AMENDED	RETURN SECTION 512(A)(7)			181	\mathcal{Q}	
ão∩:⊤` I	EXTENDED TO NOV. Exempt Organization Bus	FWRF	se Income T	av Beturn		OMB No. 1545-0887
Form 33U-1	(and proxy tax und	or co	oo IIICUIIIC I	ax neturn	•	
`						2018
			, and ending	atlan	—·	ZU 18
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form990T for in ► Do not enter SSN numbers on this form as it may					Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if	Name of organization (Check box if name of				n Emp	olover identification number
address changed	Maine of organization (Check box it fiame (unanyeu	and see mad dedons.			ployees' trust, see ructions.)
B Exempt under section	Print LAND TRUST ALLIANCE, INC.					04-2751357 C
X 501(c)(3)	or Number, street, and room or suite no. If a P.O. bo	V 500 ID	etructions			slated business activity code
408(e) 220(e)	Type 1250 H STREET, NW. NO. 600	A, 366 III	su ucuons.		(See	Instructions.)
408A 530(a)	City or town, state or province, country, and ZIP of	or foreign	n nostal code		1	•
529(a)	WASHINGTON, DC 20005	Ji Torongi	i postai oodo		5418	300
Book value of all assets	F Group exemption number (See instructions.)	<u> </u>	· · · · · · · · · · · · · · · · · · ·	 	4	
at end of year 24 481	912. 6 Check organization type X 501(c) cor		501(c) trust	401(a)) trust	Other trust
	rganization's unrelated trades or businesses.	1		the only (or first) un		
	ADVERTISING INCOME			complete Parts I-V.		_
	ank space at the end of the previous sentence, complete Pa	arts I an				
business, then complete F						
I During the tax year, was t	he corporation a subsidiary in an affiliated group or a pare	nt-subsi	diary controlled group?	▶	Y	es X No
	nd identifying number of the parent corporation.		<u>,</u>	 		
J The books are in care of				one number 🕨 (
Part1 Unrelated	Trade or Business Income		(A) income	(B) Expenses	B	(C) Net
1a Gross receipts or sales						/
b Less returns and allow	ances c Balance	1c	Intomal Perenue	ลิดเทียง		
2 Cost of goods sold (So	/ \	2	Received US Bon	- USD		
3 Gross profit. Subtract		3	303			
	e (attach Schedule D)	4a				 /
b Net gain (loss) (Form	4797, Part II, line 17) (attach Form 4797)	4b	NUV 23 2	D20		\
c Capital loss deduction		4c				
.	partnership or an S corporation (attach statement)	5	Ogden, U	<u> </u>		<u> </u>
- 1		6				
	d income (Schedule E)	7				
1	alties, and rents from a controlled organization (Schedule F)					
1.	a section 501(c)(7), (9), or (17) organization (Schedule G)			 		
1	rty income (Schedule I)	10		<u> </u>		+
11 Advertising income (S 12 Other income (See ins	tructions; attach schedule) STATEMENT 1	11 12	4,100.			4,100.
d		10	4 100			4,100.
Part II Deduction	3 through 12 15 Not Taken Elsewhere (See instructions f	or limita	ations on deductions.)	<u> </u>		<u></u>
(Except for c	ontributions, deductions must be directly connecte	d with t	he unrelated business	income.)		
14 Compensation of offi	cers, directors, and trustees (Schedule K)				14	
15 Salaries and wages					15	3,458.
	ince				16	<u> </u>
17 Bad debts					17	<u></u>
18 Interest (attach sched	lule) (see instructions)				18	
19 Taxes and licenses					19	250.
20 Charitable contribution	ns (See instructions for limitation rules) STATEMENT	.4 .	SEE STATEME	NT 2	20	0.
21 Depreciation (attach I	Form 4562)				.	
Less depreciation cla Depletion	imed on Schedule A and elsewhere on return		22a		22b	
23 Depletion					23	
24 Contributions to defe					24	
25 Employee benefit pro					25	
26 Excess exempt experi	ses (Schedule I)				26	
27 Excess readership co	sts (Schedule J)				27	1 242
	ach schedule)			NT 3	28	1,349.
					29	5,057.
/	xable income before net operating loss deduction. Subtra				30	-957.
	erating loss arising in tax years beginning on or after Janu	-	•	,	3	1 255
32 Unrelated business ta	xable income. Subtract line 31 from line 30			<u> </u>	32	-957.

Form 980-1	(2018) LAND TRUST ALLIANCE, INC.	21321	raye Z
Part I	Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	-957.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	0.
	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of	~ TT	
	lines 33 and 34	⊃ 36	-957.
	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	\$ 37	1,000.
	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	VIT T	· · · · · · · · · · · · · · · · · · ·
	ghter the smaller of zero or line 36	(-957.
Part IX	/\Tax Computation	1	
	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	0.
	Trusts Taxable at Trust Rates. Scc instructions for tax computation. Income tax on the amount on line 38 from:		
	Tax rate schedule or Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
	Alternative minimum tax (trusts only)	42	
	Tax on Noncompliant Facility Income. See instructions	43	
	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	. 44	0.
Part X	\\\Tax and Payments	, 1 7,7 1	
	111 · · · · · · · · · · · · · · · · · ·		
	Other credits (see instructions)	_	
	General business credit. Attach Form 3800	7	
d	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) Other credits (see instructions) General business credit. Attach Form 3800 Credit for prior year minimum tax (attach Form 8801 or 8827) 45a 45b 45c 45c	7 (
		45e	
-	Total credits. Add lines 45a through 45d	46	0.
	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedul		
	Total tax. Add lines 46 and 47 (see instructions)	48	0.
	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
	Payments: A 2017 overpayment credited to 2018		
	2018 estimated tax payments 50b	7	
	Tax deposited with Form 8868	ō.	
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d	7	
	Backup withholding (see instructions) 50e	7	
	Credit for small employer health insurance premiums (attach Form 8941) 50f	_	
	Other credits, adjustments, and payments: Form 2439	7	
8	Form 4136		
51	Total payments. Add lines 50a through 50g	511	2,500.
	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	
	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	AO 54	2,500.
	Enter the amount of line 54 you want: Credited to 2019 estimated tax	55	1,364.
Part V	Statements Regarding Certain Activities and Other Information (see instructions)	-11	
58	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		YAR NO
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here >		x
57	During the tax year, did the organization receive a distribution from, or was it the granter of, or transferor to, a foreign trust?		ж_
	If "Yes," see instructions for other forms the organization may have to file.		
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$		
<u> </u>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my kno correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	wiedge and beli	ef, it is true,
Sign		May the IRS d	iscuss this return with
Here	CHIEF OP & FIN OFFICER	-	hown below (see
	Signature of officer Date Title	instructions)?	X Yes No
	Print/Type preparer's name Preparer's sygnature 2020 05 Date Check] if PTIN	
Paid	Print/Type preparer's name Preparer's signature Preparer's signature 2020.05.21 14:56:20 -04'00' Check self- employ		
Prepa	rer RAYMOND BARBAGALLO		173692
Use O	nly Firm's name ► CHERRY BEKAERT LLP Firm's EIN	<u>▶ 56</u>	5-0574444
	6116 EXECUTIVE BLVD STE 600		
	Firm's address ► ROCKVILLE, MD 20852 Phone no.		
823711 01-	09-19		Form 990-T (2018)

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory v	valuation N/A				
1 Inventory at beginning of year	1			Inventory at end of year	г .		6_	
2 Purchases 2				7 Cost of goods sold. Subtract line 6				
3 Cost of labor	3		7	from line 5. Enter here				
4a Additional section 263A costs			7	line 2			7	
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes No
b Other costs (attach schedule)	4b		3	property produced or a	cquired	for resale) apply to		
5 Total. Add lines 1 through 4b	5		3	the organization?		************		
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Per	sonal Property L	ease	d With Real Prop	erty	
1. Description of property								
(1)								
(2)								
(3)				· · · · · · · · · · · · · · · · · · ·				
(4)								
	2. Rent recelv	ed or accrued						
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	or rent for	personal	sonal property (if the percentag I property exceeds 50% or if sed on profit or Income)	ge	3(a) Deductions directly columns 2(a) as	r connec ndi 2(b) (cted with the income in (attach schedule)
(1)	·							
(2)								
(3)	-							
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)		· · · · · · · · · · · · · · · · · · ·		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	0.
Schedule E - Unrelated Del	ot-Financed	Income (see	instn	uctions)	r			
			1 ,	2. Gross Income from	ŀ	Deductions directly con to debt-finance	nected ced pro	with or allocable perty
1. Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)		· · · · · · · · · · · · · · · · · · ·	_			· · · ·	_	
(2)								
(3)			\top				1	
(4)							1	
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to unced property h schedule)	(6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				%				
(2)				%				· · ·
(3)				%				
(4)				%				
						inter here and on page 1, Part I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
Totals		•				0).	0.
Total dividends-received deductions		 n 8					.	0.

Form 990-T (2018) LAND TRUS	T ALLIANCE, I	NC.						04-275	1357	Page 4
Schedule F - Interest,	Annuities, Roy	alties, ar	nd Rents	From Co	ntrollec	l Organiza	tions		structions	
<u> </u>			Exempt C	Controlled O	rganizatio	ons				
1. Name of controlled organizat	ide					al of specified nents made 5. Part of column 4 that is included in the controlling organization's gross incom		rolling	6. Deductions directly connected with Income in column 5	
(1)			 	· · · · · · · ·	<u> </u>					
(2)			<u> </u>		l					
(3)		•	Ť							
(4)			1							
Nonexempt Controlled Organi	izations						<u> </u>			
7. Taxable Income	8. Net unrelated inc (see instruct		9. Total o	of specified pays made	nents	10. Part of column in the controlling gross	nn 9 thai ng organ income	ization's		ductions directly connected Income in column 10
(1)										
(2)				 	1	· · · · · · · · · · · · · · · · · · ·				
(3)			1		1					
(4)		· · · · · ·								
	•		•			Add colun Enter here and line 8, c		1, Part I,	Enter h	id columns 6 and 11 ere and on page 1, Part I, line 8, column (B).
Totals								0.		. 0.
Schedule G - Investme	ent Income of a	Section	n 501(c)(7), (9), or (17) Org	anization				······································
1. Desc	cription of Income			2. Amount of	Income	3. Deductio directly conne (attach sched	cted	4. Set-	asides schedule)	5. Total deductions and set-asides (col 3 plus col. 4)
(1)					1					
(2)					1					
(3)										
(4)										
				Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B).
Totals			▶		0.	,				0.
Schedule I - Exploited (see instr	•	ty Incom	ne, Other	Than Adv	ertisin	g Income		,		
1. Description of	2. Gross unrelated business	directly	xpenses connected	4. Net incom from unrelated business (co	d trade or	5. Gross inco			penses	7. Excess exempt expenses (column
exploited activity	Income from trade or business	of u	oroduction mrelated ess income	minus colum gain, comput through	n 3) If a e cols, 5	is not unrelat business inco	ted		table to mn 5	6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)										
(4)										
Totals	Enter here and on page 1, Part I, line 10, col. (A).	page	nere and on 1, Part I, 0, col. (B).							Enter here and on page 1, Part II, line 26.
Schedule J - Advertisi	ng Income (se	e instructio	ons)							
Part I Income From	Periodicals Re	ported o	on a Cons	solidated	Basis					
1. Name of periodical	2. Gros advertish Income	1g	3. Direct tvertising costs	or (loss) (c col. 3). If a g	tising gain ol. 2 minus ain, compute hrough 7.	5. Circula Income		6. Read cos		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)										
(2)		1		7						,
(3)		i		7						
(4)	<u> </u>			7				Γ		
	<u> </u>			1		1				
Totals (carry to Part II, line (5))	. ▶	0.	0	.		1		l		0.

0					· · · · · · · · · · · · · · · · · · ·		
Part II	ncome	From	Perio	dicals	Reporte	ed on a Separate Basis	(For each periodical listed in Part II, fill in

	Column 2 and agric of a mile of mile of and a										
,	1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).			
(1)											
(2)											
(3)			1								
(4)											
Totals fro	m Part I	▶	0.	0,				0.			
			Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27.			
Totals, P	art II (lines 1-5)	. ▶	0.	0.				0.			

Schedule K - Compensation of Officers, Directors, and Trustees (see Instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2018)

FORM 990-T	OTHER INCOME	STATEMENT 1
DESCRIPTION		AMOUNT
ADVERTISING INCOME	,	4,100
TOTAL TO FORM 990-T, PAG	E 1, LINE 12	4,100
FORM 990-T	CONTRIBUTIONS	STATEMENT 2
DESCRIPTION/KIND OF PROP	ERTY METHOD USED TO DETERMINE FMV	AMOUNT
VARIOUS	N/A	4,176,791
TOTAL TO FORM 990-T, PAG	4,176,791	
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
TELEPHONE INFORMATION TECHNOLOGY		547 802
TOTAL TO FORM 990-T, PAG	E 1. LINE 28	1,349

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT	4
QUALIFIED	CONTRIBUTIONS SUBJECT TO 100% LIMIT			
FOR TAX FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED CONTRIBUTIONS YEAR 2013 YEAR 2014 YEAR 2015 YEAR 2016 YEAR 2017			
TOTAL CARI	RYOVER RENT YEAR 10% CONTRIBUTIONS	4,176,791		
	TRIBUTIONS AVAILABLE NCOME LIMITATION AS ADJUSTED	4,176,791	_	
EXCESS 10	CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS	4,176,791 0 4,176,791	_	
ALLOWABLE	CONTRIBUTIONS DEDUCTION			0
TOTAL CON	TRIBUTION DEDUCTION			0

FORM 990-T		NET	OPERATING	LOSS D	EDUCTION	ST	ATEMENT 5
TAX YEAR	LOSS	SUSTAINED	LOSS PREVIOUS APPLIE		LOSS REMAIŅING		AILABLE IS YEAR
12/31/13		115.		0.	11	.5.	115.
12/31/14		23.		0.	2	23.	23.
12/31/15		6.		0.		6.	6.
12/31/16		2,828.		0.	2,82	88.	2,828.
12/31/17		581.		0.	, 56	31.	581.
NOL CARRYOV	ER AVA	ILABLE THIS	YEAR		3,55	53.	3,553.