Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

For the 2022 calendar year, or tax year beginning , 2022, and ending . 20 Check if applicable: D Employer identification number Address change LAND PRESERVATION TRUST, INC. 52-1465309 13501 FALLS ROAD Telephone number Name change COCKEYSVILLE, MD 21030 443 578-4404 Initial return Final return/terminated **G** Gross receipts \$ Amended return 3,847,494 F Name and address of principal officer: VICTORIA COLLINS H(a) Is this a group return for subordinates Application pending **H(b)** Are all subordinates included? If "No," attach a list. See instructions. SAME AS C ABOVE Yes No Tax-exempt status: X 501(c)(3) 4947(a)(1) or 527 501(c) ((insert no.) Website: WWW.THELANDPRESERVATIONTRUST.ORG H(c) Group exemption number Κ Form of organization: L Year of formation: M State of legal domicile: MD X Corporation Trust Association 1986 Part I Summarv Briefly describe the organization's mission or most significant activities: THE LAND PRESERVATION TRUST, INC. ASSISTS BALTIMORE COUNTY LANDOWNERS IN PROTECTING THEIR LAND FOR FUTURE GENERATIONS BY FACILITATING VOLUNTARY CONSERVATION AND AGRICULTURAL EASEMENTS Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 10 Number of independent voting members of the governing body (Part VI, line 1b)..... 10 5 5 Total number of volunteers (estimate if necessary)..... 6 40 Total unrelated business revenue from Part VIII, column (C), line 12 0. **b** Net unrelated business taxable income from Form 990-T, Part I, line 11..... Ō. **Prior Year Current Year** 3,709,841. Contributions and grants (Part VIII, line 1h)..... 2,713,769 Program service revenue (Part VIII, line 2g) 48,127 47,879. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 30 2,455. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 11 78,398. 60,688 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 12 2,822,614 838,573 Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... Benefits paid to or for members (Part IX, column (A), line 4)..... 14 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 29,601 64,750. **16a** Professional fundraising fees (Part IX, column (A), line 11e)..... Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 17 2,800,610. 3,657,316. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... 2,830,211. 3,722,066. Revenue less expenses. Subtract line 18 from line 12..... -7,597. 116,507. **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16)..... 3,623,207. 3,484,964. 21 Total liabilities (Part X, line 26) 156,562. 248,893. Net assets or fund balances. Subtract line 21 from line 20...... 22 3,328,402. 3,374,314. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign Here VICTORIA COLLINS PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature 11/14/2023 CHRIS SCHOLTES, CHRIS SCHOLTES, P01607734 **Paid** self-employed Preparer Firm's name C.E.A. SCHOLTES AND ASSOCIATES Use Only Firm's address 106 TUNBRIDGE RD Firm's EIN 03-0483170

BALTIMORE, MD 21212 May the IRS discuss this return with the preparer shown above? See instructions

Nο

410-323-0010

X Yes

Form **990** (2022)

Par		ervice Accomplishments	. III	X
1	Briefly describe the organization's mis	a response or note to any line in this Par	t III	Δ
'	SEE SCHEDULE O			
	SEE SCHEDULE O			
2	Did the organization undertake any signi	ficant program services during the year which	th were not listed on the prior	
				Yes X No
	If "Yes," describe these new services on	Schedule O.		
3	Did the organization cease conducting	g, or make significant changes in how it o	conducts, any program services?	Yes X No
	If "Yes," describe these changes on Sch			
4	Describe the organization's program s Section 501(c)(3) and 501(c)(4) organ and revenue, if any, for each program	service accomplishments for each of its the nizations are required to report the amount service reported.	nree largest program services, as ment of grants and allocations to others	easured by expenses. , the total expenses,
	, , , , , , , , , , , , , , , , , , ,			
4a	(Code:) (Expenses \$	3,592,034. including grants of \$) (Revenue \$	63,349.)
		, INC. THE TRUST WAS FORME		
		, PROTECTION, AND BALANCE		
		E, AND OPEN SPACE LANDS, 1		
		SEMENTS, AND OTHER REAL PR		
		ER THROUGH DONATIONS IN CO		
		PURCHASES THROUGH THE MARY		
		AN EQUESTRIAN CENTER AND S		
		ESTABLISHED ON 300 ACRES		
		E LANDSCAPE'S AGRICULTURAI		
	TRADITION OF EQUESTRIAN	EVENTS TO BENEFIT LOCAL (CHARITIES.	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue Ş)
	Other pregram and a 2	Cabadula O)		
4d	Other program services (Describe on) (D	
	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expenses	3,592,034.		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	7	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Х	
b	Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Х
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
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.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," complete Schedule F, Parts II and IV.	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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		Х

Form 990 (2022) LAND PRESERVATION TRUST, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23		Х
	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 a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			. [_]
1.	Enter the number reported in hex 2 of Form 1006. Enter, 0, if not applicable.		Yes	No
b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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Form 990 (2022) LAND PRESERVATION TRUST, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			res	NO
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year	_		V
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	/1		Λ
Ĭ	as required?	7 g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	7h		
Ŭ	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	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		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	134		
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		37
	excess parachute payment(s) during the year?	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would			
	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	TTT 1440T - 00/04/00			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year. 10 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 on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent.... 10 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? ... SEE SCHEDULE 0 Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... Χ X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 5 Did the organization have members or stockholders?..... Χ 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8b 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 on Schedule O..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10a Did the organization have local chapters, branches, or affiliates?..... 10a Χ 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?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13....... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... **c** Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*SEE .SCHEDULE . O Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 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? X a The organization's CEO, Executive Director, or top management official... SEE . SCHEDULE...O...... 15a **b** Other officers or key employees of the organization..... 15b X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16a **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 16b organization's exempt status with respect to such arrangements?.. Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed MD Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records.

VIETH 13501 FALLS ROAD COCKEYSVILLE MD 21030 410 404-6413

Form 990 (2022)	T V VID	PRESERVATION	TDIICT	TNC
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Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and 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.

See the instructions for the order in which to list the persons above.

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

		(C)								
(A) Name and title	(B) Average hours	thar	one both	box, an o	unles	eck mo s perso and a ee)	on	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099-NEC)	(W.271099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) VICTORIA COLLINS	_ 10 _									
PRESIDENT	0	Χ		Χ				0.	0.	0.
_(2) NANCY ROBERTS	$-\frac{1}{0}$	Х		Х				0.	0.	0.
(3) EDWARD A. HALLE JR ESQ	55									
SECRETARY	0	Χ		Χ				0.	0.	0.
(4) CHARLES E. VIETH	1									
TREASURER	0	Χ		Χ				0.	0.	0.
	4	Х						0.	0.	0.
(6) JACK S. GRISWOLD	1	Λ						0.	0.	<u> </u>
DIRECTOR		Х						0.	0.	0.
(7) GAIL RIEPE	1	21						0.	0.	
DIRECTOR	0	Χ						0.	0.	0.
(8) MICHAEL WHARTON	8									
DIRECTOR	0	Χ						0.	0.	0.
(9) ALICE CHALMERS	1									
DIRECTOR	0	Χ						0.	0.	0.
(10) CHARLES C. FENWICK JR. DIRECTOR	2	Х						0.	0.	0.
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Onicers,	Directors, ire		ley		•		c3, (ant	i riigilest con	ipensatea Emp	oyees	(continue	su)
(A) Name and title		Average hours per week (list any hours for related organiza - tions below dotted line)	box,	unles er an	heck ss pe id a c	sition more erson directo	than the state of	n an tee)	(D) Reportable compensation from the organization (W-2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	compe the o	(F) ated amour f other nsation from ganization d related anizations	m
(15)													
(16)													
<u>(17)</u>													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b Subtotal			ļl						0.	0.			0.
c Total from continuation sheets	to Part VII. Section								0.	0.			0.
d Total (add lines 1b and 1c)									0.	0.			0.
2 Total number of individuals (inclu from the organization	ding but not limited								more than \$100,00		ensation		
0												Yes I	No
3 Did the organization list any for	rmer officer, direct	tor, truste	e, ke	y er	nplo	oyee	, or l	high	nest compensated	employee			
on line 1a? If "Yes,"compléte S4 For any individual listed on line the organization and related or											. 3		X
such individual											. 4		Χ
5 Did any person listed on line 1a for services rendered to the organization.		e compen s," comple	satio ete S	n fro chec	om a dule	any J fo	unre er sud	late ch p	ed organization or person	individual	. 5		Χ
Section B. Independent Cont 1 Complete this table for your five		sated inde	nano	dent	cor	ntrac	tore	tha	t received more t	han \$100 000 of			
compensation from the organizati	on. Report compen-	sation for	the ca	alend	dar y	year	endir	ng v	vith or within the or	ganization's tax year			
(A) Name and business address						Description (of services	Compe	c) nsation				
2 Total number of independent conf \$100,000 of compensation from		ut not limi O	ted to	tho	se li	isted	abo	ve)	who received more	than			
	3 11,711	U											

		Check if Schedule O contains a response or note to an	ny line in this Part VI	11		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a b c d e f	Federated campaigns				
Co	h	Total. Add lines 1a-1f	3,709,841.			
ue		Business Code				
Program Service Revenue	2a b c	LEGACY CHASE EVENT 711210	47,879.	47,879.		
n Servi	d e					
grar	f	All other program service revenue				
Pro	g	Total. Add lines 2a-2f	47,879.			
	3	Investment income (including dividends, interest, and other similar amounts)	2,455.			2,455.
	5	Royalties				
		(i) Real (ii) Personal Gross rents				
	С	Rental income or (loss) 6c 70,446.				
	d	Net rental income or (loss)	70,446.			70,446.
		Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses (i) Securities (ii) Other 7a	_			
	С	Gain or (loss)				
	d	Net gain or (loss)				
Other Revenue		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<u>.</u>			
λth		Net income or (loss) from fundraising events	-7,518.			-7,518.
)		Gross income from gaming activities. See Part IV, line 19	7,310.			7,310.
	b	Less: direct expenses 9b				
	С	Net income or (loss) from gaming activities				
		Gross sales of inventory, less	_			
		Net income or (loss) from sales of inventory				
S		Business Code				
Miscellaneous Revenue	11a b	MISCELLANEOUS_INCOME900099	15,470.	15,470.		
ee See	C	All other revenue.				
MIS F	-	Total. Add lines 11a-11d	15,470.			
	12	Total revenue. See instructions	3.838.573	63.349.	0.	65,383.

Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4)	organizations must con	plete all columns.	All other org	ganizations must cor	nplete column (A	4).
--	---------------------------------	------------------------	--------------------	---------------	----------------------	------------------	-----

	Check if Schedule O contains a r				
Do r 6b, 7	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV. line 21.		·		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members	0.	0.	0.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	60,094.	40,641.	10,203.	9,250.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	33,332.	20,0220		3,200.
9	Other employee benefits				
10	Payroll taxes	4,656.	3,149.	791.	716.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	26,318.	17,114.	2,542.	6,662.
С	Accounting	15,130.	·	15,130.	•
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)	37,485.	33,270.	4,215.	
13	Office expenses	9,997.	1,283.	8,714.	
14	Information technology	3,331.	1,200.	0,714.	
15	Royalties				
16	Occupancy	1,630.			1,630.
17	Travel	1,000.			1,000.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				<u> </u>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	34,305.	32,590.		1,715.
23	Insurance	16,475.	2,613.	1,258.	12,604.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.).				
а	KING'S EYE RESTORATION	1,706,479.	1,706,479.		
	PURCHASE OF LAND EASEMENTS	1,472,822.	1,472,822.		
С		262,967.	262,967.		
d		20,462.	6,703.		13,759.
	All other expenses	53,246.	12,403.	31,982.	8,861.
25	Total functional expenses. Add lines 1 through 24e	3,722,066.	3,592,034.	74,835.	55,197.
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)				

		Check if Schedule O contains a response or note to	any line	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing			112,602.	1	283,205.
	2	Savings and temporary cash investments			37,464.	2	117,096.
	3	Pledges and grants receivable, net			157,119.	3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pe		5			
	6	Loans and other receivables from other disqualified p		<u> </u>			
	0	section 4958(f)(1)), and persons described in section		6			
	7	Notes and loans receivable, net				7	
Ø	8	Inventories for sale or use		L		8	
set	9	Prepaid expenses and deferred charges		<u> </u>	7,810.	9	6,933.
Assets	_				7,010.	,	0,933.
7		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	4,410,357.			
	b	Less: accumulated depreciation		2,121,786.	2,322,876.	10c	2,288,571.
	11	Investments — publicly traded securities			725,368.	11	244,610.
	12	Investments – other securities. See Part IV, line 11				12	
	13	Investments – program-related. See Part IV, line 11.			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		-	121,725.	15	682,792.
	16	Total assets. Add lines 1 through 15 (must equal line	33)		3,484,964.	16	3,623,207.
	17	Accounts payable and accrued expenses			156,562.	17	248,893.
	18	Grants payable		18			
	19	Deferred revenue	-		19		
	20	Tax-exempt bond liabilities		_		20	
ies	21	Escrow or custodial account liability. Complete Part I		L		21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe	utor, or 3!	5%		22	
!	23	Secured mortgages and notes payable to unrelated th	nird partie	es		23	
	24	Unsecured notes and loans payable to unrelated third	parties.			24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	es to relati plete Par	ted third parties, rt X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25			156,562.	26	248,893.
ıces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.		X			
ā	27	Net assets without donor restrictions			2,849,157.	27	2,788,808.
ã	28	Net assets with donor restrictions			479,245.	28	585,506.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here				
5	29	Capital stock or trust principal, or current funds			29		
इ	30	Paid-in or capital surplus, or land, building, or equipm	<u> </u>		30		
SS	31	Retained earnings, endowment, accumulated income,		<u> </u>		31	
ţ,	32	Total net assets or fund balances		<u> </u>	3,328,402.	32	3,374,314.
Š	33	Total liabilities and net assets/fund balances		_	3,484,964.	33	3,623,207.
RΔ			TEEA0111L		0,101,304.		Form 990 (2022)

Form **990** (2022)

Par	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI.						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,8	38,5	573.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,7	22,0)66.		
3	Revenue less expenses. Subtract line 2 from line 1	3	1	16,5	507.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,3	28,4	102.		
5	Net unrealized gains (losses) on investments.	5	_	70,5	595.		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3.3	74,3	314		
Par	t XII Financial Statements and Reporting		- 070	, 1, 0	<u></u>		
	Check if Schedule O contains a response or note to any line in this Part XII						
	Check it ochequie o contains a response of note to any line in this rait Air.			Yes			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			162	NO		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis	ate					
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?	, 	2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Guidance, 2 C.F.R Part 200, Subpart F?				Х		
b	of If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
BAA	TEEA0112L 09/01/22		Form	990	(2022)		

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

2022

Open to Public Inspection

Name	Name of the organization Employer identification number							
	LAND PRESERVATION TRUST, INC. 52-1465309						**	
		Reason for Public Cha					<u>'</u>	uctions.
1 2 3	rga	A church, convention of church A school described in section A hospital or a cooperative h	es, or association of chen 170(b)(1)(A)(ii). (Attensity of the ospital service organical service organ	nurches described in sec ach Schedule E (Form ization described in se	tion 170(990).) ction 17	(b)(1)(A)(0(b)(1)(A	(i). A)(iii).	
4		A medical research organiza	tion operated in conju	unction with a hospital	describe	d in sec	ction 170(b)(1)(A)(iii).	Enter the hospital's
5		name, city, and state: An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle	ge or university owned	or oper	ated by	a governmental unit	described in
6		A federal, state, or local gov	ernment or governme	ental unit described in s	section 1	70(b)(1)	γΑ)(v).	
7	X	-	eceives a substantial p					oublic described
8		A community trust described	in section 170(b)(1)(A)(vi). (Complete Part	II.)			
9		An agricultural research organi or university or a non-land-grau university:	nt college of agriculture		r the nan	ne, city,		
10		An organization that normall from activities related to its investment income and unre June 30, 1975. See section!	exempt functions, sub lated business taxable	e income (less section	ons; and	(2) no r	more than 33-1/3% o	f its support from gross
11		An organization organized ar	nd operated exclusive	ely to test for public saf	ety. See	section	1 509(a)(4).	
12		An organization organized and or more publicly supported of lines 12a through 12d that de	rganizations describe	ed in section 509(a)(1) o	or sectio	n 509(a)(2). See section 509	(a)(3). Check the box on
а		Type I. A supporting organization organization(s) the power to re complete Part IV, Sections A	on operated, supervise gularly appoint or elect A and B.	d, or controlled by its sup a majority of the director	pported or ors or trus	organizat stees of t	ion(s), typically by givi the supporting organiza	ng the supported ation. You must
b		Type II. A supporting organiz management of the supporting must complete Part IV, Secti	organization vested in	controlled in connection the same persons that of	with its control or	support manage	ted organization(s), be the supported organiz	y having control or ation(s). You
С		Type III functionally integrated	. A supporting organizat	ion operated in connection	n with, a	nd function	onally integrated with, i	ts supported
d		organization(s) (see instruction) Type III non-functionally integrated. The functionally integrated. The constructions.	rated. A supporting org	anization operated in co	nnection	with its	supported organization It and an attentivenes	(s) that is not ss requirement (see
е	integrated, or Type III non-functionally integrated supporting organization.							
f	Er	nter the number of supported ovide the following informationame of supported organization	organizations					
g	Pr	ovide the following informatio	n about the supported	organization(s).	1		A Amount of monoton	454
	I) IN	ame of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	ın your g	s the tion listed poverning ment?	support (see instructions	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
<u>(B)</u>								
(C)								
(D)								
<u>(E)</u>								
Total								

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support							
begiı	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,576,738.	1,934,612.	2,121,833.	2,713,769.	3,709,841.	12,056,793.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	,					0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
	Total. Add lines 1 through 3 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)	1,576,738.	1,934,612.	2,121,833.	2,713,769.	3,709,841.	12,056,793.	
6	Public support. Subtract line 5 from line 4						12,056,793.	
Sec	tion B. Total Support							
	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
7	Amounts from line 4	1,576,738.	1,934,612.	2,121,833.	2,713,769.	3,709,841.	12,056,793.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	34,958.	64,570.	50,575.	44,202.	72,901.	267,206.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on	,	,	,	,	,	0.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	9,945.	20,804.	47,507.	28,635.	16,873.	123,764.	
	Total support. Add lines 7 through 10						12,447,763.	
12	Gross receipts from related activ	rities, etc. (see ins	structions)			12	433,424.	
	First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .							
Section C. Computation of Public Support Percentage 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))								
							96.86 % 94.88 %	
	5 Public support percentage from 2021 Schedule A, Part II, line 14							
b	b 33-1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	s test, check this I	box and stop here	. Explain in Part	VI how	
	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-a d-circumstances to	nd-circumstances est. The organiza	s test, check this l tion qualifies as a	box and stop here publicly supporte	e. Explain in Part d organization	VI how the	
18	Private foundation. If the organize	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions	

Schedule A (Form 990) 2022

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	,					
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						T-
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
	Total support. (Add lines 9, 10c, 11, and 12.)					501()	
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or f	fifth tax year as a	section 501(c)	(3)
	tion C. Computation of Pul			10		- I -	- 1 ^
	Public support percentage for 20	•			•		
	Public support percentage from 2					1	6 %
	tion D. Computation of Inv				(0)	1 -	, 0
	Investment income percentage for	•	• • •	-			
	Investment income percentage for						
19a	33-1/3% support tests—2022. If t is not more than 33-1/3%, check	the organization of this box and sto	ald not check the t p here. The organ	ization qualifies	nd line 15 is more as a publicly supp	e tnan 33-1/3%, oorted organiza	ion
b	33-1/3% support tests—2021. If t line 18 is not more than 33-1/3%		lid not check a bo		ne 19a, and line 1	6 is more than	

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	11 0 0			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c 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 Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 Part VI 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 Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	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 supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations), and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

NC	TRUST,	INC.	52-1465309

	territorial and a summarion (community)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		-	
	Did the gaverning hady members of the gaverning hady officers esting in their official cancelly or membership of one		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's			
	officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more			
	than one supported organization, describe how the powers to appoint and/or remove officers, 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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the			
	supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?	1		
	organization's governing documents in effect on the date of notification, to the extent not previously provided:	•		
2	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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described on line 2, above, 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 Part VI the role the organization's supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
ā				
ŀ				
		inctr	ıction	~)
•	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	1115111	ictions	5).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	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 Part VI identify those supported organizations and explain 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	20		
	substantially all of its activities.	2a		
k	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities	2b		
	but for the organization's involvement.	20		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
ā	a 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? If "Yes" or "No," provide details in Part VI.	3a		
_		Ja		
ŀ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

LAND PRESERVATION TRUST, INC 52-1465309 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A – Adjusted Net Income (optional)

1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
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		
Sec	tion 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):			
a	Average monthly value of securities	1a		
Ŀ	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
c	I Total (add lines 1a, 1b, and 1c)	1d		
-	Discount 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 0.015 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 0.035.	6		
_ 7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)

BAA Schedule A (Form 990) 2022

6 7

8

6 Other distributions (describe in **Part VI**). See instructions.

7 Total annual distributions. Add lines 1 through 6.

in Part VI). See instructions.

e Excess from 2022

8 Distributions to attentive supported organizations to which the organization is responsive (provide details

Pai	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sec	Section D — Distributions						
1	Amounts paid to supported organizations to accomplish exempt purposes	1					
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2					
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3					
4	Amounts paid to acquire exempt-use assets	4					
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5					

9 Distributable amount for 2022 from Section C, line 6		9	
10 Line 8 amount divided by line 9 amount		10	
Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required — <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			

BAA Schedule A (Form 990) 2022

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Part VI

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

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2022	2021	2020	2019	2018
OTHER \$ FUNDRAISING GROSS RECEIPT	15,470.	\$ 4,295.	\$ 282.	\$ 7,474.	\$ 345.
INSURANCE PROCEEDS	1,403.	24,340.	26,120. 21,105.	13,330.	9,600.
TOTAL <u>\$</u>	16,873.	\$ 28,635.	\$ 47,507.	\$ 20,804.	\$ 9,945.

BAA Schedule A (Form 990) 2022 TEEA0408L 09/09/22

Schedule B (Form 990)

PUBLIC DISCLOSURE COPY
Schedule of Contributors

dule of Contributors

Department of the Treasury Internal Revenue Service

Name of the organization Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

2022

Employer identification number

OMB No. 1545-0047

	PRESERVATION T		52-1465309				
Organiza	ntion type (check one):						
Filers of	:	Section:					
Form 990	or 990-EZ	X 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	on				
		527 political organization					
Form 990)-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
-		ed by the General Rule or a Special Rule. (8), or (10) organization can check boxes for both the General Rule and a Special	pecial Rule. See instructions.				
General	Rule						
		lling Form 990, 990-EZ, or 990-PF that received, during the year, contribution property) from any one contributor. Complete Parts I and II. See instructions for de ontributions.					
Special F	Rules						
X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
	contributor, during the contributions totaled during the year for ar General Rule applies	lescribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece be year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but remore than \$1,000. If this box is checked, enter here the total contributions the <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the part to this organization because it received <i>nonexclusively</i> religious, charitable, are during the year.	no such at were received arts unless the etc., contributions				
must ans	wer "No" on Part IV, line	sn't covered by the General Rule and/or the Special Rules doesn't file Schede 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 9 the filing requirements of Schedule B (Form 990).					

1 Employer identification number

T.AND	PRESERVATION	ייפווקיי	TNC

52-1465309

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$3,151,034.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
DAA	TEFA07021 07/22/22		Schodulo B (Form 990) (2022)

1 1 Pa

LAND PRESERVATION TRUST, INC.

52-1465309

raitii	Noticash Property (see instructions). Use duplicate copies of Part II if additional sp	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
		\$	
		1'	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		ŝ	
		'	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		1	
	<u> </u>	\$ 	
BAA	TEEA0703L 07/22/22	Schedule	 B (Form 990) (2022

Name of organization Employer identification number LAND PRESERVATION TRUST, INC. 52-1465309 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000** or less for the year. (Enter this information once. See instructions.)..... Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I N/A (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

• 5	Section 501(c)(4), (5), or (6) o	rganizations: Complete Part III.			
Name	of organization			Employer identific	ation number
LAN	ND PRESERVATION TRU	ST, INC.		52-146530	9
Par	t I-A Complete if the o	rganization is exempt under section	on 501(c) or is a s	section 527 organi	zation.
1		organization's direct and indirect political on of "political campaign activities."	ampaign activities in	Part IV.	
		penditures. See instructions			
3	Volunteer hours for political	campaign activities. See instructions			
Par	t I-B Complete if the or	rganization is exempt under section	on 501(c)(3).		
1		ise tax incurred by the organization under			
2	Enter the amount of any exc	ise tax incurred by organization managers	under section 4955.	\$	0.
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for	this year?		Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV.				
		rganization is exempt under section	• • •	, , , ,	
1	Enter the amount directly ex	pended by the filing organization for section	n 527 exempt function	n activities\$	
2		g organization's funds contributed to other s			
3	Total exempt function expen line 17b.	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	\$	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5	organization made payments amount of political contribution	and employer identification number (EIN) s. For each organization listed, enter the as s received that were promptly and directly del action committee (PAC). If additional spa	mount paid from the fivered to a separate po	filing organization's fun blitical organization, such	ds. Also enter the as a separate
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990) 2022

Part II-A Complete i section 50	f the organization i 1(h)).	s exempt under se	ction 501(c)(3) and	l filed Form 5768 (e	lection under
A Check if the fil	ing organization belongs	to an affiliated group (and	l list in Part IV each affilia	ated group member's nam	ne,
addres	s, EIN, expenses, and s	hare of excess lobbying	expenditures).		
B Check if the fill	ing organization checked	box A and "limited contro	I" provisions apply.		
(The term	Limits on Lobbying m "expenditures" means	g Expenditures s amounts paid or incu	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expend	litures to influence publi	c opinion (grassroots lo	bbying)		
b Total lobbying expend	litures to influence a leg	islative body (direct lob	bying)		
, , ,	litures (add lines 1a and	•			
	e expenditures				
e Total exempt purpose	expenditures (add lines	1c and 1d)			
f Lobbying nontaxable a columns	amount. Enter the amou				
If the amount on line 1e, c	olumn (a) or (b) is: Th	ne lobbying nontaxable	amount is:		
Not over \$500,000		% of the amount on line 1e.			
Over \$500,000 but not over		00,000 plus 15% of the excess			
Over \$1,000,000 but not ove		75,000 plus 10% of the excess			
Over \$1,500,000 but not ove		25,000 plus 5% of the excess	over \$1,500,000.		
Over \$17,000,000		.000,000.			
•	e amount (enter 25% of	•			
	line 1a. If zero or less, e				
	ine 1c. If zero or less, e				
	her than zero on either linnis year?				Yes No
(So	me organizations that n	Year Averaging Period nade a section 501(h) e v. See the separate inst	lection do not have to		
	Lobbyii	ng Expenditures During	4-Year Averaging Peri	od	
Calendar year (or fiscal yea beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
0 - - -					
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line					
b Lobbying ceiling amount (150% of line 2a, column (e)) c Total lobbying					
b Lobbying ceiling amount (150% of line 2a, column (e)) c Total lobbying expenditures d Grassroots nontaxable					
amount b Lobbying ceiling amount (150% of line 2a, column (e)) c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line					ule C (Form 990) 2022

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

	(a	1)	(b)
or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed escription of the lobbying activity.	Yes	No	Amount
SEE PART IV 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers?	Х		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?	21	Х	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		Χ	
f Grants to other organizations for lobbying purposes?		Χ	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Χ		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Χ	
i Other activities?		Χ	
j Total. Add lines 1c through 1i			0.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Χ	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	c)(5).	. or	

section 501(c)(6).

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

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

1	Dues, assessments and similar amounts from members.	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).		
а	Current year	2a	
b	Carryover from last year.	2b	
С	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5	Taxable amount of lobbying and political expenditures. See instructions	5	

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.

PART II-B - DESCRIPTION OF LOBBYING ACTIVITY

LOBBYING ACTIVITIES FOR THE YEAR WERE MINIMAL IN NATURE AND PERFORMED MAINLY BY VOLUNTEERS. LOBBYING ACTIVITIES ARE AN EFFORT TO GET THE STATE OF MARYLAND AND BALTIMORE COUNTY TO APPROVE FUNDING FOR LAND PRESERVATION.

BAA Schedule C (Form 990) 2022

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

LAND PRESERVATION TRUST, INC. 52-1465309 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... Aggregate value of contributions to (during year). Aggregate value of grants from (during year) Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control?.. Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit?.... Yes Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). X Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2 a 455 **b** Total acreage restricted by conservation easements..... 2 b 13,995 c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after July 25, 2006 and not on a historic structure listed in the National Register..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?....SEE PART XIII..... No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

SEE PART XIII Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1..... (ii) Assets included in Form 990, Part X..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1.....

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

Part III	Organizations Main	taining Collectio	ns of Art, His	toric	al Treasures,	or Othe	er Similar As	ssets	(contir	าued)
3 Using items	the organization's acquisition (check all that apply):	n, accession, and other	records, check a	ny of tl	ne following that m	ake signit	ficant use of its	collectio	n	
a P	ublic exhibition		d Loan	or exc	hange program					
b S	cholarly research		e Other							
c P	reservation for future gener	rations	<u>—</u>							
4 Provid	de a description of the organiz XIII.	zation's collections and	d explain how they	/ furthe	r the organization's	s exempt	purpose in			
to be	g the year, did the organiza sold to raise funds rather t	han to be maintained	I as part of the c	rganiz	ation's collection	?		Yes		No
Part IV	Escrow and Custod reported an amount on Fo	lial Arrangement orm 990, Part X, line 2	s. Complete if th 21.	ne orga	nization answered	"Yes" or	ı Form 990, Par	t IV, lin	9, or	
1 a Is the	organization an agent, trus	stee, custodian or oth	ner intermediary	for co	ntributions or othe	er assets	not included	Yes	Г	No
	s," explain the arrangement in							165	L	
		•	_					Amoun	[
c Begir	ning balance					1 с				
d Addit	ions during the year					1 d				
e Distri	butions during the year					1 e				
	ng balance									
2 a Did th	ne organization include an a	amount on Form 990,	Part X, line 21,	for es	crow or custodial	account	liability?	Yes		No
b If "Ye	s," explain the arrangemen	t in Part XIII. Check	here if the expla	nation	has been provide	ed on Pa	rt XIII		[
		0 1 : :(:)		1 115 7			10			
Part V	Endowment Funds.	<u> </u>	+		•			1		
		(a) Current year	(b) Prior yea		(c) Two years back		Three years back		our years	
Ü	ning of year balance	50,000.	50,0	00.	50,000	0.	50,000.		50,	000.
b Contr	ibutions									
and le	nvestment earnings, gains, passes									
	s or scholarships									
and p	expenditures for facilities programs						0.			
	nistrative expenses	F0 000	F0 0		F0 004	_	FO 000			000
-	of year balance		· · · · · · · · · · · · · · · · · · ·		50,000		50,000.		50,	000.
	de the estimated percentag	-	end balance (III	ie ig,	column (a)) neid	as:				
	d designated or quasi-endov		o							
	anent endowment	100.00%								
-	endowment	6 	00/							
rne p	ercentages on lines 2a, 2b, a	na 2c snoula equal Tul	J%.							
	ere endowment funds not in	the possession of the o	organization that a	are held	d and administered	for the		Г	V	N.
•	nization by:							2-45	Yes	No
• • •	nrelated organizations elated organizations							3a(i)		X
` '	es" on line 3a(ii), are the rel							3a(ii)		X
	ribe in Part XIII the intended	-	•					่อม		<u> </u>
Part VI			ation's endowing	ont run	us. SEE PAR	I VIII	<u> </u>			
rait VI	Land, Buildings, an Complete if the organization	• •	n Form 990, Part	IV, line	e 11a. See Form 9	90, Part 2	X, line 10.			
_	Description of property	(a) Cos	t or other basis	(b)	Cost or other	(c) Ac	cumulated	(d) [Book va	lue
1.1004		`	nvestment)		pasis (other)	dep	reciation		1 4 2	F.C.*
	inge				2,140,564.		7 766	2		,564.
	ings				84,190.		7,766.			,424.
	ehold improvements				2,122,083.	۷,	054,222.		6/,	<u>,861.</u>
	oment				62 500		F0 700			700
	lines 1a through 1e. (Colun		rm 990 Part V	colum	63,520.		59,798.	2		<u>,722.</u>
i Utali. Aud	iiiles ta uliougit te. (C <i>olun</i>	ııı (u) ınust equal Fol	iii 330, Mari X,	colultil	т (<i>D),</i> ппе тис.)			2	<u>, ८४४,</u>	,571.

BAA Schedule D (Form 990) 2022

Complete if the organization answered "Yes" on	ı Form 990. Part IV lir	N/A ne 11b. See Form 990. Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	f-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(A) (B)			
(C)			
(D)			
(E)			
<u>(F)</u>			
(G)			
(H) 			
<u>(l)</u>			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		27./2	
Part VIII Investments — Program Related. Complete if the organization answered "Yes" on	Form 990 Part IV lir	N/A ne 11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)	· · · ·		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)			
Other Assets. Complete if the organization answered "Yes" on	Form 900 Part IV lir	on 11d Son Form 990 Part V line 15	
	scription	ie iru. See roini 550, rait X, iiie 15.	(b) Book value
(1) CONSERVATION EASEMENT			13,995
(2) FUNDS HELD BY ATTORNEY			237,939
(3) RURAL LEGACY ESCROW FUND			430,858
(4)			
(5) (6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)		682,792
Part X Other Liabilities.			
Complete if the organization answered "Yes" on		ne 11e or 11f. See Form 990, Part X, line 2	
	iption of liability		(b) Book value
(1) Federal income taxes (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)			liabilita faccionari
Liability for uncertain tax positions. In Part XIII, provide the text of the fotax positions under FASB ASC 740. Check here if the text of the footnote has			liability for uncertain E.PART XIII X

Part XI Reconciliation of Revenue per Audited Financial Statemen		enue per Retur	'n.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1 Total revenue, gains, and other support per audited financial statements			3,776,8	99.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2 a	-70,595.		
b Donated services and use of facilities	2 b			
c Recoveries of prior year grants	2 c			
d Other (Describe in Part XIII.) SEE PART XIII	2 d	8,921.		
e Add lines 2a through 2d.			e -61,6	74.
3 Subtract line 2e from line 1				
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a			
b Other (Describe in Part XIII.)				
c Add lines 4a and 4b		4	С	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5	3,838,5	73.
Part XII Reconciliation of Expenses per Audited Financial Stateme			•	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		oness per me		
·	·	·		87.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	·	·		87.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	<u>. </u>	·		87.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements		·		87.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	2 a 2 b	·		87.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	2a 2b 2c	1		87.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) SEE PART XIII	2a 2b 2c 2d	8,921.	3,730,9	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) SEE PART XIII. e Add lines 2a through 2d.	2 a 2 b 2 c 2 d	8,921.	3,730,9 e 8,9	21.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) SEE PART XIII e Add lines 2a through 2d. 3 Subtract line 2e from line 1.	2 a 2 b 2 c 2 d	8,921.	3,730,9 e 8,9	21.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) SEE PART XIII e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	8,921.	3,730,9 e 8,9	21.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) SEE PART XIII e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b.	2 a 2 b 2 c 2 d	8,921.	3,730,9 e 8,9	21.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) SEE PART XIII e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2 a 2 b 2 c 2 d 4 a 4 b	8,921. 2	3,730,9 e 8,9 3,722,0	21.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) SEE PART XIII e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.)	2a 2b 2c 2d	8,921. 2 3	3,730,9 e 8,9 3,722,0	<u>21.</u> 66.

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.

PART II, LINE 5 - SUMMARIZED POLICY

SCHEDULE D, PART II, LINE 9

PART II, LINE 9 - ORGANIZATION REPORTING OF CONSERVATION EASEMENTS

THE TRUST IS A SPONSOR OF THE MARYLAND RURAL LEGACY PROGRAM (THE PROGRAM), WHICH WAS ESTABLISHED TO PROTECT AREAS RICH IN AGRICULTURAL, FORESTRY, NATURAL AND CULTURAL RESOURCES. AS A SPONSOR OF THIS PROGRAM, THE TRUST PURCHASES EASEMENTS FROM THIRD PARTIES WITH GRANTS FROM THE PROGRAM. THE FUND CONSISTS PRIMARILY OF CASH AND THE

INTEREST ON THE PRINCIPAL BALANCE. THE PRINCIPAL BALANCE RELATES TO THE PORTION OF

BAA

Schedule D (Form 990) 2022

Part XIII Supplemental Information (continued)

PART II, LINE 9 - ORGANIZATION REPORTING OF CONSERVATION EASEMENTS (CONTINUED)

SUCH GRANTS THAT IS RESTRICTED TO BE USED BY THE TRUST FOR THE EXPENSES RELATED TO THE TRUST'S FUTURE MONITORING ACTIVITIES OVER EASEMENTS HELD BY THE TRUST. THE INTEREST IS UNRESTRICTED AND WILL BE USED BY THE TRUST TO PAY THE MONITORING COSTS INCURRED BY THE TRUST. THE TRUST ALSO RECEIVES FUNDS TO BE USED FOR GENERAL ADMINISTRATIVE PURPOSES. THE TRUST RECORDS THESE FUNDS IN THE YEAR OF RECEIPT AS CONTRIBUTIONS WITHOUT DONOR RESTRICTIONS. THE TRUST RECEIVED \$53,078 AND \$60,268 IN FISCAL YEARS 2022 AND 2021, RESPECTIVELY, FOR SUCH ADMINISTRATIVE PURPOSES. THE TRUST ALLOCATED \$455 (\$1 PER ACRE, SEE NOTE 1) AND \$344 IN FISCAL YEARS ENDED DECEMBER 31, 2022 AND 2021, RESPECTIVELY, TO THE VALUE OF THE EASEMENTS OBTAINED.

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

IN 2009, THE LAND PRESERVATION TRUST RECEIVED A \$100,000 GIFT. OF THE AMOUNT RECEIVED \$50,000 WAS TO BE USED FOR FUTURE LAND IMPROVEMENTS AT SHAWAN DOWNS, AND \$50,000 WAS USED TO ESTABLISH A PERMANENT ENDOWMENT.

PART X - FASB ASC 740 FOOTNOTE

THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THAT GUIDANCE, THE TRUST MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON THE TECHNICAL MERITS OF THE POSITIONS. THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021. THE TRUST FILES FEDERAL AND STATE INFORMATION RETURNS. THE TRUSTS FEDERAL FORM 990S REMAIN OPEN FOR THREE YEARS FOR FEDERAL AND STATE EXAMINATION.

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

SPECIAL EVENT DIRECT EXPENSES \$ 8,921 TOTAL \$ 8,921

SCHEDULE D, PART XII, LINE 2D OTHER EXPENSES AND LOSSES PER AUDITED F/S

SPECIAL EVENT DIRECT EXPENSES \$ 8,921.

TOTAL \$ 8,921.

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LAND PRESERVATION TRUST, INC.

Employer identification number

52-1465309

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE LAND PRESERVATION TRUST, INC. ASSISTS BALTIMORE COUNTY LANDOWNERS IN PROTECTING THEIR LAND FOR FUTURE GENERATIONS BY FACILITATING VOLUNTARY CONSERVATION AND AGRICULTURAL EASEMENTS. THE TRUST DEMONSTRATES ITS COMMITMENT TO THE STEWARDSHIP OF THE LAND AT SHAWAN DOWNS A FIRST-CLASS EQUESTRIAN CENTER AND STEEPLECHASE COURSE OWNED AND OPERATED BY THE TRUST.

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

ONE OF THE TRUSTEES, EDWARD A. HALLE, IS AN ATTORNEY AND HAS FROM TIME TO TIME REPRESENTED SOME OF THE OTHER TRUSTEES IN VARIOUS TRANSACTIONS.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

COMPANY PERSONNEL AND THE EXTERNAL AUDITORS WORK CLOSELY WITH THE OUTSIDE ACCOUNTING FIRM LPT HAS ENGAGED TO PREPARE THE FORM 990. PRIOR TO THE FILING OF FORM 990, IT IS PROVIDED TO THE ENTIRE BOARD OF DIRECTORS FOR THEIR REVIEW. ONCE THE BOARD OF DIRECTORS REVIEWS THE COMPLETED FORM 990, LPT FILES THE FORM 990 WITH THE INTERNAL REVENUE SERVICE.

FORM 990. PART VI. LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE MEMBERS OF THE BOARD OF DIRECTORS OF THE LAND PRESERVATION TRUST TAKE SERIOUSLY THEIR DUTY TO DISCLOSE POTENTIAL CONFLICT OF INTERESTS AND THEIR ROLES IN DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS. ACTIONS OF THE ORGANIZATION ARE REGULARLY REVIEWED TO DETERMINE IF THERE IS A POTENTIAL CONFLICT OF INTEREST. WHEN REQUIRED, PROFESSIONAL ADVISORS HAVE BEEN HIRED TO AVOID POTENTIAL CONFLICTS OF INTEREST.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT
THE BOARD, COMPRISED SOLELY OF INDEPENDENT NON-PAID DIRECTORS, NONE OF WHICH HAVE A
CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT, IS ACCOUNTABLE

Employer identification number

Page 2

52-1465309

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT (CON

DEVELOPS, CONSISTENT WITH THE ORGANIZATION'S PHILOSOPHY AND PRINCIPLES, THE ANNUAL PERFORMANCE GOALS AND CRITERIA TO BE USED IN DETERMINING MERIT INCREASES AND VARIABLE COMPENSATION CRITERIA FOR THE EMPLOYEES OF LPT. APPROPRIATE COMPARABILITY DATA IS OBTAINED FROM THE INDEPENDENT EXPERTS, I.E., TOTAL ECONOMIC BENEFITS PAID BY SIMILARLY SITUATED ORGANIZATIONS BOTH TAXABLE AND TAX-EXEMPT FOR SIMILAR JOB RESPONSIBILITIES. THE BOARD OF DIRECTOR'S WRITTEN RECORDS INCLUDE THE 1 TERMS OF THE ARRANGEMENT WITH THE EMPLOYEE INCLUDING THE DATE THE ARRANGEMENT WAS APPROVED 2 A LIST OF MEMBERS PRESENT DURING THE DEBATE ON THE TRANSACTION AND HOW THE MEMBERS VOTED WHEN IT WAS APPROVED AND 3 A DESCRIPTION OF THE COMPARABLE DATA RELIED ON BY THE BOARD OF DIRECTORS. KEY DELIBERATIONS OF THE BOARD OF DIRECTORS ARE ALSO DOCUMENTED IN MINUTES WHICH ARE APPROVED AT THE NEXT BOARD OF DIRECTORS MEETING. THE ORGANIZATION DOESN'T HAVE A PAID EXECUTIVE DIRECTOR OR OTHER OFFICER.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

WHILE FEDERAL TAX LAWS DO NOT MANDATE THAT THE ORGANIZATION'S GOVERNING DOCUMENTS,

CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS BE MADE AVAILABLE FOR PUBLIC

INSPECTION, THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

A PUBLIC INSPECTION COPY OF FORM 990 IS ALSO AVAILABLE UPON REQUEST AT THE

ORGANIZATION'S OFFICE.