILDING

CAPACITY BUILDING

12,000

YORK LAND TRUST PO BOX 1241 YORK HARBOR, ME 039111241

TAOS, NM 875710376

85-0373099

TAOS LAND TRUST

PO BOX 376

(a) Name and address of (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (b) EIN organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

EASTERN SIERRA LAND TRUST 77-0566099 501(C)(3) 5,500 CAPACITY BUILDING

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

PO BOX 755 BISHOP, CA 93515

efil	e GRAPHIC pi	int - DO NOT PROCESS As F	iled Dat	a -	DLN: 934	19313	32062	457		
Sch	edule J	Comp	ensat	ion Information	10	1B No	1545-0	0047		
, Depart	n 990)  timent of the Treasury al Revenue Service	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 <a href="https://www.irs.gov/form990">www.irs.gov/form990</a> .					2016 Open to Public Inspection			
	ne of the organiz	· · · · · · · · · · · · · · · · · · ·			Employer identificat					
LAN	D TRUST ALLIANCE	INC			04-2751357					
Pa	rt I Questi	ons Regarding Compensation								
<b>1</b> a		opiate box(es) if the organization provide ection A, line 1a Complete Part III to p					Yes	No		
	Travel for	s or charter travel companions nification and gross-up payments nary spending account		Housing allowance or residence for Payments for business use of perso Health or social club dues or initiation Personal services (e.g., maid, chauf	nal residence on fees					
b	or provision of a	xes in line 1a are checked, did the orga all of the expenses described above? If	"No," com	plete Part III to explain	nent or reimbursement	<b>1</b> b				
2	Did the organizadirectors, truste	ation require substantiation prior to rein es, officers, including the CEO/Executiv	nbursing ( /e Directo	or allowing expenses incurred by all r, regarding the items checked in line	e 1a?	2				
3	organization's C	of any, of the following the filing organi EO/Executive Director Check all that a digital organization to establish compensati	pply Doi	not check any boxes for methods						
	✓ Independ	ation committee ent compensation consultant of other organizations	□ ✓	Written employment contract Compensation survey or study Approval by the board or compensa	tion committee					
4	During the year related organiza	, did any person listed on Form 990, Pa ition	art VII, Se	ction A, line 1a with respect to the fil	ling organization or a					
а	Receive a sever	ance payment or change-of-control pay	ment?			4a		No		
b	Participate in, o	r receive payment from, a supplementa	al nonqual	ıfıed retırement plan?		4b	Yes			
С		r receive payment from, an equity-base of lines 4a-c, list the persons and providence.		<del>-</del>	t III	4c		No		
5	For persons liste	), 501(c)(4), and 501(c)(29) orgared on Form 990, Part VII, Section A, lin								
а	The organization	٦?				5a		No		
b	Any related orga If "Yes," on line	anızatıon? 5a or 5b, describe in Part III				5b		No		
6		ed on Form 990, Part VII, Section A, lin ontingent on the net earnings of	e 1a, dıd	the organization pay or accrue any						
а	The organization					6a		No		
b	Any related orga					6b		No		
7	•	6a or 6b, describe in Part III ed on Form 990, Part VII, Section A, lin	e 1a, dıd	the organization provide any non-fixe	ed					
	• •	escribed in lines 5 and 6? If "Yes," desc				7		No		
8		nts reported on Form 990, Part VII, pa nitial contract exception described in Re			escribe	8		No		
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follow the r	ebuttable	presumption procedure described in	Regulations section	9		110		
For F	Paperwork Redu	iction Act Notice, see the Instruction	ns for Fo	orm <b>990.</b> Cat No 5	50053T Schedule J	(Forn	1 990)	2016		

(A) Name and Title

(F) Compensation in

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

(B) Breakdown of W-2 and/or 1099-MISC compensation

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

(C) Retirement and

(D) Nontaxable

(E) Total of columns

(A) Name and Male	(i) Bonus & incentive Other reportable compensation compensation		benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990			
1 BOWMAN ANDREW PRESIDENT	(i)	249,508	0	83	6,135	7,997	263,723	0
	(ii)	0	0	0	0	0	0	0
2 WENTWORTH RAND PRESIDENT-EMERITUS	(i)	335,726	75,000	0	150,350	2,796	563,872	242,660
	(ii)	0	0	0	0	0	0	0
3 AYRES MARILYN M COO & CFO	(i)	167,323	0	258	63,628	9,549	240,758	0
	(ii)	0	0	0	0	0	0	0
4 WARD ELIZABETH DIRECTOR OF	(i)	137,283	0	258	9,402	16,473	163,416	0
COMMUNICATIONS	(ii)	0	0	0	0	0	0	0
5 SHAY RUSSELL DIRECTOR OF PUBLIC	(i)	131,482	0	762	10,506	10,319	153,069	0
POLICY	(ii)	0	0	0	0	0	0	0
6 KIVIKKO RENEE DIRECTOR OF EDUCATION	(i)	126,461	0	138	10,360	15,404	152,363	0
	(ii)	0	0	0	0	0	0	0
7 HESKETT ERIN DIRECTOR OF NATIONAL &	(i)	121,505	0	258	10,240	23,416	155,419	0
	(ii)	0	0	0	0	0	0	0
See Additional Data Table								
-								
							Schedule	J (Form 990) 2016

Schedule J (Form 990) 2016	Page <b>3</b>				
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					
Return Reference Explanation					
PART I, LINE 4B RAND WENTWORTH - \$5,958					

DLN: 93493132062457 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) 2016 ▶ 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 Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number LAND TRUST ALLIANCE INC 04-2751357 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line Art—Works of art . . 2 Art—Historical treasures 3 Art—Fractional interests Books and publications Clothing and household goods . . . . . Cars and other vehicles Boats and planes . . 8 Intellectual property Securities—Publicly traded . Χ 1,019,775 AVG HI/LO ON RECEIPT 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . Securities—Miscellaneous . Qualified conservation contribution—Historic structures . . . . 14 Qualified conservation contribution—Other . Real estate—Residential . 16 Real estate—Commercial . 17 Real estate—Other . . 18 Collectibles . . Food inventory . . . 19 20 Drugs and medical supplies 21 Taxidermy . . . 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . Other ▶ ( \_\_\_\_\_\_ **26** Other ▶ ( \_\_\_ Other ▶ ( \_\_\_\_\_ 27 Other ► ( \_\_\_ 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . 30a Nο b If "Yes," describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a contributions? . . . . . . . . Nο b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II Schedule M (Form 990) (2016) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

Schedule M (Form 990) (2016)	Page 2				
<b>Part II</b> 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) (2016)				

efile GRAPH	: 93493132062457						
SCHEDUL	E O Supplemental Information to Form 9	90 or 990-EZ	OMB No 1545-0047				
(Form 990 or EZ)	2016						
Department of the T	► Information about Schedule O (Form 990 or 990-EZ) and www.irs.gov/form990.						
Name of the org		Employer ident	tification number				
		04-2751357					
990 Schedule	e O, Supplemental Information						
Return Reference	Explanation						
FORM 990, PART III, LINE 1	THE LAND TRUST ALLIANCE UNITES AND CHAMPIONS ORGANIZATIONS SAVE NATURAL AREAS BECAUSE OF OUR INNOVATIVE WORK MORE LAR LAND, CONSERVATION LEADERS ARE MORE EFFECTIVE AT SAVING L L SYSTEMS ARE MAINTAINED TO PROTECT LAND IN PERPETUITY, AND RVATION IS DEEPENED	ANDOWNERS CHOOSE TO AND, STRONG NONPROFI	PROTECT THEI TS AND LEGA				

Return Reference	Explanation
FORM 990, PART III, LINE 4A	EDUCATION AND CAPACITY BUILDING THE ALLIANCE CONTINUES TO STRENGTHEN, EMPOWER AND MAGNIFY THE IMPACT OF ITS MORE THAN 1,000 MEMBER LAND TRUSTS THE ALLIANCE PROVIDES LAND TRUSTS W ITH THE TOOLS THEY NEED TO GROW IN STRENGTH AND IMPACT OUR NATIONAL LAND CONSERVATION CON FERENCE RALLY, ONLINE LEARNING CENTER, CONSERVATION AND RISK MANAGEMENT CURRICULUM, 100+ WEBINARS AND 300+ WORKSHOPS SERVED 4,500 PEOPLE IN 2016 OUR TRANSFORMATIVE LEADERSHIP TRA INING AND LAND TRUST EXCELLENCE PROGRAMS CONTINUED TO INVEST IN HIGH-POTENTIAL LEADERS AND ORGANIZATIONS WITH AN ADDED EMPHASIS ON STRATEGIC COMMUNICATIONS, CONSERVATION PLANNING W ITH CLIMATE IN MIND, COMMUNITY CONSERVATION AND PUBLIC ENGAGEMENT 357 LAND TRUSTS HAVE NO W ACHIEVED ACCREDITATION THESE ORGANIZATIONS ARE STEWARDING MORE THAN 75 PERCENT OF THE L AND CONSERVED BY LAND TRUSTS ACROSS THE COUNTRY WE CONDUCTED A COMMUNITY ENGAGEMENT PROCE SS TO REVISE LAND TRUST STANDARDS AND PRACTICES, THE ETHICAL AND TECHNICAL GUIDELINES FOR OPERATING A LAND TRUST UTILIZING A CIRCUIT RIDER APPROACH, SMALL LAND TRUSTS RECEIVED ASS ISTANCE IN ADDRESSING BASELINE AND RECORDS MANAGEMENT CHALLENGES AND WERE PREPARED TO ACHIEVE ACCREDITATION FINALLY, SUPPORT WAS PROVIDED TO LAND TRUSTS EXPLORING GREATER COLLABOR ATION OR MERGERS

Return Reference	Explanation
FORM 990, PART III, LINE 4B	PUBLIC POLICY AND OUTREACH THE ALLIANCE FURTHERS THE INTERESTS OF LAND TRUSTS ACROSS AMER ICA BY ADVOCATING FOR SOUND TAX AND FUNDING POLICIES FOR CONSERVATION BUILDING ON THE SUC CESSFUL PASSAGE OF A PERMANENT ENHANCED TAX INCENTIVES FOR CONSERVATION EASEMENTS IN 2015, THE ALLIANCE LEVERAGED ITS NETWORK OF OVER 200 ADVOCACY AMBASSADORS TO SUPPORT FULL FUNDI NG OF THE LAND AND WATER CONSERVATION FUND, IMPROVED ACCESS TO FARM BILL PROGRAMS AND TO T RAIN AND ENGAGE LAND TRUST STAFF AND BOARD MEMBERS IN ACTIVELY PARTICIPATING IN THE POLICY PROCESS AMBASSADORS TOOK CENTER STAGE AT ADVOCACY DAYS, A SPRING EVENT THAT PROVIDES LAN D TRUST LEADERS WITH HANDS-ON TRAINING AS WELL AS TIME WITH KEY LEGISLATORS TO DISCUSS ISS UES IMPORTANT TO THE LAND TRUST COMMUNITY THROUGH ITS PARTNERSHIP WITH THE TRUST FOR PUBL IC LAND TO ENGAGE LOCAL LAND TRUSTS IN STATE AND LOCAL BALLOT MEASURES PRODUCED OVER \$1 BI LLION IN FUNDING FOR CONSERVATION THE ALLIANCE LED THE COMMUNITY IN URGING CONGRESS AND T REASURY OFFICIALS TO ADDRESS THE CHALLENGE OF TAX SHELTER TRANSACTIONS THAT THREATENED TO DAMAGE PUBLIC SUPPORT FOR CONSERVATION IN DECEMBER 2016, THE IRS TOOK THE IMPORTANT STEP OF MAKING CONSERVATION EASEMENT TAX SHELTERS LISTED TRANSACTIONS, WHICH EXPERTS BELIEVE WILL BE AN EFFECTIVE DETERRENT THE RESULTS OF THE NATIONAL LAND TRUST CENSUS, WHICH ARE COMPILED EVERY FIVE YEARS AND WERE RELEASED IN DECEMBER, REVEALED THAT LAND TRUSTS HAVE NOW PROTECTED MORE THAN 56 MILLION ACRES, OR DOUBLE THE AMOUNT OF NATIONAL PARK LAND IN THE LOW ER 48 STATES WE WORKED WITH LAND TRUSTS TO PROVIDE COMMUNICATIONS TOOLKITS TO SHARE THE CENSUS RESULTS AND INCREASE COMMUNITY ENGAGEMENT THE ALLIANCE WAS MENTIONED IN THE MEDIA NEARLY 1,000 TIMES IN 2016, BOLSTERING RECOGNITION FOR THE ENTIRE LAND TRUST COMMUNITY

Return Reference	Explanation
FORM 990, PART III, LINE 4C	CONSERVATION PERMANENCE THROUGH THE ALLIANCE'S CONSERVATION DEFENSE INITIATIVE, LAND TRUS TS ARE MORE PREPARED THAN EVER TO OVERCOME THREATS ENDANGERING PROTECTED LAND TERRAFIRMA, THE CHARITABLE RISK POOL LAUNCHED BY THE ALLIANCE AND OWNED BY LAND TRUSTS, INSURED OVER 26,000 PROPERTIES AND ALMOST EIGHT MILLION ACRES IN 2016 THAT MEANS THAT 89 PERCENT OF TH E LAND CONSERVED BY LAND TRUSTS IS NOW SAFELY INSURED BY TERRAFIRMA OR HELD BY ORGANIZATIO NS CAPABLE OF SELF-INSURANCE A HIGHLIGHT OF OUR EFFORTS TO MAKE CONSERVED LANDS RELEVANT TO FUTURE GENERATIONS AND DIVERSE SOCIOECONOMIC COMMUNITIES WAS A MOVING PLENARY SESSION A T RALLY WHERE ROBYN CARLTON AND UMAR MUHAMMED OF THE ACCREDITED LOOKOUT MOUNTAIN CONSERVAN CY SHARED THEIR STORY ABOUT ENGAGING THE NEXT GENERATION IN CONSERVATION WE LAUNCHED THE INAUGURAL "LAND IS MY" VIDEO CONTEST, WHICH RECEIVED OVER 42,000 VOTES FOR 75 VIDEOS T HESE VIDEOS ALONG WITH THE STORIES SHARED THROUGH THE CENSUS ALLOWED US TO BUILD A DIVERSE COLLECTION OF COMMUNITY CONSERVATION CASE STUDIES FINALLY, WE DEVELOPED A TOOL TO ASSIST LAND TRUSTS IN PLANNING AND ASSESSING THEIR COMMUNITY CONSERVATION WORK

Return Reference

FORM 990,	THE DRAFT 990 IS EMAILED TO ALL DIRECTORS WITH INSTRUCTIONS TO DIRECT ALL QUESTIONS, COMME
PART VI,	NTS OR REVISIONS TO THE AUDIT COMMITTEE OR CHIEF OPERATING AND FINANCIAL OFFICER THE AUDI
SECTION B,	T COMMITTEE REVIEWS THE RETURN WITH REPRESENTATIVES OF THE FIRM PREPARING THE RETURN AND A
LINE 11B	FTER IT COMPLETES ITS REVIEW AND ADDRESSES ANY QUESTIONS OR COMMENTS FROM OTHER BOARD MEMB

ERS, DIRECTS THE CHIEF OPERATING AND FINANCIAL OFFICER TO SIGN AND FILE THE RETURNS

Explanation

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 RE FER THE MATTER TO THE AUDIT COMMITTEE OF THE BOARD TO REVIEW, MAKE RECOMMENDATIONS AND DIS CLOSE ACTIONS TAKEN AT THE NEXT BOARD MEETING STAFF WITH POTENTIAL CONFLICTS WILL DISCLOS E THEM IN WRITING TO THE PRESIDENT WHO WILL REVIEW THEM, TAKE APPROPRIATE ACTIONS AND REPO RT 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 RECUS E AND ABSENT HIMSELF OR HERSELF FROM ANY INVOLVEMENT IN DISCUSSIONS OR DECISIONS PERTAINING TO THE POTENTIAL CONFLICT

Return Explanation
Reference

FORM 990,	IN 2012, THE BOARD ESTABLISHED A COMPENSATION COMMITTEE WHICH CONTRACTED FOR AN INDEPENDEN
PART VI,	T REVIEW OF THE COMPENSATION OF THE PRESIDENT, EXECUTIVE VICE PRESIDENT, AND CHIEF OPERATI
SECTION B,	NG & FINANCIAL OFFICER THIS REVIEW INCLUDED A REVIEW OF COMPARABILITY DATA A COPY OF THE
LINE 15	CONSULTANT'S WRITTEN REPORT WAS PROVIDED TO ALL BOARD MEMBERS

Return Explanation

FORM 990, FORM 990 AND FINANCIAL STATEMENTS ARE AVAILABLE ON THE ALLIANCE WEBSITE WWW LANDTRUSTALLIA NCE ORG THE CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON R SECTION C, LINE 19

Return Explanation
Reference

FORM 990, PRESIDENTS COMPENSATION THE ORGANIZATION HAS A 457(F) DEFERRED COMPENSATION PLAN AGREEMEN
PART VII,
SECTION A
LE COMMENCING ON JANUARY 1, 2014 TOTAL DEFERRED COMPENSATION EXPENSE FOR THE YEARS ENDED
DECEMBER 31, 2016 AND 2015 WAS \$122,562 AND \$91,292, RESPECTIVELY

Return Explanation

Reference FORM 990. THE ORGANIZATION HAS NOT CHANGED FITHER ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR

PART XII. LINE 2C

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** (Form 990)

Department of the Treasury

### **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. **2016** 

DLN: 93493132062457 OMB No 1545-0047

> Open to Public Inspection

Name of the organization LAND TRUST ALLIANCE INC	Employer identification number						
LAND TRUST ALLIANCE INC				04-2751357			
Part I Identification of Disregarded Entities Comple	ete if the organization answer	ed "Yes" on Form 9	990, Part IV, line 33	3.			
(a) Name, address, and EIN (If applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (sta or foreign country		(e) End-of-year assets	(f) Direct controlling entity	g	
(1) ALLIANCE RISK MANAGEMENT SERVICES LLC 1250 H STREET NW SUITE 600 WASHINGTON, DC 20005 46-3045386	RISK MANAGEMENT	VT	211,000	72,612	LAND TRUST ALLIANCE		_
							_
							_
Part II Identification of Related Tax-Exempt Organiz related tax-exempt organizations during the tax years.	r <b>ations</b> Complete if the organ ear.	lization answered "	Yes" on Form 990,	Part IV, line 34 be	ecause it had one or	more	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	Section (13) co	g) n 512(b ontrolle tity?
						Yes	
(1)LAND TRUST ACCREDITATION COMMISSION 1660 L STREET NW SUITE 1100	ACCREDITATION	DC	501(C)(3)	LINE 12A, I			No
WASHINGTON, DC 20036 22-4622209							
For Paperwork Reduction Act Notice, see the Instructions for Fo	orm 990.	Cat No 50135	Υ		Schedule R (Form	990) 2	016

(j) General o managing partner?	anaging	alor Pe ging ov	
Yes No	es No	No	
			T
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	+	$\dashv$	+
	$\perp$	$\perp$	$\perp$
V, line 34			
(h) centage nership	je :	(1:	Secti (13) •
		+	16:
		+	
		+	
		_	

Schedule R (Form 990) 2016		Pa	age <b>3</b>
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<b>1</b> b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	<b>1</b> f		No
g Sale of assets to related organization(s)	<b>1</b> g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	_	No
l Performance 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)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	10		No
p Reimbursement paid to related organization(s) for expenses	<b>1</b> p		No
q Reimbursement paid by related organization(s) for expenses	<b>1</b> q	Yes	
	 	Ь—	<u> </u>

k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
n	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
0	Sharing of paid employees with related organization(s)	10		No
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p		No
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> q	Yes	
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other 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 this line, including covered relationships and transaction thresholds			
	(a) (b) (c) (d)			

Name of related organization Transaction type (a-s) Method of determining amount involved Amount involved

В

Q

FMV PAID

FMV PAID

Schedule R (Form 990) 2016

291,900

185,408

(1)LAND TRUST ACCREDITATION COMMISSION

(2)LAND TRUST ACCREDITATION COMMISSION

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	01	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations 2	ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managin partner	g	<b>(k)</b> Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
					'					Schedul	e R (Forn	า 99	0) 2016

