

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

June 30, 2013

Prepared for

Allegheny Land Trust
409 Broad Street No. 206B
Sewickley, PA 15143

Prepared by

Sisterson & Co. LLP
310 Grant Street Suite 2100
Pittsburgh, PA 15219

Amount due or refund Not applicable

Make check payable to Not applicable

Mail tax return and check (if applicable) to Not applicable

Return must be mailed on or before Not applicable

Special Instructions This copy of return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

Form 990

Department of the Treasury
Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning JUL 1, 2012 and ending JUN 30, 2013

B Check if applicable:

- Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization

ALLEGHENY LAND TRUST

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

409 BROAD STREET

Room/suite

206B

City, town, or post office, state, and ZIP code

SEWICKLEY, PA 15143

D Employer identification number

25-1718611

E Telephone number

412-741-2750

G Gross receipts \$ 3,328,105.

H(a) Is this a group return for affiliates? Yes NoH(b) Are all affiliates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ►

I Tax-exempt status: 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527

J Website: ► WWW.ALLEGHENYLANDTRUST.ORG

K Form of organization: Corporation Trust Association Other ► L Year of formation: 1993 M State of legal domicile: PA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO SERVE AS THE LEAD LAND TRUST CONSERVING AND STEWARDING LANDS THAT SUPPORT THE SCENIC,
	2 Check this 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 VI, line 1a) 3 24
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 24
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 5
	6 Total number of volunteers (estimate if necessary) 6 455
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
	b Net unrelated business taxable income from Form 990-T, line 34 7b 0.

Revenue	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h) 1,434,516.	2,847,708.	
9 Program service revenue (Part VIII, line 2g) 16,570.	0.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -224,451.	69,065.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 31,056.	-52.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,257,691.	2,916,721.	

Expenses	Prior Year	Current Year
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 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 5-10) 278,318.	301,845.	
16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ► 96,993.	0.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 557,531.	368,489.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 835,849.	670,334.	
19 Revenue less expenses. Subtract line 18 from line 12 421,842.	2,246,387.	

Net Assets or Fund Balances	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16) 11,022,554.	13,249,423.	
21 Total liabilities (Part X, line 26) 84,084.	22,099.	
22 Net assets or fund balances. Subtract line 21 from line 20 10,938,470.	13,227,324.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	► Signature of officer 	Date 11/19/13
	► CHRISTOPHER J. BEICHNER, EXECUTIVE DIRECTOR Type or print name and title	

Paid Preparer	Print/Type preparer's name MICHAEL M. COMSTOCK	Preparer's signature 	Date 11/11/13	Check <input type="checkbox"/> self-employed PTIN P00474378
Use Only	Firm's name SISTERSON & CO. LLP		Firm's EIN 25-1467156	
	Firm's address 310 GRANT STREET SUITE 2100 PITTSBURGH, PA 15219		Phone no. 412-281-2025	

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes No

232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2012)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

Schedule O contains a response to any question in this Part I.

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 this Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule C

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 C

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)(4) 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 (Total) Expenses \$ 437,470, including grants \$ 0, 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.

4b (Total) Expenses \$ 0, including grants \$ 0, Revenue \$ 0

4c (Total) Expenses \$ 0, including grants \$ 0, Revenue \$ 0

4d Other program services (Describe in Schedule O)

(Expenses \$ 0, including grants \$ 0, Revenue \$ 0)

4e Total program service expenses ► 437,470

Part IV Checklist of Required Schedules

	<u>Yes</u>	<u>No</u>
1. Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	1 X	2
2. Is the organization required to complete Schedule B, Schedule of Contributions?	3 X	4
3. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	5 X	6
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.	7 X	8
5. Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	9 X	10
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.	11 X	12
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.	13 X	14
8. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	15 X	16
9. Did the organization report an amount in Part X, line 2* for escrow or custodial account safety, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	17 X	18
10. Did the organization, directly or through a related organization, hold assets in temporarily restricted encumbrances, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	19 X	20
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.	21	22
a. Did the organization report an amount for land, buildings, and improvements in Part X, line 107? If "Yes," complete Schedule D, Part VI.	23 X	24
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.	25 X	26
c. Did the organization report an amount for investments - programs 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.	27 X	28
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.	29 X	30
e. Did the organization report an amount for other liabilities in Part X, line 21? If "Yes," complete Schedule D, Part X.	31 X	32
f. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	33 X	34
12a. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	35 X	36
b. Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	37 X	38
13. Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	39 X	40
14a. Did the organization maintain an office, employees, or agents outside of the United States?	41 X	42
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.	43 X	44
15. Did the organization report on Part IX, column (A), line 3, more than \$6,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	45 X	46
16. Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV.	47 X	48
17. Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part X, column (A), lines 11a and 11b? If "Yes," complete Schedule G, Part I.	49 X	50
18. Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 6a? If "Yes," complete Schedule G, Part II.	51 X	52
19. Did the organization report more than \$15,000 of gross income from gaming activities on Part VI, line 9a? If "Yes," complete Schedule G, Part III.	53 X	54
20a. Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	55 X	56
b. If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	57	58

Part IV, Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	<input checked="" type="checkbox"/>
22 Did the organization report more than \$6,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22	<input checked="" type="checkbox"/>
23 Did the organization answer "Yes" to Part VI, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23	<input checked="" type="checkbox"/>
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.	24a	<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period of exemption?	24b	<input type="checkbox"/>
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to release any tax-exempt bonds?	24c	<input type="checkbox"/>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<input type="checkbox"/>
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a	<input checked="" type="checkbox"/>
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete Schedule L, Part II.	25b	<input checked="" type="checkbox"/>
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or a qualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part III.	26	<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV.	27	<input checked="" type="checkbox"/>
28 Was the organization a party to a business transaction with one of the following names (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.	28a	<input checked="" type="checkbox"/>
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28b	<input checked="" type="checkbox"/>
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 director or indirect owner? If "Yes," complete Schedule L, Part IV.	28c	<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29	<input checked="" type="checkbox"/>
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.	30	<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31	<input checked="" type="checkbox"/>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.	32	<input checked="" type="checkbox"/>
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 R, Part I.	33	<input checked="" type="checkbox"/>
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	34	<input checked="" type="checkbox"/>
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<input checked="" type="checkbox"/>
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b	<input type="checkbox"/>
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.	36	<input checked="" type="checkbox"/>
37 Did the organization conduct more than 6% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37	<input checked="" type="checkbox"/>
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 "Yes" are required to complete Schedule O.	38	<input checked="" type="checkbox"/>

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter 0 if not applicable	1a	11
b	Enter the number of Forms W-2G included in line 1a. Enter 0 if not applicable	1b	0
c	Did the organization comply with back-up withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	<input checked="" type="checkbox"/>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	5
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of Rows 1a and 2a is greater than 200, you may be required to e-file (see instructions)	2b	<input checked="" type="checkbox"/>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<input checked="" type="checkbox"/>
b	If "Yes," has it filed a Form 950-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	<input checked="" type="checkbox"/>
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form 1041-F90-22 k, Report of Foreign Bank and Financial Accounts	4b	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<input checked="" type="checkbox"/>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<input checked="" type="checkbox"/>
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	<input checked="" type="checkbox"/>
b	If "Yes," are the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	<input checked="" type="checkbox"/>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<input checked="" type="checkbox"/>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	<input checked="" type="checkbox"/>
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a persona benefit contract?	7e	<input checked="" type="checkbox"/>
f	Did the organization, during the year, buy premiums, directly or indirectly, on a co-senior benefit contract?	7f	<input checked="" type="checkbox"/>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8909 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(l)(3) supporting organizations. Did the sponsoring organization, or a donor advised fund maintained by it, a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.	8a	
a	Did the organization make any taxable distributions under section 4965?	8b	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	8c	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VII, line 52, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization denied 10 issue qualified health plans in more than one state?	13a	
b	Note: See the instructions for additional information the organization must report on Schedule O.		
c	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
d	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<input checked="" type="checkbox"/>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Schedule O contains a response to any question in this Part VI. [X]

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 material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	16	24
1b	Enter the number of voting members included in line 1a, above, who are independent.	16	24
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 management 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 aware during the year of a significant erosion of the organization's assets?	5	<input checked="" type="checkbox"/>
6	Did the organization have 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 one or more members of the governing body?	7a	<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions taken during the year by the following:		
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 VI, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide 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 Internal Revenue Code.)

		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.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	12a	<input checked="" type="checkbox"/>
b	Were officers, directors, or trustees, and key employees required to disclose conflicts of interest 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, comparability data, and contemporaneous substantiation of the deliberation and decision?		
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"/>
c	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	<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

- 1a State 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-T (Section 501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 - Own website
 - Another's website
 - Upon request
 - Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest 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
 Schedule O contains a response to any question in this Part VII.

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

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

- * List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0 in columns (D), (E), and (F) if no compensation was paid.

- * List all of the organization's current key employees, if any. See instructions for definition of "key employee".

- * List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 6c 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 who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- * List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees, officers; key employees; highest 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 (list any hours for related organizations below line)	(C) Position <small>(Do not check more than one box unless person is both officer and a director/trustee)</small>	(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
(1) PHILIP S. BROOKS EXECUTIVE DIR, 7/1/12 - 9/17/12	40.00	X	56,149,	0,	0.
(2) CHRISTOPHER J. REEDNER EXECUTIVE DIRECTOR 6/30/13	40.00	X	29,167,	0,	2,625,
(3) ADAM S. WILKINSON PRESIDENT/CHAIR	4.00	X	0,	0,	0,
(4) H. RANDY WEISS SECRETARY	4.00	X	0,	0,	0,
(5) DAVID P. MYRON TREASURER	4.00	X	0,	0,	0,
(6) DALE K. WADE VICE PRESIDENT, GOVERNANCE	4.00	X	0,	0,	0,
(7) TIM A. KALUSZCZAK VICE PRESIDENT, FINANCE	4.00	X	0,	0,	0,
(8) B. TIMOTHY STANNY VICE PRESIDENT, DEVELOPMENT	4.00	X	0,	0,	0,
(9) THOMAS SOWARD VICE PRESIDENT, LAND PROTECTION	4.00	X	0,	0,	0,
(10) STEPHEN DUTCH EXECUTIVE V.P./VICK CHAIR	4.00	X	0,	0,	0,
(11) JOELI CIBERRA DIRECTOR	2.00	X	0,	0,	0,
(12) KENNETH A. LASOTA DIRECTOR	2.00	X	0,	0,	0,
(13) WILLIAM J. PAIXAD DIRECTOR	2.00	X	0,	0,	0,
(14) LAURIE JOHNSON DIRECTOR	2.00	X	0,	0,	0,
(15) ROBIN MURRAY COICISON DIRECTOR	2.00	X	0,	0,	0,
(16) MARY BETTY RASSLINGER DIRECTOR	2.00	X	0,	0,	0,
(17) BRIDGET C. O'BRIEN, CPA 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 (list any hours for related organizations below line)	(C) Position (or officer, more than one officer, director, trustee, or key employee and a nonemployee)	(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) RAYMOND P. PARKER <u>DIRECTOR</u>	2.00	X	0.	0.	0.
119) CARL F. PRUITT <u>DIRECTOR</u>	2.00	X	0.	0.	0.
120) ANN CORURN <u>DIRECTOR</u>	2.00	X	0.	0.	0.
121) JEANNE A. ZAFPA <u>DIRECTOR</u>	2.00	X	0.	0.	0.
122) JOHN W. CHURGER, ESO. <u>DIRECTOR</u>	2.00	X	0.	0.	0.
123) KAREN L. RASTICK <u>DIRECTOR</u>	2.00	X	0.	0.	0.
124) PHED W. SHAW <u>DIRECTOR</u>	2.00	X	0.	0.	0.
125) JESSICA L. MOONEY <u>DIRECTOR</u>	2.00	X	0.	0.	0.
126) SUEANN K. BROUGHTON <u>DIRECTOR</u>	2.00	X	0.	0.	0.
1b Sub-total			► 85,316.	0.	2,625.
c Total from continuation sheets to Part VII, Section A			► 0.	0.	0.
d Total [add lines 1b and 1c]			► 85,316.	0.	2,625.
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 ► 0					

- 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.
- 5 Did any person listed on line 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.
- | | |
|-----|----|
| Yes | No |
| 3 | X |
| 4 | X |
| 5 | X |

Section B. Independent Contractors

1 Complete this table for your ten 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 organization'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 O contains a response to any question in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 53, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions taken in lieu of cash h Total. Add lines 1a-1f	1a _____ 1b _____ 1c <u>38,177.</u> 1d _____ 1e <u>151,500.</u> 1f <u>112,658,031.</u> 1g _____ h <u>1,767,193.</u>			
Program Service Revenue	2 a _____ b _____ c _____ d _____ e _____ f All other program service revenue g Total. Add lines 2a-2f		Business Code		
	3 Investment income (including dividends, interest, and other similar amounts)			<u>21,468.</u>	<u>21,468.</u>
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss)		(i) Real (ii) Personal		
	7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)		(i) Securities (ii) Other		
	8 a Gross income from fundraising events (not including \$ <u>38,177.</u> or contributions reported on line 1c. See Part V, line 18) b Less: direct expenses c Net income or (loss) from fundraising events			<u>445,050.</u>	<u>47,597.</u>
	9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities			<u>5,250.</u>	<u>-8,681.</u>
	10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory			<u>13,931.</u>	
	Miscellaneous Revenue		Business Code		
	11 a MISC. REVENUE-RELATED- b _____ c _____ d All other revenue e Total. Add lines 11a-11d		900099	<u>8,629.</u>	<u>8,629.</u>
	12 Total revenue. See instructions.			<u>2,916,721.</u>	<u>77,694.</u>
				0.	<u>-8,681.</u>

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part X.

Do not include amounts reported on lines 6b, 7b, 6b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part V, line 21.				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part V, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers and directors, trustees, and key employees	109,165.	66,692.	9,955.	32,518.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(3)(B)				
7 Other salaries and wages	159,732.	110,750.	14,548.	34,434.
8 Pension plan accruals and contributions (include section 401(c) and 403(b) employee contributions)	3,900.	3,540.	240.	120.
9 Other employee benefits	8,418.	5,201.	532.	2,685.
10 Payroll taxes	20,630.	13,701.	2,151.	4,778.
11 Fees for services (from employees).				
a Management				
b Legal	24,898.	2,079.	22,819.	
c Accounting	37,570.	10,928.	19,126.	7,516.
d Lobbying				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees	6,007.		6,007.	
g Other. If the amount exceeds 10% of line 26, column (A), attach line 11g expenses on Schedule O.	36,430.	27,478.	8,952.	
12 Advertising and promotion	310.		310.	
13 Office expenses	9,446.	1,483.	7,046.	917.
14 Information technology	14,004.	1,134.	12,145.	725.
15 Royalties				
16 Occupancy	55,970.	29,384.	14,493.	12,093.
17 Travel	7,168.	3,508.	3,660.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	357.		357.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,558.	681.	423.	454.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. List miscellaneous expenses in line 24c. If the amount exceeds 10% of line 26, column (A), attach line 24d expenses on Schedule O.				
a TRAIL DEVELOPMENT	142,616.	142,616.	0.	0.
b PLANNING AND DESIGN	9,015.	8,990.	25.	0.
c STEWARDSHIP EXPENSES	7,714.	7,714.	0.	0.
d REAL ESTATE TAXES	5,092.	0.	5,092.	0.
e All other expenses	10,334.	1,591.	7,990.	753.
25 Total functional expenses. Add lines 1 through 24d	670,334.	437,470.	135,871.	96,993.
26 Joint costs. Complete if you are only if the organization reported in column (B) and costs have a combined educational component and a lobbying component.				
Check here ► <input type="checkbox"/> I am using Schedule O for my 2012 Form 990.				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X.

		(A) Beginning of year	(B) End of year	
Assets	1 Cash - non-interest-bearing	1,140,715	1,497,482	
	2 Savings and temporary cash investments	27,755	5,203	
	3 Pledges and grants receivable, net	58,700	15,200	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule I		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 409(a)(9)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employee benefit plan organizations (see instr). Complete Part II of Schedule I		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	3,705	3,549	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,745,081		
	b Less accumulated depreciation	10b 30,148	8,922,396	
	11 Investments - publicly traded securities		817,483	927,343
	12 Investments - other securities. See Part V, line 11		12	
	13 Investments - program related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	51,800	85,713	
16 Total assets. Add lines 1 through 15 (must equal line 34)	11,022,554	13,249,423		
Liabilities	17 Accounts payable and accrued expenses	84,084	22,099	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	84,084	22,099	
	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	1,844,186	1,731,592
28 Temporarily restricted net assets		381,206	1,006,290	
29 Permanently restricted net assets		8,713,078	10,489,442	
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 principal, or current funds			30	
31 Fund or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		10,938,470	13,227,324	
34 Total liabilities and net assets/fund balances		11,022,554	13,249,423	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12)	<u>1</u>	2,916,721
2 Total expenses (must equal Part IX, column (B), line 25)	<u>2</u>	670,334
3 Revenue less expenses. Subtract line 2 from line 1	<u>3</u>	2,246,387
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<u>4</u>	10,938,470
5 Net unrealized gains (losses) on investments	<u>5</u>	42,467
6 Donated services and use of facilities	<u>6</u>	
7 Investment expenses	<u>7</u>	
8 Prior period adjustments	<u>8</u>	
9 Other changes in net assets or fund balances (explain in Schedule O)	<u>9</u>	0
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<u>10</u>	13,227,324

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question 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		
II If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	<u>2a</u>	X
I Yes <input type="checkbox"/> 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:		
<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?	<u>2b</u>	X
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c II 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	<u>2c</u>	X
I If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	<u>3a</u>	X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u>3b</u>	

SCHEDULE A

Public Charity Status and Public Support

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www.17k.com

2012

Open to Public Interaction

Name of the organization

Employer identification number

25-1710611

ALLEGHENY LAND TRUST

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 11, check only one box.)

- | | |
|-----|---|
| 1 | <input type="checkbox"/> A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). |
| 2 | <input type="checkbox"/> A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) |
| 3 | <input type="checkbox"/> A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii). |
| 4 | <input type="checkbox"/> A medical research organization or operated in conjunction with a hospital described in section 170(b)(1)(A)(ii). Enter the hospital's name, city, and state. |
| 5 | <input type="checkbox"/> An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) |
| 6 | <input type="checkbox"/> A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). |
| 7 | <input checked="" type="checkbox"/> An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) |
| 8 | <input type="checkbox"/> A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) |
| 9 | <input type="checkbox"/> An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1976. See section 508(a)(2). (Complete Part II.) |
| 10 | <input type="checkbox"/> An organization organized and operated exclusively to test for public safety. See section 609(a)(4). |
| 11 | <input type="checkbox"/> 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 supporting organization and complete lines 11b through 11h. |
| 11a | <input type="checkbox"/> Type I <input type="checkbox"/> Type II <input type="checkbox"/> Type III - Functionally integrated <input type="checkbox"/> Type II - Non-functionally integrated |
| 11b | By checking this box, certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). |
| 11c | If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box. |
| 11d | Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? |
| 11e | (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? <input type="checkbox"/> Yes <input type="checkbox"/> No
11g(i) |
| 11f | (ii) A family member of a person described in (i) above? <input type="checkbox"/> Yes <input type="checkbox"/> No
11g(ii) |
| 11g | (iii) A 30% controlled entity of a person described in (i) or (ii) above? <input type="checkbox"/> Yes <input type="checkbox"/> No
11g(iii) |
| 11h | Provide the following information about the supported organizations: |

Tetral

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-SZ.

Schaeffle A/E Form 800 or 800-671-2012

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization fails 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,140,610.	843,248.	899,167.	1,423,210.	2,847,708.	8,153,943.
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	2,140,610.	843,248.	899,167.	1,423,210.	2,847,708.	8,153,943.
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 1, column (f)						1,133,344.
6 Public support, surviving lines 1-4						5,015,599.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	2,140,610.	843,248.	899,167.	1,423,210.	2,847,708.	8,153,943.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	17,810.	13,819.	18,007.	27,511.	21,468.	98,615.
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 V)	-877.	46,430.	55,584.	42,311.	8,629.	152,077.
11 Total support. Add lines 7 through 10						8,404,635.
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 this box and stop here						<input checked="" type="checkbox"/> [X]

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	59.68	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	67.79	%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check the box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/> [X]
b 33 1/3% support test - 2011. 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 checked="" type="checkbox"/> [X]
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and 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 checked="" type="checkbox"/> [X]
b 10% -facts-and-circumstances test - 2011. 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 checked="" type="checkbox"/> [X]
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 checked="" type="checkbox"/> [X]

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

(Complete only if you checked the box on line 9 of Part I, or if the organization failed to qualify under Part I. 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Fair 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 disqualified persons.						
7b Amounts included on lines 4 and 5 received from other than disqualified persons that exceed the greater of \$10,000 or 1% of the amount on line 6 for the year.						
c Add lines 7a and 7b.						
8 Public support supportable (see §						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (from section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV).						
13 Total support (add lines 9, 10, 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)(3) organization, check this box and stop here.						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 6, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part I, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part I, line 17	18	%
19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 16 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.	19a	%
b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.	19b	%
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.	20	%

Total support

Schedule A (Form 990 or 990-EZ) 2012

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Name of the organization

Employer identification number

ALLEGHENY LAND TRUST25-1718612

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

 501(c)(3) (exempt organization) 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$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 509(a)(1) and 170(b)(1)(A)(vi) 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 1b, 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, II, and III.
- 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 none exclusively religious, charitable, etc., contributions of \$5,000 or more during the year.

► 5

Citation: 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 2, of its Form 990, or check the box on Line H of its Form 990-EZ or on Part I, Line 2 of its Form 990-PF, 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) (2012)

Name of organization

Employer identification number

ALLEGHENY LAND TRUST

25-1718611

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		\$ 151,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 110,671.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 366,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 1,330,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employee identification number

ALLEGHENY LAND TRUST

25-1718611

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	<u>10.03 ACRES OF LAND</u>	\$ <u>350,000</u>	<u>12/17/12</u>
6	<u>88.631 ACRES OF LAND</u>	\$ <u>1,330,000</u>	<u>12/14/12</u>
7	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
8	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
9	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
10	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
11	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Name of organization

Employee identification number

ALLEGHENY LAND TRUST

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 (a) through (e) and the following line entry. For organizations completing Part III, enter the total, if exclusively religious, charitable, etc., contributions of \$1,000 or less for the year, from subsections (a) through (e). ► \$ _____. Use duplicate copies of Part II if additional space is needed.

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

► Complete if the organization answered "Yes" to Form 990.

Part IV, line 6, 7, 8, 8, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2012Open to Public
Inspection

Name of the organization

ALLEGHENY LAND TRUSTEmployer identification number
25-1718611**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

- | | (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 donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conforming to permissible private benefit? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

- Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input checked="" type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input checked="" type="checkbox"/> Preservation of open space	
- Completion lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

2a	Held at the End of the Tax Year
2b	169.00
2c	
2d	
- Total number of conservation easements **2a** **8**
- Total acreage restricted by conservation easements **2b** **169.00**
- Number of conservation easements on a certified historic structure included in (a) **2c**
- Number of conservation easements included in (c) acquired after 8/1/06, and not on a historic structure listed in the National Register **2d**
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► **0**
- Number of states where property subject to conservation easement is located ► **1**
- 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**
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► **200**
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► **\$ 6,380.**
- Does each conservation easement reported on the 2(c) above satisfy the requirements of section 170(e)(4)(B)(v) and section 170(f)(4)(B)(ii)? **Yes No**
- In Part XII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

- If the organization elected, as permitted under SFAS 116 (ASC 956), 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 XII, the text of the footnote to its financial statements that describes these items.
- If the organization elected, as permitted under SFAS 116 (ASC 956), 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:
 - Royalties included in Form 990, Part VIII, line 1 ► \$ _____
 - Assets included in Form 990, Part X ► \$ _____
- If the organization received or held works of art, historical treasures, or other similar assets for more than one year, provide the following amounts required to be reported under SFAS 116 (ASC 956) relating to these items:
 - Royalties included in Form 990, Part VIII, line 1 ► \$ _____
 - Assets included in Form 990, Part X ► \$ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a Public exhibitiond Loan or exchange programsb Scholarly researche Other _____c Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as 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 24.

1a Is the organization an agent, trustee, custodian or other informed party for contributions or other assets not included on Form 990, Part X?

 Yes No

b If "Yes," explain the arrangement in Part XI, and complete the following table:

	Amount
1a	_____
1b	_____
1c	_____
1d	_____
1e	_____
1f	_____

c Beginning balance _____

d Additions during the year _____

e Distributions during the year _____

f Ending balance _____

g Did the organization include an amount on Form 990, Part X, line 217? Yes No

h If "Yes," explain the arrangement in Part XII. Check here if the explanation was provided in Part X II.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,191,605	505,267	351,335	456,433	673,315
b Contributions	35,015	365,761	123,753	20,520	15,725
c Net investment earnings, gains, and losses	109,151	6,713	120,372	14,203	192,607
d Grants or scholarships	_____	_____	_____	_____	_____
e Other expenditures for facilities and programs	1,390	20,593	_____	_____	_____
f Administrative expenses	5,506	5,378	_____	_____	_____
g End of year balance	1,317,565	1,131,823	935,267	591,136	456,433

2 Provide the estimated percentage of the current year end balance (use 1/g. column 1) held as:

a Board designated or unrestricted endowment ► 82.98 %b Permanent endowment ► 16.22 %c Temporarily restricted endowment ► .80 %

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

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

 Yes No

b Unrelated organizations _____

 Yes No

c Related organizations _____

 Yes No

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

 Yes No

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	10,710,299	_____	_____	10,710,299
b Buildings	_____	_____	_____	_____
c Leasedhold improvements	_____	_____	_____	_____
d Equipment	34,782	30,148	4,634	_____
e Other	_____	_____	_____	_____
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (b), line 10(g))	10,714,933	_____	_____	_____

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (or name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
Total. (Col. (b)) must equal Form 990, Part X, col. (B), line 12.) ►		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

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

Part IX Other Assets. See Form 990, Part X, line 15.

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

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
(11) _____	
Total. (Column (b)) must equal Form 990, Part X, col. (B), line 25.) ►	

2. FIN 48 (ASC 740) Footnote: In Part X, I provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

6/2012

Schedule O (Form 990) 2012

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

1 Total revenue, gains, and other support per audited financial statements	1	2,973,119.
2 Amounts included on line 1 but not on Form 990, Part VI, line 12		
a Net unrealized gains on investments	2a	42,467.
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XII.)	2d	13,931.
e Add lines 2a through 2d	2e	56,398.
3 Subtract line 2e from line 1	3	2,916,721.
4 Amounts included on Form 990, Part VII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XII.)	4b	
c Add lines 4a and 4b	4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	2,916,721.

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

1 Total expenses and losses per audited financial statements	1	684,265.
2 Amounts included on line 1 but not on Form 990, Part X, line 2b		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XII.)	2d	13,931.
e Add lines 2a through 2d	2e	13,931.
3 Subtract line 2e from line 1	3	670,334.
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	
b Other (Describe in Part XII.)	4b	
c Add lines 4a and 4b	4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	670,334.

Part XIII. Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1b and 4; Part V, lines 1b and 2g; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part X, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES (\$13,931)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES (\$13,931)

PART II, LINE 9

CONSERVATION EASEMENTS ARE VALUED AT COST OR APPRAISED VALUE.

PART IV, LINE 11F

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, 2013 AND 2012, ALT IS UNAWARE OF ANY UNCERTAIN TAX POSITIONS. ALT'S FEDERAL INCOME TAX AND EXCISE TAX RETURNS FOR TAX YEARS 2010 AND BEYOND REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE.

SCHEDULE Q
(Form 890 or 990-EZ)

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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2012

**Open To Public
Inspection**

Explanation of the Summary of the Previous Lecture

Name of the organization:

Employer identification number
25-3232683

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

25-1718611

1. Indicate whether the organization is good, fair, or bad for the environment.

2 a Did the organization "have a written or oral agreement with any individual (including officers, directors, trustees or key employees) related to Form 990, 990-PF or 990-EZ, concerning compensation?"

b. If "Yes," Is the top highest paid individual or entity ("fundraiser") pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization?

Total
1700

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

-
PA

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

	(a) Event # <u>BARN EVENT</u> <u>Event type</u>	(b) Event # <u>Event type</u>	(c) Other events <u>NONE</u>	(d) Total events (add col. (a) through col. (c))
Revenue				
1 Gross receipts	43,427.			43,427.
2 Less: Contributions	38,177.			38,177.
3 Gross income (line 1 minus line 2)	5,250.			5,250.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/Hirety costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	13,931.			13,931.
10 Direct expense summary. Add lines 4 through 9 in column (d)				13,931.
11 Net income summary. Combine line 3, column (d), and line 10				-8,681.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1 Gross revenue				
2 Cash prizes				
3 Noncash prizes				
4 Rent/Hirety costs				
5 Other direct expenses				
6 Volunteer labor	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % No _____ %	
7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Combine line 1, column (d), and line 7				

9 Enter the state(s) in which the organization operates gaming activities

- a Is the organization licensed to operate gaming activities in each of those 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 nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated:
- The organization's facility 13a _____ %
 - 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 ► _____

- 16a 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," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

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

SCHEDULE M
(Form 990)Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

Employer identification number

ALLEGHENY LAND TRUST

25-1718611

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or terms contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, 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 - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - historic structures				
14 Qualified conservation contribution - Other	X	4	1,767,193	FAIR MARKET VALUE
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Tax dormy				
22 Historical artifacts				
23 Scientific specimens				
24 Archaeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part IV, Donor Acknowledgement

29

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?

b If "Yes," describe the arrangement in Part II

Yes No

30a X

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31 X

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

32a X

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (b) is checked,
describe in Part II

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

Schedule M (Form 990) (2012)

L7744
7/26/12

Supplemental Information to Form 990 or 990-EZ

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

09-15-12 1105 0047

2012

Open to Public
Inspection

Name of the organization

ALLEGHENY LAND TRUST

Employer identification number
25-1718611

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

RECREATIONAL AND ENVIRONMENTAL WELL-BEING OF COMMUNITIES IN ALLEGHENY COUNTY AND ITS ENVIRONS.

FORM 990, PART VI, SECTION A, LINE 3; THE ORGANIZATION DELEGATED CONTROL OVER MANAGEMENT DUTIES CUSTOMARILY PERFORMED BY OR UNDER THE DIRECT SUPERVISION OF OFFICERS, DIRECTORS, TRUSTEES OR KEY EMPLOYEES TO BROOKS CONSULTING, LLC. BROOKS CONSULTING PERFORMED THESE DUTIES FROM JULY 1, 2012 TO SEPTEMBER 17, 2012.

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

LHA. For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
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Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization

ALLEGHENY LAND TRUSTEmployer identification number
25-1718611

AN ANNUAL BASIS AS THE BEGINNING OF EACH FISCAL YEAR, A COMPLETED CONFLICT OF INTEREST DISCLOSURE STATEMENT MUST BE SUBMITTED TO THE EXECUTIVE DIRECTOR OF ALT AT THE BEGINNING OF EACH FISCAL YEAR.

IN THE EVENT OF A POTENTIAL CONFLICT OF INTEREST INVOLVING A DIRECTOR, OFFICER, THE EXECUTIVE DIRECTOR, 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 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 EXECUTIVE DIRECTOR) OR INTERN, IT IS THE OBLIGATION OF ANY SUCH PERSON TO DISCLOSE THE POTENTIAL CONFLICT, IN WRITING, TO THE EXECUTIVE DIRECTOR 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 EXECUTIVE DIRECTOR RELATING TO THE AVOIDANCE OF THE POTENTIAL CONFLICT.

Name of the organization

ALLEGHENY LAND TRUST

Employer identification number

25-1718611

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 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: THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS IS RESPONSIBLE FOR REVIEWING THE PERFORMANCE AND COMPENSATION OF THE EXECUTIVE DIRECTOR WHO IS RESPONSIBLE FOR REVIEWING THE PERFORMANCE AND COMPENSATION OF ALL OTHER EMPLOYEES. THE COMPENSATION WAS REVIEWED BY AN INDEPENDENT CONSULTANT WITH RECOMMENDATIONS BROUGHT BEFORE THE BOARD OF DIRECTORS FOR DISCUSSION.

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

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Schedule O (Form 990 or 990-EZ) (2012)