Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

Open to Public

Department of the Treasury

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

A For the 2021 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change THE LAND TRUST OF VIRGINIA, INC. Name change 54-1601471 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 540-687-8441 P.O. BOX 14 3,449,982. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return MIDDLEBURG, VA 20118-0014 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: CHILDS F. BURDEN for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X = 501(c)(3) = 501(c)527) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: ► LANDTRUSTVA.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Trust Association Other -L Year of formation: 1991 M State of legal domicile: VA Part I Summary Briefly describe the organization's mission or most significant activities: LTV PROMOTES THE PRESERVATION Activities & Governance PROTECTION AND USE OF THE NATURAL, SCENIC, AND HISTORIC RESOURCES. 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) 15 3 Number of independent voting members of the governing body (Part VI, line 1b) 15 4 9 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Prior Year Current Year** 661,279. 729,439. 8 Contributions and grants (Part VIII, line 1h) Revenue 176,500. 220,500. 9 Program service revenue (Part VIII, line 2g) 93,259. -133,335. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -50,000. 260,000. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 881,038. 1,076,604. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 439,429. 486,451. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 286,303. 263,099. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 725,732. 749,550. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 327,054. 155,306. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** o 6,946,750. 7,379,454. 20 Total assets (Part X, line 16) 129,249. 21 Total liabilities (Part X, line 26) 73,034. 6,817,501. 306,420. 22 Net assets or fund balances. Subtract line 21 from line 20 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 CHILDS F. BURDEN, CHAIR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature P01663423 KARA J. DOYLE Paid self-employed Firm's name MITCHELL, BURNS & CO., P.C. Firm's EIN ▶ 54-1853459 Preparer Firm's address 110 EAST MARKET ST. #200 Use Only Phone no. 703-777-4900 LEESBURG, VA 20176

X Yes

May the IRS discuss this return with the preparer shown above? See instructions

680,142.

Total program service expenses

Form 990 (2021) THE LAND TRUST OF VIRGINIA, INC. Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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 Rev. Proc. 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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	_ <u> </u>		
Ū	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		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	ا ا		
10		10	х	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	25	
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,		Х	
	Part VI	11a	Λ	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total		v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X	\vdash
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			\ _V
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
	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		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	-
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	_
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		X
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		X
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			l
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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		X
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		X
2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

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Form 990 (2021) THE LAND TRUST OF 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
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		X
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			٦,
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	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? If			٦,
	"Yes," complete Schedule L, Part IV	28a		X
	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			- V
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
35.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
b	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?	335		
00	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 9			
b				
С				
	(gambling) winnings to prize winners?	1c	Х	

THE LAND TRUST OF VIRGINIA 54-1601471 Page 5 Form 990 (2021) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За 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)? X 4a **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). X **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Х 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 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? X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). X 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 X to file Form 8282? 7c **d** If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 7h 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 organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 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.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? **b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) during the year? 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16

If "Yes," complete Form 4720, Schedule O.

If "Yes," complete Form 6069

Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any

activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other]		
	officer, director, trustee, or key employee?	2		Х
3	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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	This doctor brogadate information about policies not required by the internal notation deducing		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		Х
	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			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶VA			
18	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)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE LAND TRUST OF VIRGINIA - 540-687-8441			
	P.O. BOX 14, MIDDLEBURG, VA 20118			

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, 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.								irector, or trustee.		
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one				nne	Reportable	Reportable	Estimated	
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week	\vdash	cer an	ia a a	recto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	e e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		98	Suedi		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	ional		ploy	t com	١.	1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SALLY B. PRICE	40.00									
EXECUTIVE DIRECTOR				X				107,962.	0.	14,500.
(2) CHILDS F. BURDEN	5.00									
CHAIR		Х		Х				0.	0.	0.
(3) CHRISTOPHER C. DEMATATIS	15.00								_	_
VICE CHAIR		Х		Х				0.	0.	0.
(4) JAMES BEHAN	2.00									
TREASURER	0.00	X		Х				0.	0.	0.
(5) STEFFANIE BURGEVIN	2.00								_	0
SECRETARY	0.50	Х		Х				0.	0.	0.
(6) JOHN BRYANT	0.50	-							0	0
DIRECTOR	1.00	Х			_			0.	0.	0.
(7) POLLY L. GAULT DIRECTOR	1.00	Х						0.	0.	0.
(8) STEPHANIE KENYON	1.00	Δ						0.	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
(9) REBECCA MCDERMOTT	1.00	^						0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(10) JONATHON NUCKLES	0.50								•	•
DIRECTOR		Х						0.	0.	0.
(11) LILLA OHRSTROM	1.00									
DIRECTOR		Х						0.	0.	0.
(12) PHILIP D. PASCHALL	1.50									
DIRECTOR		Х						0.	0.	0.
(13) KEVIN RAMUNDO	0.50									
DIRECTOR		Х						0.	0.	0.
(14) JAMES E. RICH, JR.	1.00	1								_
DIRECTOR		Х						0.	0.	0.
(15) CLAUDE SCHOCH	0.50									_
DIRECTOR	F 00	Х				_	_	0.	0.	0.
(16) BIRGE S. WATKINS	5.00	.						_		^
DIRECTOR		Х		_		-		0.	0.	0.
		-								
		<u> </u>						<u> </u>		

Form **990** (2021)

hours per week (list any hours for list any hours for list any list any hours for list and li	(E) Reportable ompensation rom related rganizations 2/1099-MISC/ 1099-NEC) (F) Estimated amount of other compensation from the organization and related organizations
tours per week (list any hours for related organizations below line) The Subtotal Marie and utilities are seen in the seed of the seed	ompensation amount of other compensation granizations 2/1099-MISC/ 1099-NEC) amount of other compensation from the organization and related
week (list any) hours for related organizations below line) The subtotal	rom related other compensation from the organization and related
(list any hours for related organizations below line) Comparison	rganizations 2/1099-MISC/ 1099-NEC) compensation from the organization and related
hours for related organizations below line) The Subtotal	2/1099-MISC/ from the 1099-NEC) organization and related
1b Subtotal 107,962.	1099-NEC) organization and related
1b Subtotal 107,962.	and related
1b Subtotal 107,962.	organizations
1b Subtotal 107,962.	
	0 14 500
c. Total from continuation sheets to Part VII. Section A	0. 14,500. 0. 0.
107.000	0. 14,500.
	, , , , , , , , , , , , , , , , , , , ,
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of	reportable 1
compensation from the organization	Yes No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee of	
	3 X
line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization.	
and related organizations greater than \$150,000? <i>If</i> "Yes," <i>complete Schedule J for such individual</i>	
rendered to the organization? If "Yes," complete Schedule J for such person	5 X
Section B. Independent Contractors	
1 Complete this table for your five highest compensated independent contractors that received more than \$100,00	On of compensation from
the organization. Report compensation for the calendar year ending with or within the organization's tax year.	so or compensation nom
(A) (B)	(C)
Name and business address NONE Description of services	
	I
2 Total number of independent contractors (including but not limited to those listed above) who received more than	
\$100,000 of compensation from the organization • 0	ın

54-1601471

Form 990 (2021) THE LAN
Part VIII Statement of Revenue

		Check if Schedule O contains a response o	r note to any lin	e in this Part VIII			
		·	,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					iunction revenue	business revenue	sections 512 - 514
တ္ တ	1 :	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
9		Fundraising events 1c	76,593.				
ifts, r A		d Related organizations 1d	, -				
nila Dila		e Government grants (contributions)	240,443.				
Sir		All other contributions, gifts, grants, and	, -				
uti Je	'	similar amounts not included above 1f	412,403.				
Q 🚉		Noncash contributions included in lines 1a-1f	,				
on but		1 Total. Add lines 1a-1f		729,439.			
0 .0		1 Total / Gd III GS Td TT	Business Code	, -			
	2 :	stewardship fees	531390	149,000.	149,000.		
Şi	_	EASEMENT FEES	531390	66,000.	66,000.		
Ser		LAND TRUST SERVICES	531390	5,500.	5,500.		
wer Ver	Ì	d		7	7 7 7 7 7		
gra Re							
Program Service Revenue		All other program service revenue					
_		Total. Add lines 2a-2f		220,500.			
	3	Investment income (including dividends, interes	et and				
	3	other similar amounts)		121,006.			121,006.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
	3	(i) Real	(ii) Personal				
	6	a Gross rents 6a	(.,,				
		b Less: rental expenses 6b					
		Rental income or (loss) 6c					
		d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
	,	assets other than inventory 7a 670,348.	1390000.				
		Less: cost or other basis					
<u>o</u>		and sales expenses 7b 637,514.	1677175.				
nue		Gain or (loss) 7c 32,834.	-287,175.				
her Revenue		d Net gain or (loss)		-254,341.	-287,175.		32,834.
e F		a Gross income from fundraising events (not		, -	, -		,
Oth	•	including \$ 76,593. of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a	58,689.				
		Less: direct expenses 8b	58,689.				
		Net income or (loss) from fundraising events	,	0.			
		a Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities	•				
		a Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory	•				
		· , , , , , , , , , , , , , , , , , , ,	Business Code				
snc	11 :	DONATED PROPERTY	531390	427,500.	427,500.		
ne	ĺ	ADJ DONATED LAND - SEE SCH O	531390	-167,500.	-167,500.		
ella							
Miscellaneous Revenue		All other revenue					
2		Total. Add lines 11a-11d		260,000.			
	12	Total revenue. See instructions		1,076,604.	193,325.	0.	153,840.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

36011	on 501(c)(3) and 501(c)(4) organizations must compli- Check if Schedule O contains a respons			ipiete column (A).	
Do	not include amounts reported on lines 6b,		(B)	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		σχροποσσ	general expenses	СХРОПОСС
-	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	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	107,962.	85,197.	22,702.	63.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	335,005.	319,744.	6,032.	9,229.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	9,340.	8,538.	606.	196. 716.
10	Payroll taxes	34,144.	31,213.	2,215.	716.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	48,736.	46,996.	1,740.	
С	Accounting	22,085.	7,585.	13,000.	1,500.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	` '	0 005	E 250	505	
	column (A), amount, list line 11g expenses on Sch 0.)	8,095.	7,370.	725.	
12	Advertising and promotion	F C00	4 (5)	0.00	170
13	Office expenses	5,698.	4,652.	868.	178.
14	Information technology				
15	Royalties	27 557	25 107	1,783.	E 0 7
16	Occupancy	27,557. 13,321.	25,187. 13,182.	81.	587. 58.
17	Travel	13,341.	13,102.	01.	30.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	8,180.	8,162.	18.	-
19	Conferences, conventions, and meetings	0,100.	0,102.	10.	
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,138.	3,138.		_
23	T	5,394.	3,655.	1,705.	34.
24	Other expenses. Itemize expenses not covered	0,002	5,0001		<u> </u>
r	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 0.)				
а	DONATED PROPERTY COSTS	39,464.	39,464.		
b	EDUCATION & OUTREACH	30,074.	30,074.		_
С	PRINTING AND REPRO.	20,428.	20,428.		
d	STEWARDSHIP	11,832.	11,832.		
е	All other expenses	19,097.	13,725.	3,662.	1,710.
25	Total functional expenses. Add lines 1 through 24e	749,550.	680,142.	55,137.	14,271.
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)				
					E 000 (0004)

Form 990 (2021)
Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to a	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1			
	2	Savings and temporary cash investments			374,802.	2	691,297
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	202,110.	4	199,250		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqua	•	` —			
		under section 4958(f)(1)), and persons describ				6	
şţs	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			10 004	8	6 507
٩	9				18,284.	9	6,587
	10 a	Land, buildings, and equipment: cost or other	1	05 007			
		basis. Complete Part VI of Schedule D			C C70		0.055
		Less: accumulated depreciation	6,679.	10c	9,955		
	11	Investments - publicly traded securities		2,914,875.	11	4,372,365	
	12	Investments - other securities. See Part IV, line		2 420 000	12	2 100 000	
	13	Investments - program-related. See Part IV, lin		3,430,000.	13	2,100,000	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		I	6,946,750.	15	7,379,454
\dashv	16	Total assets. Add lines 1 through 15 (must ed			26,481.	16	35,089
	17	Accounts payable and accrued expenses	20,401.	17	33,003		
	18 19	Grants payable			15,250.	18 19	21,030
	20	Deferred revenue			13,230.	20	21,030
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complet		I		21	
	22	Loans and other payables to any current or fo				21	
ties	22	trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to unre	-			23	
	24	Unsecured notes and loans payable to unrelat				24	
	25	Other liabilities (including federal income tax,)					
		parties, and other liabilities not included on lin					
		of Schedule D		·	87,518.	25	16,915.
	26	Total liabilities. Add lines 17 through 25			129,249.	26	73,034
		Organizations that follow FASB ASC 958, cl	heck he	e 🕨 X			
ses		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			6,667,019.	27	7,138,838.
Bal	28	Net assets with donor restrictions			150,482.	28	167,582.
pu		Organizations that do not follow FASB ASC					
Ē		and complete lines 29 through 33.					
S OI	29	Capital stock or trust principal, or current fund	ds			29	
set	30	Paid-in or capital surplus, or land, building, or	equipme	nt fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated				31	
Net	32	Total net assets or fund balances			6,817,501.	32	7,306,420.
	33	Total liabilities and net assets/fund balances			6,946,750.	33	7,379,454.

<u> FOIII</u>	1990 (2021) THE HAND INOST OF VINGINIA, INC.	JŦ	TOOT.	 	Pag	ge •
Pa	rt 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	1	,07	5,6	04.
2	Total expenses (must equal Part IX, column (A), line 25)	2		749	9,5	50.
3	Revenue less expenses. Subtract line 2 from line 1	3		32'	7,0	54.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6	,81	7,5	01.
5	Net unrealized gains (losses) on investments	5		16:	1,8	65.
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	7	,30	5,4	20.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	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	Х	
	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 Consolidated basis Both consolidated and separate basis					
С	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 Scho					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Auc	dit			
	Act and OMB Circular A-133?	-		За		Х

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

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

Form **990** (2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

ZUZOpen to Public

Inspection

Name of the organization **Employer identification number** THE LAND TRUST OF VIRGINIA, 54-1601471 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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	ction A. Public Support			,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and			,		,	,
	membership fees received. (Do not						
	include any "unusual grants.")	277,269.	379,484.	469,881.	661,279.	729,439.	2517352.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	000	252 424	150 001	664 050	700 100	0545050
	Total. Add lines 1 through 3	277,269.	379,484.	469,881.	661,279.	729,439.	2517352.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						250 022
_	column (f)						359,833. 2157519.
	Public support. Subtract line 5 from line 4.						215/519.
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	277,269.	379,484.	469,881.	661,279.	729,439.	2517352.
	Gross income from interest,	27772030	37371010	103,0011	001/2/30	723 7 133 0	23173321
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	124,337.	139,960.	79,312.	67,292.	121,006.	531,907.
9	Net income from unrelated business			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. , ,	,	
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						3049259.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 1	,055,850.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stor						
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2021 (l					14	70.76 %
	Public support percentage from 2020					15	70.33 %
16a	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	_					
	and if the organization meets the fact			-	· ·	_	. —
	meets the facts-and-circumstances te	-	-		-	7	
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the				-		▶ □
10	organization meets the facts-and-circu			•			
10	Private foundation. If the organization	TI GIG HOL CHECK a	DON OH HILE 13, 108	a, 100, 17a, 01 17L	, oneon into box a	10 200 11121111111111111111111111111111	

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ľ	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						<u> </u>
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	· · · · · · · · · · · · · · · · · · ·	(-) 0017	(h) 0010	(=) 0010	(4) 0000	(-) 0001	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6 Gross income from interest,						
102	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
r	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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organization	on,
	check this box and stop here						>
Se	ction C. Computation of Public	c Support Per	centage				
15	Public support percentage for 2021 (li	ne 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves					T T	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2021. If the						7 is not
	more than 33 1/3%, check this box an						
b	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, chec						

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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.)

INC.

Section A. All Supporting Organizations

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- 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.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- 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.
- c 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.
- 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).
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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).
- 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).
- 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.
- 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.
- c 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.
- 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.
 - 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.)

	Yes	No
1		
2		
_		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		1

Par	t IV	Supporting Organizations (continued)			.,
	•	; ,		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described on line 11a above?	11b		
С	A 35%	6 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 E	3. Type I Supporting Organizations			
				Yes	No
1		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	11		
2		e organization operate for the benefit of any supported organization other than the supported			
	organi	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	If how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supen	vised, or controlled the supporting organization.	2		
Sec	tion (C. Type II Supporting Organizations			
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed	_		
800	the su	pported organization(s). D. All Type III Supporting Organizations	1		
566	LIOII L	7. All Type III Supporting Organizations		V	Na
4	Did +b	a avapairation provide to each of its supported avapairations, but he lost day of the fifth month of the		Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	•				
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
2	-	ization's governing documents in effect on the date of notification, to the extent not previously provided? any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2		· · · · · · · · · · · · · · · · · · ·			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
3	•	ganization maintained a close and continuous working relationship with the supported organization(s). ason of the relationship described on line 2, above, did the organization's supported organizations have a			
•		cant voice in the organization's investment policies and in directing the use of the organization's			
	•	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted 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).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	s).	
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	apported 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 th	he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part V	It the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each	O!-		
	OF ITS S	supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

SCITE	dule P	(FUIII 990) 202 I		IKODI OI	VIICIIVIA,	T11C:		<u> </u>	rage
Pai	τV	Type III Non-Function	onally Integra	ted 509(a)(3) S	Supporting Orga	nization	s		
1		Check here if the organizat	ion satisfied the Ir	ntegral Part Test a	s a qualifying trust or	n Nov. 20, 1	1970 (_{explain in} Part	VI). See instru	uctions.
		All other Type III non-function	onally integrated s	supporting organiz	ations must complet	te Sections	A through E.		

	All other Type III non-functionally integrated supporting organizations must	st complete S	Sections A through E.	,
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	anization (see
	instructions).	3 0	., ., .,	,

Schedule A (Form 990) 2021

Fai	Type III Non-1 unctionally integrated 509	a)(3) Supporting Orga	ilizations (continu	uea)	
Secti	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	8	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
<u>e</u>	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i_	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
c	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

132028 01-04-22 Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

INC.

THE LAND TRUST OF VIRGINIA,

OMB No. 1545-0047

Employer identification number

54-1601471

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 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 Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special 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.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

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, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Name of organization Employer identification number

THE LAND TRUST OF VIRGINIA, INC.

54-1601471

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
1		\$50,604.	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		
2		\$ 65,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3		\$ 26,274.	Person X Payroll		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
4		\$155,328.	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		
5		\$	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		
6		\$	Person X Payroll		

Name of organization Employer identification number

THE LAND TRUST OF VIRGINIA, INC.

54-1601471

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(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
		\$	
(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
		\$	

Name of organization Employer identification number

	AND TRUST OF VIRGINIA,		54-1601471			
Part III	from any one contributor. Complete columns (a	through (e) and the following line ent	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year try. For organizations			
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or space is needed.	less for the year. (Enter this info. once.)			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift	tt			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of giff	fer of gift			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
()))						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gif	it			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

THE LAND TRUST OF VIRGINIA, INC.

Employer identification number 54-1601471

Pa	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		inds or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor	advised funds
	are the organization's property, subject to the organization's e	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other pur	pose conferring
Pa	t II Conservation Easements. Complete if the organic	anization answered "Yes" on Form	990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	X Preservation of land for public use (for example, recreati	on or education) X Preservat	ion of a historically important land area
	Yrotection of natural habitat	Preservat	ion of a certified historic structure
	X Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the	
	day of the tax year.		Held at the End of the Tax Yea
а			
b	•		
С	Number of conservation easements on a certified historic structure		
d	Number of conservation easements included in (c) acquired af	*	
	listed in the National Register		
3	Number of conservation easements modified, transferred, relevant vear 0	ased, extinguished, or terminated t	by the organization during the tax
4	Number of states where property subject to conservation ease	ement is located	1
5	Does the organization have a written policy regarding the period	· · · · · · · · · · · · · · · · · · ·	ng of
	violations, and enforcement of the conservation easements it h	nolds?	X Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing	conservation easements during the year
	► <u>2793</u>		
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing con	servation easements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section	170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		X Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial st	atements that describes the
	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections of		or Other Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
1a	If the organization elected, as permitted under FASB ASC 958	•	
	of art, historical treasures, or other similar assets held for publ	·	•
	service, provide in Part XIII the text of the footnote to its finance		
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in	n furtherance of public service,
	provide the following amounts relating to these items:		.
	(i) Revenue included on Form 990, Part VIII, line 1		
_			· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical treas		ancial gain, provide
	the following amounts required to be reported under FASB AS	_	.
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		\$

Sche	dule D (Form 990) 2021 THE LAND	TRUST OF	VIRGINIA,	INC.		5	4-16	01471	Page 2
Par	t III Organizations Maintaining Co	llections of Art	, Historical Tr	easures, or	Other	Similar	Assets	(continu	ıed)
3	Using the organization's acquisition, accessio	n, and other records	s, check any of the	following that	make sig	nificant us	se of its		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or ex	change prograi	m				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's col	lections and explain	how they further t	he organizatior	n's exem	pt purpos	e in Part	XIII.	
5	During the year, did the organization solicit or	receive donations of	f art, historical trea	sures, or other	similar a	assets			
	to be sold to raise funds rather than to be mai	ntained as part of th	ne organization's co	ollection?				Yes	No
Par	t IV Escrow and Custodial Arrang	ements. Comple	ete if the organizati	on answered "	Yes" on F	orm 990,	Part IV, I	ine 9, or	
	reported an amount on Form 990, Part	X, line 21.							
1a	Is the organization an agent, trustee, custodia	n or other intermedi	ary for contribution	ns or other asse	ets not in	cluded			
	on Form 990, Part X?						\square	Yes	No
b	If "Yes," explain the arrangement in Part XIII a								
								Amount	
С	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo					y?		Yes	No No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on P	art XIII				
Pai	t V Endowment Funds. Complete if	the organization an	swered "Yes" on F	orm 990, Part I	V, line 10).			
		(a) Current year	(b) Prior year	(c) Two years	s back (d) Three ye	ars back	(e) Four y	years back
1a	Beginning of year balance	50,508.	43,655	. 13	,655.				
b	Contributions	278,582.	6,853	. 30	,000.	1	3,655.		
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	329,090.	50,508	. 43	,655.	1	3,655.		
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment	81.0000	%						
b	Permanent endowment ► 19.0000	%							
С	Term endowment >	6							
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.							
За	Are there endowment funds not in the posses	sion of the organiza	tion that are held a	nd administere	ed for the	organizat	tion	_	
	by:							\	Yes No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organizat							3b	
4	Describe in Part XIII the intended uses of the	organization's endov	wment funds.						
Par	t VI Land, Buildings, and Equipme	ent.							
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11a.	See Form 990,	Part X, li	ne 10.			
	Description of property	(a) Cost or of	ther (b) Cos	t or other	(c) Ac	cumulated	d	(d) Book	value
	·	basis (investm	nent) basis	(other)	dep	reciation			
1a	Land								
	Buildings	1							
	Leasehold improvements								
	Equipment			25,907.		15,95	2.	9	,955.
	Other								

Schedule D (Form 990) 2021

9,955.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII	Investments -	- Other	Securities
I GIL VII	111463111161113		Occur inco

(a) Description of iscourity or category increasing name at accuracy (b) Book value (c) Method of valuation: Cost or end of-year market value (c) Closely held equity interests (d) CG (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	Part VIII Investments - Other Securities. Complete if the organization answered "Yes" or	n Form 990. Part IV. line 1	11b. See Form 990. Part X. line 12.	
2) Closely held equity interests				d-of-year market value
2) Closely held equity interests	(1) Financial derivatives			•
3) Other	• • • • • • • • • • • • • • • • • • • •			
B	(3) Other			
B				
Discription				
(E) (F)	(C)			
Fig.	(D)			
G	(E)			
Chia Col. (b) must equal Form 990, Part X, col. (B) line 12, b	(F)			
Total_(Col. (b) must equal Form 990, Part X, col. (8) line 12.) Part VIII Investments - Program Related.	(G)			
Number N	(H)			
Complete if the organization answered "Yes" on Form 990, Part IV, line 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 (f) DNATED LAND FOR SALE 2,100,000 END-OF-YEAR MARKET VALUE (g) (g) END-OF-YEAR MARKET VALUE (g) (h) END-OF-YEAR MARKET VALUE (g) (g) END-OF-YEAR MARKET VALUE (g) (h) END-OF-YEAR MARKET VALUE (g) (h	Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) DONATED LAND FOR SALE 2,100,000 END—OF—YEAR MARKET VALUE (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (4) (5) (6) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (9) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (6) (7) (8) (9) (1) (9) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9		n Form 990. Part IV. line 1	11c. See Form 990. Part X. line 13.	
(1) DONATED LAND FOR SALE 2,100,000. END-OF-YEAR MARKET VALUE (2) (3) (4) (6) (6) (7) (7) (8) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10				d-of-vear market value
(2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	2011 222 1112 202 6112			
(3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		2,100,000.	END OF TEAK MARKET	VALUE
(4) (5) (6) (7) (8) (9) Total. (Col. (b) must egual Form 990, Part X, col. (B) line 13.) ▶ 2,100,000. Part X Other Assets. Complete if the organization answered *Yes* on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered *Yes* on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) LINE OF CREDIT (a) Description of liability (b) Book value (6) (7) (8) (9)				
(5) (6) (7) (8) (9) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) LINE OF CREDIT (a) Description of liability (b) Book value (6) (7) (8) (9) (9)				
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Cold				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 2 , 100 , 000 .				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value		2 100 000		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) LINE OF CREDIT (5) (3) (4) (5) (6) (7) (8) (9)		2,100,000		
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(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) LINE OF CREDIT (16, 915) (3) (4) (5) (6) (7) (8) (9)				(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) LINE OF CREDIT 16, 915 (3) (4) (5) (6) (7) (8) (9)		1		
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(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) LINE OF CREDIT 16, 915 (3) (4) (5) (6) (7) (8) (9)				
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Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 1		15)		
1. (a) Description of liability (b) Book value (1) Federal income taxes (2) LINE OF CREDIT 16,915 (3) (4) (5) (6) (7) (8) (9)	Part X Other Liabilities.	10.)		
1. (a) Description of liability (b) Book value (1) Federal income taxes (2) LINE OF CREDIT 16,915 (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
(1) Federal income taxes (2) LINE OF CREDIT (3) (4) (5) (6) (7) (8) (9)	(15 19 69199	· · · · · · · · · · · · · · · · · · ·		
(2) LINE OF CREDIT (3) (4) (5) (6) (7) (8) (9)				.,
(3) (4) (5) (6) (7) (8) (9)				16,915.
(4) (5) (6) (7) (8) (9)				
(5) (6) (7) (8) (9)				
(6) (7) (8) (9)				
(7) (8) (9)				
(8) (9)				
(9)	• •			
	``	25)	•	16,915.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

LTV DOES NOT REPORT DONATED LAND EASEMENTS AS AN ASSET ON THEIR BALANCE SHEET NOR DOES LTV REPORT REVENUE UPON DONATION OF THE LAND EASEMENT. LTV HAS ADOPTED THE ZERO VALUATION APPROACH TO THE LAND EASEMENT VALUE FOR FINANCIAL REPORTING. ALL COSTS ASSOCIATED WITH EASEMENT MONITORING ARE EXPENSED AS INCURRED.

PART V, LINE 4:

EARNINGS FROM ENDOWMENT FUNDS CAN BE USED FOR OPERATIONS AND EASEMENT INTAKE.

PART X, LINE 2:

LTV QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION, THE ORGANIZATION HAS BEEN CLASSIFIED AS A PUBLICLY-SUPPORTED ORGANIZATION UNDER SECTION 170(B)(1)(A)(VI) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION HAS ADOPTED THE GUIDANCE UNDER ASC TOPIC 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT HAS EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE ADJUSTMENT TO, OR DISCLOSURE IN, THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THE GUIDANCE. INCOME TAX REPORTING YEARS OPEN FOR IRS AUDIT INCLUDE 2018, 2019, 2020, AND 2021

PART XI, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON DONATED PROPERTY SALE 287,175.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

LAND VALUATION ADJUSTMENT -167,500.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

LAND VALUATION ADJUSTMENT

LOSS ON DONATED PROPERTY SALE 287,175. TOTAL TO SCHEDULE D, PART XII, LINE 2D 454,675.

167,500.

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE LAND TRUST OF VIRGINIA, INC.

Employer identification number

THE LAN	D TRUST OF VIRGINIA	A,]	NC.	•	54-1601	471	
	Complete if the organization answe				ine 17. Form 990-EZ	filers are not	
Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.							
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	istody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No				
otal							
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.							

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

		or furfulaising everit contributions and gr	033 111001110 01111 01111 030	LZ, III C3 T and Ob. List C	worte with grood recorp	to greater triair 40,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			2021 EVENTS			col. (c))
Φ			(event type)	(event type)	(total number)	. "
Revenue	1	Gross receipts	135,282.			135,282.
	2	Less: Contributions	76,593.			76,593.
	3	Gross income (line 1 minus line 2)	58,689.			58,689.
	4	Cash prizes				
(0	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
rect Ey	7	Food and beverages				
Ö		Estatelanant				
	8	Entertainment Other direct expenses				58,689.
	9	Other direct expenses			•	58,689.
		Net income summary. Subtract line 10 from I				0.
Pa	rt I	Gaming. Complete if the organization		990. Part IV. line 19. or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		, , ,		
			(a) Diame	(b) Pull tabs/instant	(a) Olla an aradia a	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
	1	Gross revenue				
Š	2	Cash prizes				
ense						
×pe	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
		Valuntaar lahar	Yes %		Yes %	
	6	Volunteer labor	No	No No	No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)		>	
9		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming a				Yes No
b	If "	No," explain:				
	_					
40	\^'	are any of the overeintimite remains the	avolted assessed at a finite	reminated devides the state	100x0	
		ere any of the organization's gaming licenses re			/Eai (Yes No
i.	11	Yes," explain:				
	_					

Sch	edule G (Form 990) 2021 THE LAND TRUST OF VIRGINIA, INC. 54-1	.6014	/ 1 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Ye	es No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Ye	s No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	o An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100	70
14	Efficient the frame and address of the person who prepares the organization's gaining/special events books and records.		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Ye	es No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	·		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Ye	es L No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Da	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	t III, lines	9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	(Form 990) Supplemental Infor	THE	LAND	TRUST	OF	VIRGINIA,	INC.	54-1601471	Page 4
Part IV	Supplemental Infor	mation	(continue	ed)					

SCHEDULE 0 (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

> THE LAND TRUST OF VIRGINIA, INC.

Employer identification number 54-1601471

FORM 990, PART VI, SECTION B, LINE 11B:
THE IRS FORM 990 WAS PROVIDED IN DRAFT FORM TO THE LTV BOARD OF DIRECTORS
AND THE FINAL IRS FORM 990 WAS REVIEWED AND ACCEPTED BY THE LTV BOARD OF
DIRECTORS PRIOR TO SUBMISSION TO THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C:
LTV MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY
YEARLY.
FORM 990, PART VI, SECTION B, LINE 15A:
THE BOARD OF DIRECTORS APPROVES THE ANNUAL OPERATING BUDGET WHICH INCLUDES
THE COMPENSATION OF THE EXECUTIVE DIRECTOR AND OTHER KEY EMPLOYEES.
FORM 990, PART VI, SECTION C, LINE 18:
DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.
FORM 990, PART VI, SECTION C, LINE 19:
DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.
PAGE 12, PART XII, LINE 2C
LTV AUDIT COMMITTEE CONTINUES TO ASSUME RESPONSIBILITY AND OVERSIGHT OF
THE ANNUAL AUDIT.

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10			t	ļ	ŀ		066							
Description		Date Acquired	Method	Life	C Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1 FURNITURE & FIXTURES		07/01/06	200DB	7.00	HY17	1,123.				1,123.	1,123.		0.	1,123.
2 MACHINERY & EQUIPMENT	£I.	07/01/05	200DB	5.00	HY17	3,663.				3,663.	3,663.		0.	3,663.
3 DELL LATITUDE COMPUTER	ER	03/03/09	SL	5.00	16	1,366.				1,366.	1,366.		0.	1,366.
4 GIS WORKSTATION		03/03/03	SL	5.00	16	2,327.				2,327.	2,327.		0.	2,327.
5 PROJECTOR		03/03/03	SL	5.00	16	653.				653.	653.		• 0	653.
6 PRINTER		03/03/03	SL	5.00	16	392.				392.	392.		0.	392.
7 COMPUTER		03/02/10	SL	5.00	16	1,086.				1,086.	1,086.		0.	1,086.
8 COMPUTER		06/30/13	SL	5.00	16	1,525.				1,525.	1,525.		0.	1,525.
9 LAPTOP		03/07/16	SL	5.00	16	1,527.				1,527.	1,475.		52.	1,527.
10 WEBSITE		12/31/16	NC	000.	НУ	2,500.				2,500.			0.	
11 COMPUTER		10/01/19	SL	5.00	16	3,291.				3,291.	823.		658.	1,481.
* TOTAL 990 PAGE 10	10 DEPR					19,453.				19,453.	14,433.		710.	15,143.
					1									

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