

Product: Exempt

Category:

Name: Allegheny Land Trust

IRS Center: Ogden

e-Postmark: 11/10/2014 12:26:12 PM

FEIN: 25-2718611

Notification:

Fiscal Year 7/1/2013

Fiscal Year 6/30/2014

Begin Date:

End Date:

DCN	Date	Type Of Activity	Submission ID	Refund/(Due)	Updated By
	11/10/2014	Upload Started			
	11/10/2014	Ready to Release by Customer			
	11/10/2014	Released for Transmission - Validation In Progress			798970
	11/10/2014	Ready to transmit - Validation Complete			
	11/10/2014	Transmitted to IRS	25324823143140337e14		
	11/10/2014	Accepted by IRS on 11/10/2014			

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2013, this authorization begins on JUL 1, 2013, and expires on JUN 30, 2014

2013

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879

Name of exempt organization

Employer identification number

ALLEGHENY LAND TRUST

25-1718611

Name and title of officer

CHRISTOPHER J. BEICHNER
PRESIDENT & CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was taken from page one 1b, 2b, 3b, 4b, or 5b, which are applicable, check (do not enter 0). But, if you entered 0 on the return, then enter 0 on the applicable line below. Do not compute more than 1 line in Part I.

Table with 4 columns: Line number, Form type, Description, and Amount. Includes lines for Form 991, Form 990-EZ, Form 1120-POL, Form 990-T, and Form 990-B.

Part II Declaration and Signature Authorization of Officer

Under penalty of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying Attachments and other data and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate tax lien provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or notice of rejection of the transmission, (b) the reason for any delay in processing the return (section 1), and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (EFD) debit entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To receive a payment, I must contact the U.S. Treasury Internal Agent at 1-888-955-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the Financial Agent to allow inquiries and resolve issues related to the processing of the electronic payment of taxes to receive complete information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to a electronic funds withdrawal.

Officer's PIN check one box only

[X] I authorize SISTERSON & CO., LLP ERO firm name

to enter my PIN 54321 (do not enter 0 in any of the boxes)

As my signature on the organization's tax year 2013 electronically filed return, I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed-State program. I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[] As an officer of the organization, I authorize my PIN as my signature on the organization's tax year 2013 electronically filed return. I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed-State program. I will enter my PIN on the return's disclosure consent screen.

Officer's signature [Signature] Date [11/10/13]

Part III Certification and Authentication

ERO's EFINPIN: Enter your six-digit electronic filing identifier number (EFIN) followed by your five digit self-selected PIN

2532491245 (do not include dashes)

I certify that the above number(s) entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4183, Modernized e-file (Mefile) Information for Authorized IRS e-file Providers for Business Filers.

ERO's signature [Signature] Date [11/10/13]

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

118A For Paperwork Reduction Act Notice, see Instructions. 2013

Form 8879-EO (2013)

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as they may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

B **C** Name of organization: **ALLEGHENY LAND TRUST**
Doing Business As:
Number and street for mail (do not include post office address): **409 BROAD STREET** Room No.: **206B**
City or town, state or province, county, and ZIP or foreign postal code: **SEWICKLEY, PA 15143**

D Employer identification number: **25-1718611**

E Telephone number: **412-741-2750**

G Gross receipts: **1,972,200.**

H(a) Is this a group return for superintendents? Yes No

H(b) Are all superintendents U.S. citizens? Yes No

I Tax-exempt status: 501(c)(3) 501(c)(29) 501(c)(28) 501(c)(27) 501(c)(26) 501(c)(25) 501(c)(24) 501(c)(23) 501(c)(22) 501(c)(21) 501(c)(20) 501(c)(19) 501(c)(18) 501(c)(17) 501(c)(16) 501(c)(15) 501(c)(14) 501(c)(13) 501(c)(12) 501(c)(11) 501(c)(10) 501(c)(9) 501(c)(8) 501(c)(7) 501(c)(6) 501(c)(5) 501(c)(4) 501(c)(3)

J Website: **WWW.ALLEGHENYLANDTRUST.ORG**

K Federal tax return: Corporation Trust Association Other

L Year of formation: **1993** **M** State of incorporation: **PA**

F Name and address of principal officer: **CHRISTOPHER J. BEICHNER**

Part I Summary

1. Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O			
2. Check the box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
3. Number of voting members of the governing body (Part VII, line 1c)	3	19	
4. Number of independent voting members of the governing body (Part VII, line 1b)	4	19	
5. Total number of full-time employees in calendar year 2013 (Part V, line 2a)	5	8	
6. Total number of volunteers (estimate if necessary)	6	550	
7a. Total unrelated business revenue from Part VII, column (C), line 12	7a	0.	
b. Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
		Prior Year	Current Year
8. Contributions and grants (Part VII, line 1b)		2,847,708.	983,679.
9. Program service revenue (Part VII, line 2g)		0.	0.
10. Investment income (Part VII, column (A), lines 3, 4, and 7d)		69,065.	1,669.
11. Other revenue (Part VII, column (A), lines 5, 6a, 6c, 9c, 10c, and 11c)		-52.	37,997.
12. Total revenue (add lines 8 through 11; must equal Part VIII, column (A), line 12)		2,916,721.	1,023,345.
13. Grants and similar amounts paid (Part IX, column (A), line 13)		0.	0.
14. Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-11)		301,845.	343,116.
16a. Professional fundraising fees (Part IX, column (A), line 11a)		0.	0.
b. Total fundraising expenses (Part IX, column (B), line 25)		108,315.	
17. Other expenses (Part IX, column (A), lines 11a-11d, 11-24a)		368,489.	277,406.
18. Total expenses (add lines 13-17; must equal Part IX, column (A), line 25)		670,334.	620,522.
19. Revenue less expenses. Subtract line 18 from line 12		2,246,387.	402,823.
		Beginning of Current Year	End of Year
20. Total assets (Part X, line 15)		13,249,423.	13,193,696.
21. Total liabilities (Part X, line 20)		22,099.	94,435.
22. Net assets or fund balances. Subtract line 21 from line 20		13,227,324.	13,099,261.

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, this return is true, correct, and complete. Declaration of preparer (other than officer) is based on a comparison of the preparer's copy of books, records, and other data.

Sign Here: **CHRISTOPHER J. BEICHNER, PRESIDENT & CEO**

Prepared by: MICHAEL M. COMSTOCK, SISTERSON & CO. LLP, 310 GRANT STREET SUITE 2100, PITTSBURGH, PA 15219

May the IRS discuss this return with the preparer shown above? (See instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response in relation to any item in this Part:

1 Briefly describe the organization's mission:

TO SERVE AS THE LEAD LAND TRUST CONSERVING AND STEWARDING LANDS THAT SUPPORT THE SCENIC, RECREATIONAL AND ENVIRONMENTAL WELL-BEING OF COMMUNITIES IN ALLEGHENY COUNTY AND ITS ENVIRONS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting or make significant changes in how it conducts any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(29) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (a) Expenses 388,367. (b) Grants 0. (c) Revenue 0. EXPENSES TO ACQUIRE AND MANAGE LAND AND TO SUPPORT THE CONSERVATION EFFORTS OF LANDOWNERS, COMMUNITIES, GOVERNMENT AND OTHER NONPROFIT ORGANIZATIONS, INCLUDING EXPENSES TO PRESERVE TRAIL CORRIDORS, SCENIC VIEWS AND HISTORIC FEATURES WHERE THEY COINCIDE WITH NATURAL LANDS.

Table with 4 columns: Line, (b) Expenses, (c) Grants, (d) Revenue. Row 4b is empty.

Table with 4 columns: Line, (b) Expenses, (c) Grants, (d) Revenue. Row 4c is empty.

4d Other program services (Describe in Schedule O)

(b) Expenses (c) Grants (d) Revenue

4e Total program service expenses 388,367.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(c)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to any candidate for public office? If "Yes," complete Schedule C, Part I		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	X	
5 Is the organization a section 501(c)(4), 501(c)(29), or 501(c)(26) organization that receives interest-free loans, assessments, or similar amounts as defined in Revenue Procedure 86-159? If "Yes," complete Schedule C, Part III		X
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		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	X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for accrued or custodial account liability (such as a custodian for amounts not listed in Part X) or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
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:		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments (other securities) in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments (program related) in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 20? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASU 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Were 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 complete Schedule D, Parts XI and XII as applicable		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization invest in an office, employees, or agents outside of the United States?		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		X
15 Did the organization report on Part IX, column (A), line 5, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 5, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV		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 8 and 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1a and 8a? If "Yes," complete Schedule G, Part II	X	
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		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part X, column (A), line 1? If "Yes," complete Schedule I, Part I and II		X
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part X, column (A), line 2? If "Yes," complete Schedule I, Part I and II		X
23 Did the organization answer "Yes" to Part IV, 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		X
24a Did the organization have a tax-exempt bond issue with an initial stated 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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary investment exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to secure any tax-exempt bonds?		
d Did the organization act as an issuer of tax-exempt bonds for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an impermissible transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b A 501(c)(3) organization. Were there any disqualified person investments 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-E? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 27 for receipts from or payables to any current or former officers, directors, trustees, key employees, highest compensated individuals, or disqualified persons? If so, complete Schedule L, Part I		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant administrator committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)?		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets or qualified conservation contributions? If "Yes," complete Schedule M	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule N, Part III		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, II, or III, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part VIII of Form 990, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a qualified organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 13? Note: A Form 990 filer must complete Schedule O.		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No response. Includes questions 1a-14b regarding IRS filings, backup withholding, employment tax returns, business gross income, foreign accounts, prohibited transactions, charitable contributions, and section 501(c)(7) and (12) organizations.

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 11b below, describe the circumstances, processes, or changes in Schedule O (see instructions).

Check if Schedule O contains a response to this question (see instructions)

Section 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 regular meetings, include part-time members of the governing body, or if the governing body delegates voting authority to an individual, include that person. See instructions. 19		
1b Enter the number of voting members included in 1a, above, who are independent 19		
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		<input checked="" type="checkbox"/>
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a non-employee company or other person? 3		<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4	<input checked="" type="checkbox"/>	
5 Did the organization become a share during the year of a significant division of the organization's assets? 5		<input checked="" type="checkbox"/>
6 Did the organization terminate members or stockholders? 6		<input checked="" type="checkbox"/>
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint or remove members of the governing body? 7a		<input checked="" type="checkbox"/>
b Are any governing decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		<input checked="" type="checkbox"/>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8		
a The governing body? 8a	<input checked="" type="checkbox"/>	
b Each committee with authority to act on behalf of the governing body? 8b	<input checked="" type="checkbox"/>	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's usual telephone? If "Yes," describe the names and addresses in Schedule O 9		<input checked="" type="checkbox"/>

Section B. Policies (This Section B requests information about policies not required by the A Joint Revenue Owner)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates? 10a		<input checked="" type="checkbox"/>
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a	<input checked="" type="checkbox"/>	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990 11b		
12a Did the organization have a written conflict of interest policy? If "Yes," go to line 12 12a	<input checked="" type="checkbox"/>	
b Were officers, directors, or trustees, and key employees required to disclose annually conflicts that could give rise to conflicts? 12b	<input checked="" type="checkbox"/>	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c	<input checked="" type="checkbox"/>	
13 Did the organization have a written whistleblower policy? 13	<input checked="" type="checkbox"/>	
14 Did the organization have a written document retention and destruction policy? 14	<input checked="" type="checkbox"/>	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, compensation data, and contemporaneous substantiation of the deliberation and decision? 15		
a The organization's CEO, Executive Director, or top management official 15a	<input checked="" type="checkbox"/>	
b Other officers or key employees of the organization 15b		<input checked="" type="checkbox"/>
If "Yes" to line 15 (a) or (b), describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a		<input checked="" type="checkbox"/>
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		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed: **PA**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-E (Section 513(c)(3)(B) only) available for public inspection. Indicate how you made these available. Check all that apply.
 On website Another website Upon request Other (specify in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **CHRISTOPHER J. BEICHNER 412-741-2750 409 BROAD STREET, SUITE 206B, SEWICKLEY, PA 15143**

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

Check if Schedule E 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 or not classified as organizational), regardless of amount of compensation. Enter 0 in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 6 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees - to receive more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees if received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (Set any hours for related organizations below (incl.)	(C) Position <small>(Select all that apply. Do not check more than 5 boxes.)</small> Officer <input type="checkbox"/> Director <input type="checkbox"/> Institutional trustee <input type="checkbox"/> Key employee <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Former <input type="checkbox"/>	(D) Reportable compensation from the organization (Form 990-MISC)	(E) Reportable compensation from related organizations (Form 990-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) CHRISTOPHER G. JACQUES PRESIDENT & CEO	40.00	X	101,458.	0.	8,669.
(2) STEPHEN QUACK CHAIRMAN	4.00	X	0.	0.	0.
(3) RONIE KURNEE JOHNSON VICE CHAIRMAN	4.00	X	0.	0.	0.
(4) M. DANIEL WELLS SECRETARY	4.00	X	0.	0.	0.
(5) KAREN L. SANICK TREASURER	4.00	X	0.	0.	0.
(6) MIRIAM M. ROBINSON DIRECTOR	2.00	X	0.	0.	0.
(7) THOMAS BROWNE DIRECTOR	4.00	X	0.	0.	0.
(8) PETER K. BROWN DIRECTOR	2.00	X	0.	0.	0.
(9) ANN CLARKE DIRECTOR	2.00	X	0.	0.	0.
(10) CHRISTINE CHABIANO DIRECTOR	2.00	X	0.	0.	0.
(11) LADONIA JOHNSON DIRECTOR	2.00	X	0.	0.	0.
(12) KENNETH A. LACROIX DIRECTOR	2.00	X	0.	0.	0.
(13) JUSTICE E. MOONEY DIRECTOR	2.00	X	0.	0.	0.
(14) BRIAN C. O'BRIEN CPA DIRECTOR	2.00	X	0.	0.	0.
(15) RAYMOND P. PARKER DIRECTOR	2.00	X	0.	0.	0.
(16) CARL P. PROFFERS DIRECTOR	2.00	X	0.	0.	0.
(17) STEVE SCHLOTTERBECK DIRECTOR	2.00	X	0.	0.	0.

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

(A) Name and title	(B) Average hours per week of any board for- profit organizations before line 1	(C) Position held with the organization before line 1 or as an independent contractor	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
118) MARY BETH STEINBERGER DIRECTOR	2.00	X	0.	0.	0.
119) SALLY E. KADR DIRECTOR	4.00	X	0.	0.	0.
120) JENNIFER A. CAPPA DIRECTOR	2.00	X	0.	0.	0.
1b Sub-total			101,458.	0.	0.
c Total from continuation sheets to Part VII, Section A			0.	0.	0.
d Total (add lines 1b and 1c)			101,458.	0.	0.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization					1

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on the 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on the 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on the 1a receive or accrue compensation from any unrelated organization or individual for services 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 \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the regulator's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

Check if Schedule B contains a response or rate to any item in Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Secular activities reported on Schedules B12-214	
Contributions, Gifts, Grants, and Other Similar Amounts	1 a	Federated campaign					
	b	Meal, fundraising					
	c	Fundraising events	13,628				
	d	Related organizations					
	e	Government grants (contributions)	2,869				
	f	All other contributions, gifts, grants, and similar amounts and fundraising	842,061				
	g	Net gain or (loss) included in part III	135,000				
	h	Total. Add lines 1a-1g	993,558				
Program Service Revenue	2 a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	29,157	29,157			
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6	Gross rental income from:	a	Gross rents			
			b	Less: rental expenses			
			c	Rental income or (loss)			
			d	Net rental income or (loss)			
	7	Gross amount from sales of assets other than inventory:	a	Gross amount from sales of <input type="checkbox"/> Real <input type="checkbox"/> Personal			
			b	Less: cost or other basis and sales expenses	535,548	205,067	
			c	Gain or (loss)	160,311	377,717	
			d	Net gain or (loss)	(5,187)	322,917	
	8	Gross income from fundraising events (not including 5) including 5 13,628 of contributions reported on line 1c. See Part V, line 1B	a	Gross income			
b			Less: direct expenses	10,357			
c			Net income or (loss) from fundraising events	6,711		4,517	
9	Gross income from gaming activities. See Part IV, line 1B	a	Gross income				
		b	Less: direct expenses				
		c	Net income or (loss) from gaming activities				
10	Gross sales of inventory, net returns, and allowances	a	Gross sales				
		b	Less: cost of goods sold				
		c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue			Business Code				
11 a	2500 - SPENDING RELATED-350	90000	44,714	44,714			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11c		44,714	44,714			
12	Total revenue. See instructions.		1,221,145	49,129	0	4,517	

Part IX Statement of Functional Expenses

Section 501(c)(29) and 501(c)(5) organizations must complete all columns. All other organizations must complete column (D).

Check if Schedule O contains a suspension right to any line on this Part IX.

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program services expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governmental organizations in the United States (See Part IV, line 2)				
2 Grants and other assistance to individuals in the United States (See Part IV, line 3)				
3 Grants and other assistance to governmental organizations and individuals outside the United States (See Part IV, lines 4 and 5)				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	113,483	73,418	13,271	26,794
6 Compensation and other taxable (or tax-exempt) personal services (as defined under Section 4958(b)(1)) and persons described in section 5052(c)(2)				
7 Other salaries and wages	190,592	122,249	23,249	45,094
8 Fees for plan assets or contractually fixed costs for 401(k) or 408(a) employee contributions	3,979	3,608	247	124
9 Other employee benefits	11,716	7,549	674	3,493
10 Payroll taxes	23,346	14,771	3,180	5,395
11 Fees for services from employees:				
a Management				
b Legal	50,559	29,908	20,651	
c Accounting	45,750	15,110	24,587	6,053
d Lobbying				
e Professional fundraising services (See Part IV, line 17)				
f Investment management fees	7,246		7,246	
g Other (List if the amount exceeds 10% of the 25, column (A) amount. Attach 119 expenses sheet (I))	53,448	50,460	2,642	346
12 Advertising and promotion	485	485		
13 Office expenses	7,125	3,956	1,607	1,562
14 Information technology	11,292	6,678	1,939	2,675
15 Postages				
16 Occupancy	59,813	35,207	9,137	15,469
17 Travel	5,961	2,676	3,285	
18 Payments of travel or related direct expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings (Federal)	1,617	1,012	605	
20 Federal				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,306	1,364	396	546
23 Insurance				
24 Other expenses (The 25 expenses not covered by this Part IX include expenses on line 24c, if any, and 24d amounts exceed 10% of the 25, column (A) amount. List on 24d expenses sheet (II))	17,632	17,632		
a STEWARDSHIP EXPENSES				
b REGISTRATIONS	7,611	2,419	4,456	736
c REAL ESTATE TAXES	6,247		4,247	
d MEALS AND ENTERTAINMENT	342	42	300	
e All other expenses	1,972	177	2,121	28
25 Total functional expenses (Add lines 17a, 24c, 24d)	620,522	388,367	123,840	108,315
26 Joint costs. Complete this section if the organization reported on Form 990 that it has a combined fundraising campaign and fundraising (See Part III, Schedule O)				

Part X Balance Sheet

Check if Schedule G contains a response or note to any item in this Part X

		(A)	(B)
		Beginning of year	End of year
Assets	1 Cash, non-interest-bearing	1,497,482	1,164,243
	2 Savings and temporary cash investments	5,203	27,320
	3 Pledges and grants receivable, net	15,200	C.
	4 Accounts receivable, net		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part I of Schedule L		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958)(1)(g), persons described in section 4958(c)(2)(B), and substantial employees and sponsoring organizations of section 501(c)(3) voluntary employees' beneficiary organizations (see instructions). Complete Part I of Schedule L		
	7 Notes and loans receivable, net		
	8 Inventories for sale or use		
	9 Prepaid expenses and deferred charges	3,549	3,629
	10a Land, buildings, and equipment: cost or other basis. Complete Part II of Schedule D	10a 10,911,158	
	b Less accumulated depreciation	10b 32,455	
		10 10,714,933	10 10,878,703
	11 Investments - public/traded securities	927,343	1,113,001
	12 Investments - other securities. See Part IV, line 17		
	13 Investments - program related. See Part IV, line 17		
14 Intangible assets			
15 Other assets. See Part IV, line 17	85,713	6,800	
16 Total assets. Add lines 1 through 15 (must equal line 34)	13,249,423	13,193,696	
Liabilities	17 Accounts payable and accrued expenses	22,099	49,435
	18 Grants payable		
	19 Deferred revenue		45,000
	20 Tax-exempt bond liabilities		
	21 Escrow or custodial account liability. Complete Part III of Schedule D		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part III of Schedule L		
	23 Secured mortgages and notes payable to unrelated third parties		
	24 Unsecured notes and loans payable to unrelated third parties		
	25 Other liabilities (including federal income tax payable to related third parties, and other liabilities not included on lines 17-24). Complete Part III of Schedule D		
	26 Total liabilities. Add lines 17 through 25	22,099	94,435
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	1,731,592	1,962,337
	28 Temporarily restricted net assets	1,006,290	451,695
	29 Permanently restricted net assets	10,489,442	10,585,229
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust preferred, or current funds		
	31 Paid-in or capital surplus, or end, building, or equipment fund		
32 Retained earnings, endowment, accumulated income, or other funds			
33 Total net assets or fund balances	13,227,324	13,099,261	
34 Total liabilities and net assets/fund balances	13,249,423	13,193,696	

Part XI Reconciliation of Net Assets

Check if Form 990-B contains a response or note to any line in this Part XI

1 Total revenue (must equal Part VII, column (A), line 12)	1		1,023,345.
2 Total expenses (must equal Part X, column (A), line 25)	2		520,522.
3 Payroll expenses (Subtract line 2 from line 1)	3		402,823.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		13,227,324.
5 Net unrealized gains (losses) on investments	5		65,734.
6 Donated services and use of facilities	6		
7 Investment expenses	7		
8 Prior period adjustments	8		477,500.
9 Other changes in net assets or fund balances (explain in Schedule D)	9		120,120.
10 Net assets or fund balances at end of year (Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		13,099,261.

Part XII Financial Statements and Reporting

Check if Schedule U contains a response or note to any line in this Part XII

		Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other <small>*This organization changes its method of accounting from a prior year or checks "Other," explain in Schedule U.</small>			
2a Were the organization's financial statements compiled or reviewed by an independent accountant? <small>*"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.</small>	2a		<input checked="" type="checkbox"/>
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant? <small>*"Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.</small>	2b	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumed responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? <small>If the organization changed either its oversight process or compilation process during the tax year, explain in Schedule U.</small>	2c	<input checked="" type="checkbox"/>	
3a As a result of a legal requirement, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		<input checked="" type="checkbox"/>
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule U and describe any steps taken to undergo such audits.	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4047(b)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization **ALLEGHENY LAND TRUST** Employee identification number **25-1718611**

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 7, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(v).
- 2 A school described in section 170(b)(1)(A)(v). (Attach Schedule E.)
- 3 A hospital or a hospital or hospital services organization described in section 170(b)(1)(A)(ii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a government, and described in section 170(b)(1)(A)(iv). (Complete Part III.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 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 III.)
- 8 A community trust described in section 170(b)(1)(A)(vii). (Complete Part III.)
- 9 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 513(b) tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 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 that describes the type of supported organization and complete lines 11a through 11f:
 - a Type I b Type II c Type III - Functionally integrated d Type III - Nonfunctionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than its founders, managers, and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization receives a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box: _____
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (i), (ii), and (iii) below, the governing body of the supported organization? Yes No
11g(i)
 - (ii) A family member of a person described in (i) above? 11g(ii)
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)
- h Provide the following information about the supported organization(s):

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (Indicate on lines 11a through 11d above: (i) section 509(a)(1) (ii) section 509(a)(2) (iii) section 509(a)(3) (iv) section 509(a)(4))	(iv) Is the organization in (i) (ii) total or part governing structure?		(v) Do you contribute to the organization or are (i) or (ii) of your support?		(vi) Is the organization or are (i) or (ii) of your support a 35% controlled entity of the organization?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	

Total _____
 U.S. Department of the Treasury Internal Revenue Service
 U.S. Form 990 Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

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 6, 7, or 8 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 III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1. Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	843,248.	899,167.	1,421,210.	2,847,305.	983,679.	6,994,612.
2. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3. The value of services or facilities furnished by a governmental unit to the organization without charge						
4. Total. Add lines 1 through 3	843,248.	899,167.	1,421,210.	2,847,305.	983,679.	6,994,612.
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.						1,334,703.
6. Public support. Subtract line 5 from line 4						5,659,909.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7. Amounts from line 4	843,248.	899,167.	1,421,210.	2,847,305.	983,679.	6,994,612.
8. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and fees from similar sources	13,819.	18,007.	27,511.	21,468.	29,199.	110,004.
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 IV)	46,430.	55,584.	42,311.	8,629.	44,914.	197,868.
11. Total support. Add lines 7 through 10						7,324,684.
12. Gross receipts from related activities, etc. (see instructions)					12	
13. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check the box and stop here						

Section C. Computation of Public Support Percentage

14. Public support percentage for 2013 (line 6, column (e)) divided by line 11, column (f)	14.	50.08 %
15. Public support percentage from 2012 Schedule A, Part II, line 14	15.	59.68 %
16a. 33 1/3% support test - 2010. If the organization did not check a box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.		<input checked="" type="checkbox"/>
b. 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
17a. 10% facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b. 10% facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
18. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 14 of the organization's first tax year under Part III of the organization's to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not reduce any fundraising costs.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from a disqualified person.						
b Amounts excluded on lines 2 and 3 received from a non-disqualified person and across the grant of a stock or other asset on the 12th day of the year.						
c Add lines 7a and 7b.						
8 Public support. Subtract line 7c from line 6.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, annuities, royalties, and income from similar sources.						
b Unrelated business income. (This section 513 income from business activities after June 30, 1975.)						
c Add lines 10a and 10b.						
11 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 (Caption in Part IV).						
13 Total support. Add lines 9, 11, and 12.						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(2) organization, check this box and stop here.	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 13.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10a, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17.	18	%

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and the 15 is more than 33 1/3%, and the 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and the 15 is more than 33 1/3%, and the 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supplemental Information. Provide the explanations requested by Part II, line 10, Part III, line 17A or 17B, and Part III, line 12. Also complete this part for any additional information (file this where)

Supplemental information table with multiple rows and columns for providing explanations and additional information.

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
 its instructions is at www.irs.gov/form990.

Department of the Treasury
 Internal Revenue Service
2013

Name of the organization **ALLEGHENY LAND TRUST** Employee identification number **25-1718611**

Organization type (check one)

- | Form 990 | Section |
|--------------------|---|
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (not a member) organization |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust or not treated as a private foundation |
| | <input type="checkbox"/> 527 political organization |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | <input type="checkbox"/> 507(c)(B) 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 505(c)(1) and 170(e)(1)(A)(ii) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 14, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 7, of its Form 990; or check the box on line 1 of its Form 990-EZ or on its Form 990-PF, Part I, line 2 to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization ALLEGHENY LAND TRUST	Employer identification number 25-1718611
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Part I Contributors (See instructions. Use duplicate copies of Part I if additional space is needed.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE HEINZ ENDOWMENTS 625 LIBERTY AVENUE, 30TH FLOOR PITTSBURGH, PA 15222	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributors.)
2	RICHARD BARNES 416 CEDAR RUN ROAD ALLISON PARK, PA 15101	\$ 395,000.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributors.)
3	DUQUESNE LIGHT 411 7TH AVENUE 7 6 PITTSBURGH, PA 15219	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributors.)
4	HILLMAN FOUNDATION 310 GRANT STREET, SUITE 2000 PITTSBURGH, PA 15219	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributors.)
5	RICHARD KING MELLON FOUNDATION 500 GRANT STREET, SUITE 4106 PITTSBURGH, PA 15219	\$ 110,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributors.)
6	EQT FOUNDATION 249 FIFTH AVENUE, 3RD FLOOR PITTSBURGH, PA 15222	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributors.)

990-B (12-31-13)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

Employer identification number

ALLEGHENY LAND TRUST

25-2718611

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional copies are needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	26,761 ACRES OF LAND	\$ 385,000	11/19/13
(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

ALLEGHENY LAND TRUST

25-1718611

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (b) through (d) and the bottom of the entry for major gifts exceeding \$1,000 and for all exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Do not include any other contributions.) Use duplicate copies of Part III if additional space is needed.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Includes sub-sections for (e) Transfer of gift, Transferee's name, address, and ZIP + 4, and Relationship of transferor to transferee. Multiple rows are present but mostly blank.

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047
2013
Open to Public Inspection

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

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

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

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

- Section 501(c)(3) organizations that filed Form 5758 (election under section 501(c)): Complete Part I-A. Do not complete Part I-B.
- Section 501(c)(3) organizations that have NOT filed Form 5758 (election under section 501(c)): Complete Part I-B. Do not complete Part I-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(3), (5), or (6) organizations: Complete Part I-C.

Name of organization: ALLEGHENY LAND TRUST Employer identification number: 25-1718613

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1. Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2. Political expenditures: \$ _____
3. Volunteer hours: _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1. Enter the amount of any excise tax incurred by the organization under section 4960: \$ _____
 2. Enter the amount of any excise tax incurred by organization managers under section 4965: \$ _____
 3. If the organization incurred a section 4965 tax, did it file Form 4720 for this year? Yes No
 4. Was a correction made? Yes No
- If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1. Enter the amount directly expended by the filing organization for section 527 exempt function activities: \$ _____
2. Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities: \$ _____
3. Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17a: \$ _____
4. Did the filing organization file Form 1120-POL for this year? Yes No
5. Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid to the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 election under section 501(h).

- A** Check if the lobbying organization belongs to an affiliated group (as defined in Part II, except affiliated group members' name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the lobbying organization checked box A and "limited center" provisions apply.

Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Lobbying organization's costs	(b) Affiliated group costs
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		
1b Total lobbying expenditures to influence a legislative body (direct lobbying)		
1c Total lobbying expenditures (add lines 1a and 1b)		
1d Other exempt purpose expenditures		
1e Total exempt purpose expenditures (add lines 1d to 1c)		
1f Lobbying nontaxable amount. Enter the amount from the following table in both columns: If the amount on line 1c, (column (a) or (b)) is: Not over \$500,000 The lobbying nontaxable amount is: 20% of the amount on line 1c Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,020,000		
1g Grassroots nontaxable amount (enter 25% of line 1c)		
1h Subtract line 1g from line 1a. If zero or less, enter -0-		
1i Subtract line 1f from line 1c. If zero or less, enter -0-		
1j If there is an amount, all or from zero or other, on line 1i, did the organization file Form 4720 regarding section 4911 tax for this year?	Yes	No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (a))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (a))					
f Grassroots lobbying expenditures					

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

For each line, first response to lines 1 through 11 below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b) Amount
	Yes	No	
1. During this year, did the filing organization attempt to influence foreign, national, state or local legislation, regulation, executive action, or influence a judicial or administrative matter or referendum, through the use of:			
a. Volunteers?		X	
b. Paid staff or management (include compensation and expenses reported on lines 1c through 1j)?		X	
c. Media advertisements?		X	
d. Mailings to members, legislators, or the public?		X	
e. Publications, or published or broadcast statements?		X	
f. Grants to other organizations for lobbying purposes?		X	
g. Direct contact with legislators, their staffs, government officials, or a legislative body?	X		504.
h. Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar events?		X	
i. Other activities?		X	
j. Total. Add lines 1c through 1i.			504.
2a. Did the activities on line 1 cause the organization to be not described in section 501(c)(3)?		X	
b. If "Yes," enter the amount of any tax incurred under section 4912.			
c. If "Yes," enter the amount of any tax incurred by organization managers under section 4912.			
d. If the filing organization incurred a section 4912 tax, enter Form 4720 for this year?			

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

	Yes	No
1. Were substantially all (90% or more) dues received nondeductible by members?	1	
2. Did the organization receive only a housekeeping expenditures of \$2,000 or less?	2	
3. Did the organization agree to carry over to the next year all expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1. Dues, assessments and similar amounts from members	1	
2. Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid):		
a. Current year	2a	
b. Carryover from last year	2b	
c. Total	2c	
3. Aggregate amount reported in section 503(b)(7)(A) notices of nondeductible section 162(e) dues	3	
4. If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5. Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the disclosures required for Part IV, line 1; Part IV, line 4; Part IV, line 5; Part I-A affiliated group (s); Part IV, line 2; and Part III-B, line 1. Also, complete this part for any additional information.

PART II B, LINE 1, LOBBYING ACTIVITIES:

EXPLANATION: FACE-TO-FACE MEETINGS WITH VARIOUS LEGISLATORS

SCHEDULE D
(Form 990)

Supplemental Financial Statements

2013
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

ALLEGHENY LAND TRUST

Employer identification number

25 1718611

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 9.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and grantmakers in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusions and legal control?		Yes <input type="checkbox"/> No <input type="checkbox"/>
6 Did the organization inform all grantmakers, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or other individual, or for any other purpose conferring impermissible private benefit?		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply):

- Preservation of land for public use (e.g., recreation or education)
- Preservation of an historically important landscape
- Protection of natural habitat
- Preservation of a certified historic structure
- Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation easement in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a <u>9</u>
b Total acreage restricted by conservation easements	2b <u>195.00</u>
c Number of conservation easements on a certified historic structure included in (a)	2c <u> </u>
d Number of conservation easements included in (a) acquired after 6/11/08, and not on a historic structure listed in the National Register	2d <u> </u>

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year: 0

4 Number of states where property subject to conservation easements is located: 1

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year: 200

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year: \$ 7,204.

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of sections 170(e)(1)(B)(i) and section 170(e)(1)(B)(ii)? Yes No

9 In Part XIII, provide to how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 959), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 959), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VII, line 1	▶ \$ <u> </u>
(j) Assets included in Form 990, Part X	▶ \$ <u> </u>

2 The organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 959) relating to those items:

a Revenues included in Form 990, Part VII, line 1	▶ \$ <u> </u>
b Assets included in Form 990, Part X	▶ \$ <u> </u>

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accounts, records, and other records, check any of the following that are a significant use of its collected items. (Check all that apply.)

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's endowments and explain how they further the organization's exempt purpose in Part X, I.

5 During the year, did the organization seek to receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained by part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other fiduciary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

		to	from	Amount
c Beginning balance				
d Additions during the year				
e Distributions during the year				
f Ending balance				

2a Did the organization exercise any power on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) 120 days back	(d) 180 days back	(e) 180 days less
1a Beginning of year balance	1,511,565.	1,171,205.	843,267.	391,330.	197,431.
b Contributions	261,311.	15,315.	161,103.	127,252.	21,200.
c Net investment earnings, gains, and losses	167,137.	129,353.	5,724.	120,372.	74,363.
d Grants or scholarships					
e Other expenditures for facilities and program	2,261.	1,000.	20,501.		
f Administration expenses	7,340.	5,608.	5,373.		
g End of year balance	1,947,910.	1,372,236.	1,181,804.	445,354.	251,216.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ **84.34** %
- b Permanent endowment ▶ **14.19** %
- c Temporarily restricted endowment ▶ **1.47** %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered by the organization:

	Yes	No
(i) unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>

b If "Yes" to 3a(i), are the related organizations listed as required on Schedule R? 3b.1

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		10,871,585.		10,871,585.
b Buildings				
c Leased improvements				
d Equipment		39,573.	32,455.	7,118.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (d), line 10(c).) ▶ 10,878,703.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part X, line 11a. See Form 990, Part X, line 12.

(a) Description of security or category (including name of issuer)	(b) Book value	(c) Method of valuation: Cost or end of year market value
1) Financial derivatives		
2) Closely held equity interests		
3) Other		
4a		
4b		
5a		
5b		
6a		
6b		
7a		
7b		
8a		
8b		
Total. (Col. (b) must equal Form 990, Part X, col. (b) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end of year market value
1		
2		
3		
4		
5		
6		
7		
8		
9		
Total. (Col. (b) must equal Form 990, Part X, col. (b) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 15.

(a) Description	(b) Book value
1	
2	
3	
4	
5	
6	
7	
8	
9	
Total. (Col. (b) must equal Form 990, Part X, col. (b) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a or 11b. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. Federal income tax	
2	
3	
4	
5	
6	
7	
8	
9	
Total. (Col. (b) must equal Form 990, Part X, col. (b) line 25.)	

2. Liability for an unrelated business income tax (UBIT) (See Form 990, Part X, line 26). In Part X-1, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions (UTC) under F.N.48 (55.1743). Check here if the text of the footnote has been provided in Part X-1.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	1,358,480.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Not properly classified investments	2a	66,734.
b	Donated services and use of facilities	2b	
c	Recovery of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	10,767.
e	Add lines 2a through 2d	2e	77,501.
3	Subtract line 2e from line 1	3	1,280,979.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	7,246.
b	Other (Describe in Part XIII)	4b	-264,880.
c	Add lines 4a and 4b	4c	257,634.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,023,345.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	1,009,063.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	395,767.
e	Add lines 2a through 2d	2e	395,767.
3	Subtract line 2e from line 1	3	613,276.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	7,246.
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	7,246.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	620,522.

Part XIII Supplemental Information.

Provide the descriptions required for Part XI, lines 3, 5, and 9; Part III, lines 1a and 4; Part V, lines 1b and 3a; Part VI, line 4; Part X, line 2; Part XI, lines 2a and 4b, and Part XII, lines 2a and 4b. Attachments are filed separately to provide any additional information.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSE 10,767.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

IMPAIRMENT LOSS ON SALE OF PROPERTY NOT DEDUCTED ON PRIOR YEARS FORM 990 -264,880.

PART XII, LINE 2D OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 10,767.

LOSS ON IMPAIRMENT OF PROPERTY 385,000.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 395,767.

Part XIII Supplemental Information (continued)

PART II, LINE 9

EXPLANATION: CONSERVATION EASEMENTS ARE VALUED AT COST OR APPRAISED VALUE.

PART IV, LINE 11F

EXPLANATION: THE FINANCIAL ACCOUNTING STANDARDS BOARD ACCOUNTING STANDARDS CODIFICATION ON INCOME TAXES CLARIFIES RECOGNITION, MEASUREMENT, PRESENTATION AND DISCLOSURE RELATING TO UNCERTAIN TAX POSITIONS. ALLEGHENY LAND TRUST (ALT) EVALUATES UNCERTAIN TAX POSITIONS FOR RECOGNITION BY DETERMINING WHETHER EVIDENCE INDICATES IT IS MORE LIKELY THAN NOT THAT A POSITION WILL BE SUSTAINED IF EXAMINED BY TAXING AUTHORITIES. AS OF JUNE 30, 2014 AND 2013, ALT IS UNAWARE OF ANY UNCERTAIN TAX POSITIONS. ALT'S FEDERAL INCOME TAX AND EXCISE TAX RETURNS FOR TAX YEARS 2011 AND BEYOND REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 16, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-E. Lines 1 and 8b. List events with gross receipts greater than \$5,000.

	(a) Event #1		(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
	BARN EVENT			NONE	
	(Event type)	(Event type)	(Event type)	(Event type)	
Revenue					
1	Gross receipts	37,478.			37,478.
2	Less: Contributions	33,628.			33,628.
3	Gross income (line 1 minus line 2)	3,850.			3,850.
Direct Expenses					
4	Cash prizes				
5	Non-cash prizes				
6	Honor/facility costs				
7	Food and beverages				
8	Entertainment				
9	Other direct expenses	10,767.			10,767.
10	Direct expense summary. Add lines 4 through 9 in column (c)				10,767.
11	Net income summary. Subtract line 10 from line 3, column (c)				-6,917.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or a gaming more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull-tabs/20200 bingo/compression bings	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	Revenue			
1	Gross receipts			
2	Cash prizes			
3	Non-cash prizes			
4	Honor/facility costs			
5	Other direct expenses			
6	Volunteer labor	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
7	Direct expense summary. Add lines 2 through 5 in column (c)			
8	Net gaming income summary. Subtract line 7 from line 1, column (a)			

9. Enter the state(s) in which the organization operates gaming activities: _____
 a. Is the organization licensed to operate gaming activities in each of these states? Yes No
 b. If "No," explain: _____

10a. Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b. If "Yes," explain: _____

- 11 Does the organization operate gaming activities with members? Yes No
- 12 Is the organization a partner, beneficiary or trustee of a trust or a sole proprietor of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a. The organization's facility	13a	%
b. An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming 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? Yes No
- b. If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c. If "Yes," give 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

- a. Is the organization required under state law to make charitable distributions from the gaming proceeds to certain state gaming agencies? Yes No
- b. Enter the amount of distributions required under state law to be distributed to other exempt organizations or special in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2a, columns (c) and (d), and Part II, lines 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 28 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization: **ALLEGHENY LAND TRUST** Employer identification number: **25-1718611**

Part I Types of Property

	(a) Type of property	(b) Number of contributions (same contributor)	(c) Noncash contribution amounts reported on Form 990, Part VII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art			
2	Art - Historical treasures			
3	Art - Fractional interests			
4	Books and publications			
5	Clothing and household goods			
6	Cars and other vehicles			
7	Boats and planes			
8	Intellectual property			
9	Securities - Publicly traded			
10	Securities - Closely held stock			
11	Securities - Partnerships, L.P.s, or trust interests			
12	Securities - Miscellaneous			
13	Qualified pension contribution - Historic structures			
14	Qualified pension contribution - Other	X	1	385,000. FAIR MARKET VALUE
15	Real estate - Residential			
16	Real estate - Commercial			
17	Real estate - Other			
18	Collectibles			
19	Food quantity			
20	Drugs and medical supplies			
21	Inventory			
22	Historical artifacts			
23	Scientific specimens			
24	Archaeological artifacts			
25	Other ▶ ()			
26	Other ▶ ()			
27	Other ▶ ()			
28	Other ▶ ()			

29 Number of Forms 990 received by the organization during the tax year for contributions for which the organization completed Form 990, Part IV, Donee Acknowledgment: **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part III.		
31 Does the organization have any litigation policy that requires the review of any non-standard contributions?	X	
32a Does the organization have or use third parties or related organizations to solicit, process, or sell non-cash contributions?		X
b If "Yes," describe in Part III.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part III.		

Part II Supplemental information. Provide the information required by Part III, lines 32b, 32c, and 33, and describe the organization's reporting in Part I, column (c): the number of contributions, the number of items received, or a combination of both. Also describe this part for any additional information.

Table with multiple columns and rows, mostly containing dashes and faint text, representing supplemental information.

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

ALLEGHENY LAND TRUST

Employer identification number

25-1718611

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO SERVE AS THE LEAD LAND TRUST CONSERVING AND STEWARDING LANDS THAT SUPPORT THE SCENIC, RECREATIONAL AND ENVIRONMENTAL WELL BEING OF COMMUNITIES IN ALLEGHENY COUNTY AND ITS ENVIRONS.

FORM 990, PART VI, SECTION A, LINE 4:

EXPLANATION: THE BYLAWS WERE REVISED ON OCTOBER 24, 2013 AND INCLUDED THE FOLLOWING CHANGES:

ADDED ARTICLE 4.06 REGARDING REQUIRED ATTENDANCE OF BOARD MEETINGS AND ARTICLE 4.08 REGARDING REMOVAL OF A BOARD MEMBER BY A THREE-FOURTHS VOTE OF THE SITTING MEMBERS OF THE BOARD.

ARTICLE 4.13 CHANGED THE DEFINITION OF A QUORUM FROM 40% OF DIRECTORS IN OFFICE TO 51% OF DIRECTORS IN OFFICE.

ARTICLE 5.02 CHANGED THE DEFINITION OF THE EXECUTIVE COMMITTEE FROM THREE OR MORE DIRECTORS OF THE CORPORATION TO THE FOUR OFFICERS OF THE BOARD.

ARTICLES 6.03, 6.04, AND 5.25 DEFINED THE FOLLOWING COMMITTEES: FINANCE/AUDIT, GOVERNANCE, AND PROVIDED FOR THE ESTABLISHMENT OF ONE OR MORE ADVISORY COMMITTEE.

ARTICLE 7.05 PROVIDED FOR ELECTRONIC VOTING IF CONSENTED TO IN WRITING BY ALL OF THE DIRECTORS IN OFFICE.

Name of the organization

ALLEGHENY LAND TRUST

Employer identification number

25-1718611

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE FORM 990 WILL BE PRESENTED TO THE AUDIT COMMITTEE FOR REVIEW AND DISCUSSION. ALL QUESTIONS WILL BE DISCUSSED AND RESOLVED. AFTER THE AUDIT COMMITTEE REVIEW IS COMPLETE, THE FORM 990 WILL BE PRESENTED TO THE FULL BOARD OF DIRECTORS FOR FURTHER REVIEW, DISCUSSION AND ADJUSTMENT. UPON APPROVAL, THE BOARD WILL PASS A FINAL RESOLUTION APPROVING THE FILING OF THE FEDERAL FORM 990.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: IT IS THE POLICY OF ALLEGHENY LAND TRUST ("ALT") THAT ALL ALT DIRECTORS, OFFICERS, EMPLOYEES, INTERNS AND OTHER PERSONS SERVING ON ALT COMMITTEES ("ALT COVERED PERSONS") SHALL DISCLOSE REAL OR PERCEIVED CONFLICTS OF INTEREST INVOLVING ALT AND AN INTERESTED PERSON AND THAT SUCH CONFLICTS SHALL BE ADDRESSED BY ALT IN A MANNER THAT WILL FULLY PROTECT THE INTEGRITY AND REPUTATION OF ALT AS WELL AS ALT COVERED PERSONS AND INTERESTED PERSONS.

ALT COVERED PERSONS MUST READ AND SIGN THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS AS THE BEGINNING OF EACH FISCAL YEAR. A COMPLETED CONFLICT OF INTEREST DISCLOSURE STATEMENT MUST BE SUBMITTED TO THE PRESIDENT & CEO OF ALT AT THE BEGINNING OF EACH FISCAL YEAR.

IN THE EVENT OF A POTENTIAL CONFLICT OF INTEREST INVOLVING A DIRECTOR, OFFICER, THE PRESIDENT & CEO, OR OTHER PERSON SERVING ON AN ALT COMMITTEE, IT IS THE OBLIGATION OF ANY SUCH PERSON TO DISCLOSE THE POTENTIAL CONFLICT BEFORE CONSIDERATION OF THE MATTER TO THE CHAIRMAN OF THE BOARD, WHO WILL REFER THE CONFLICT TO THE GOVERNANCE COMMITTEE OF THE BOARD. (IN THE EVENT THE CHAIRMAN OF THE BOARD IS REQUIRED TO DISCLOSE A POTENTIAL CONFLICT OF

Name of the organization

ALLECHENY LAND TRUST

Employer identification number

25 1718611

INTEREST, HE OR SHE SHALL MAKE THE REQUIRED DISCLOSURE TO THE VICE CHAIRMAN WHO WILL REFER THE MATTER TO THE GOVERNANCE COMMITTEE.) THE GOVERNANCE COMMITTEE SHALL PROMPTLY REVIEW, MAKE RECOMMENDATIONS AND DISCLOSE ACTIONS TAKEN AT THE NEXT BOARD MEETING.

IN THE EVENT OF A POTENTIAL CONFLICT OF INTEREST INVOLVING ANY EMPLOYEE (OTHER THAN THE PRESIDENT & CEO) OR INTERN, IT IS THE OBLIGATION OF ANY SUCH PERSON TO DISCLOSE THE POTENTIAL CONFLICT, IN WRITING, TO THE PRESIDENT & CEO WHO WILL REVIEW THE MATTER, TAKE APPROPRIATE ACTIONS AND PROMPTLY REPORT SUBSTANTIVE CONFLICT ISSUES TO THE CHAIRMAN OF THE BOARD. THE CHAIRMAN SHALL DETERMINE IF THE MATTER SHOULD BE REFERRED TO THE GOVERNANCE COMMITTEE FOR FURTHER REVIEW AND REPORT TO THE BOARD.

THE ALT COVERED PERSON INVOLVED IN ANY POTENTIAL CONFLICT OF INTEREST SHALL ABIDE BY ANY DIRECTIVE FROM THE CHAIR OF THE BOARD, THE CHAIR OF THE GOVERNANCE COMMITTEE OR PRESIDENT & CEO RELATING TO THE AVOIDANCE OF THE POTENTIAL CONFLICT.

WHEN A TRANSACTION, CONTRACT, OR PROJECT OF ALT INVOLVES AN ACTUAL, POTENTIAL, OR PERCEIVED CONFLICT OF INTEREST WITH AN ALT COVERED PERSON OR AN INTERESTED PERSON, THE BOARD SHALL APPROVE SUCH TRANSACTION, CONTRACT, OR PROJECT ONLY AFTER MAKING SPECIFIC FINDINGS THAT IT IS FAIR AND BENEFITS ALT AND ITS OBJECTIVES; IT IS APPROVED WITH THE BOARD'S FULL KNOWLEDGE OF ITS FINANCIAL OR OTHER BENEFIT TO THE COVERED PERSON WHO HAS THE CONFLICT OF INTEREST; WHEN THE COVERED PERSON IS A DIRECTOR, THE DIRECTOR DID NOT PARTICIPATE IN THE VOTE APPROVING IT, AND WAS IN FACT, ABSENT (AND NOT COUNTED TOWARD A QUORUM) BOTH DURING THE DISCUSSION AND WHEN THE BOARD VOTED ON IT; AND A MORE ADVANTAGEOUS ARRANGEMENT COULD NOT HAVE BEEN

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Schedule O (Form 990 or 990-E) (2013)

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OBTAINED WITH REASONABLE EFFORT, INCLUDING THE SOLICITATION OF MULTIPLE BIDS.

WHEN WARRANTED BY THE NATURE AND MAGNITUDE OF THE CONFLICT OF INTEREST, THE BOARD WILL REQUEST THAT A CONFLICTED ALT COVERED PERSON RESIGN.

FORM 990, PART VI, SECTION B, LINE 15A:

EXPLANATION: THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS IS RESPONSIBLE FOR REVIEWING THE PERFORMANCE AND COMPENSATION OF THE PRESIDENT & CEO WHO IS RESPONSIBLE FOR REVIEWING THE PERFORMANCE AND COMPENSATION OF ALL OTHER EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: UPON REQUEST

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

IMPAIRMENT LOSS ON SALE OF PROPERTY NOT DEDUCTED ON PRIOR YEARS FORM 990	264,880.
IMPAIRMENT LOSS ON LAND NOT SOLD TO DATE	-385,000.
TOTAL TO FORM 990, PART XI, LINE 9	-120,120.

FORM 990, PART XI, LINE 8: PRIOR PERIOD ADJUSTMENT

EXPLANATION: DURING THE YEAR ENDED JUNE 30, 2014, ALLEGHENY LAND TRUST (ALT) CHANGED ITS EASEMENT VALUATION POLICY TO RESULT IN THE IMMEDIATE IMPAIRMENT OF DONATED EASEMENTS. DUE TO THE INDUSTRY IN WHICH ALT OPERATES, MANAGEMENT BELIEVES THIS VALUATION METHOD IS PREFERABLE AS THE EASEMENTS HAVE NO MARKET VALUE TO ALT. THE CHANGE IN ACCOUNTING PRINCIPLE HAS BEEN APPLIED TO PRIOR YEARS BY RETROACTIVELY RESTATING

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THE FINANCIAL STATEMENTS. THE EFFECT OF THIS RESTATEMENT WAS TO DECREASE PERMANENTLY RESTRICTED PROPERTY, IMPROVEMENTS, AND EASEMENTS AND PERMANENTLY RESTRICTED NET ASSETS AS OF JULY 1, 2012 BY \$477,500.

Table with multiple columns and rows, mostly containing dashes and faint text, likely representing a financial statement or schedule.