

Form **990**

**Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047  
**2014**  
Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2014 calendar year, or tax year beginning **JUL 1, 2014** and ending **JUN 30, 2015**

<b>H</b> <input checked="" type="checkbox"/> <b>Part I</b> <b>Part II</b> <b>Part III</b> <b>Part IV</b> <b>Part V</b> <b>Part VI</b> <b>Part VII</b> <b>Part VIII</b> <b>Part IX</b> <b>Part X</b> <b>Part XI</b> <b>Part XII</b> <b>Part XIII</b> <b>Part XIV</b> <b>Part XV</b> <b>Part XVI</b> <b>Part XVII</b> <b>Part XVIII</b> <b>Part XIX</b> <b>Part XX</b> <b>Part XXI</b> <b>Part XXII</b> <b>Part XXIII</b> <b>Part XXIV</b> <b>Part XXV</b> <b>Part XXVI</b> <b>Part XXVII</b> <b>Part XXVIII</b> <b>Part XXIX</b> <b>Part XXX</b>	<b>C</b> Name of organization <b>ALLEGHENY LAND TRUST</b> Doing business as Number and street (or P.O. box) and city or town, state or territory, or country <b>416 THORN STREET</b> City or town, state or province, country, and ZIP or foreign postal code <b>SEWICKLEY, PA 15143</b>	<b>D</b> Employer identification number <b>25-1718611</b>
	<b>E</b> Telephone number <b>412 741 2750</b>	

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

**I** Tax-exempt status:  501(c)(3)  501(c)(2)  501(c)(29)  501(c)(42)  501(c)(6)  501(c)(25)  501(c)(28)

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

**K** Form of organization:  Corporation  Trust  Association  Sole proprietorship  Other  **L** Year of incorporation: **1993** **M** State of incorporation: **PA**

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization disclosed its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VII, line 1a)	<b>3</b>	<b>18</b>
<b>4</b>	Number of independent voting members of the governing body (Part VII, line 1b)	<b>4</b>	<b>18</b>
<b>5</b>	Total number of individuals employed in calendar year 2014 (Part VII, line 2a)	<b>5</b>	<b>15</b>
<b>6</b>	Total number of contractors (not casual helpers)	<b>6</b>	<b>625</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (G), line 12	<b>7a</b>	<b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-E, line 34	<b>7b</b>	<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 13)	<b>Prior Year</b> <b>983,679.</b>	<b>Current Year</b> <b>3,023,342.</b>
<b>9</b>	Program service revenue (Part VIII, line 2c)	<b>0.</b>	<b>5,666.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3-4 and 6)	<b>1,669.</b>	<b>84,420.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6, 8, 9, 10, and 11)	<b>37,997.</b>	<b>14,780.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (G), line 12)	<b>1,023,345.</b>	<b>3,098,648.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), line 13)	<b>0.</b>	<b>1,023,371.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>343,116.</b>	<b>401,183.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11)	<b>0.</b>	<b>0.</b>
<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 2)	<b>113,631.</b>	
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11e-11f)	<b>277,406.</b>	<b>298,482.</b>
<b>18</b>	Total expenses - add lines 13-17 (must equal Part IX, column (A), line 2)	<b>620,522.</b>	<b>1,723,036.</b>
<b>19</b>	Revenue less expenses - Subtract line 18 from line 12	<b>402,823.</b>	<b>1,375,612.</b>
<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>13,193,696.</b>	<b>End of Year</b> <b>14,385,055.</b>
<b>21</b>	Total liabilities (Part X, line 16)	<b>94,435.</b>	<b>50,175.</b>
<b>22</b>	Net assets or fund balances - Subtract line 21 from line 20	<b>13,099,261.</b>	<b>14,334,880.</b>

**Part II Signature Block**

Under penalty 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 and all other information submitted herewith are true and correct. I am a duly licensed preparer for the year 2014.

**Sign Here**  **Supplemental**  **Other**

**CHRISTOPHER J. BEICHER, PRESIDENT & CEO**  
Type or print name and title

**Preparer's name** **Preparer's signature** **Title** **Preparer's phone number**

**Paid** **MICHAEL M. COMSTOCK** **P00474378**

**Preparer's name** **SISTERSON & CO., LLP** **25 1467156**

**Preparer's address** **310 GRANT STREET SUITE 2100** **412 281 2025**

**PITTSBURGH, PA 15219**

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission or

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

Yes X No

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

3 Did the organization cease conducting, or make significant changes in how it conducted, any program services? Yes No

Yes X 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)(2) 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 Other program services: 1,449,014 1,023,371 5,666 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 Other program services: 1,449,014 1,023,371 5,666

4c Other program services: 1,449,014 1,023,371 5,666

4d Other program services (Describe in Schedule O)

Expenses

Grants

Revenues

4e Total program service expenses 1,449,014

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

- ▶ File a separate application for each return.
- ▶ Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a pre-qualified Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file 16 months for a corporation or required to file Form 990-11, or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 9970, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on [www.irs.gov/efile](http://www.irs.gov/efile) for **Eligible Filers & Requirements**.

## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 8868 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions	Enter filer's identifying number
	<b>ALLEGHENY LAND TRUST</b>	Employer identification number (EIN) or
	Number, street, and room or suite no. If a P.O. box, see instructions.	<b>25 1718611</b>
	<b>416 THORN STREET</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	<b>SEWICKLEY, PA 15143</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-11	01	Form 990-T (corporation)	07
Form 990-BI	02	Form 1041-A	08
Form 1120 (individual)	03	Form 4770 (other than individual)	09
Form 990-PF	04	Form 5013	10
Form 990-1 (sec. 401(a) or 408(a) trust)	05	Form 1099	11
Form 990-1 (trust other than above)	06	Form 1070	12

**CHRISTOPHER J. BEICHER**

- The books are in the care of ▶ **416 THORN STREET SEWICKLEY, PA 15143**  
Telephone No. ▶ **412 741 2750** Fax No. ▶

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Exemption, enter the organizational four digit Group Exemption Number (GEN) . If this is for the whole group, check the box . If this is for part of the group, check the box  and attach a list with the names and EINs of all members (see instructions).

1. Request an automatic 3-month (6 months for a corporation required to file Form 990-11) extension of time (a) **FEBRUARY 15, 2016** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
  - ▶  calendar year
  - ▶  tax year beginning **JUL 1, 2014** and ending **JUN 30, 2015**

2. If the tax year entered in this 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- |   |    |    |    |
|---|----|----|----|
| 3a. If this application is for Forms 990-B, 990-E, 990-11, 4750, or 6060, enter the tentative tax less any nonrefundable credits. See instructions.                                       | 3a | \$ | 0. |
| b. If this application is for Forms 990-PF, 990-11-4720, or 1041-A, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0. |
| c. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.                | 3c | \$ | 0. |

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-C and Form 8879 (EO) for payment instructions.

Part IV Checklist of Required Schedules

	Yes	No
1. Is the organization described in section 501(c)(2) or 504(c)(1) rather than a private foundation? If "Yes," complete Schedule A	1	X
2. Is the organization required to complete Schedule B, Schedule of Contributors?	2	X
3. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X
4. <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(c)(3) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X
5. Is the organization a section 501(c)(1), 501(c)(9), or 501(c)(26) organization that receives membership dues, assessments, or similar amounts as defined in Regulations 1.170(e)-1(f)? If "Yes," complete Schedule C, Part III	5	X
6. Did the organization maintain an endowment, a fund-raised fund, or any similar fund or accounts for which donors have the right to pre-define a purpose for the distribution or investment of amounts in such fund or accounts? If "Yes," complete Schedule D, Part I	6	X
7. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9. Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X
10. Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X
11. If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, V, 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	11a	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	11b	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	11c	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	11d	X
e. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X
12. 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 XI	12	X
12a. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	X
b. Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X
13. Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule F	13	X
14a. Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b. Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X
15. Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X
16. Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X
17. Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 5 and 11a? If "Yes," complete Schedule G, Part I	17	X
18. Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VI, lines 1c and 2a? If "Yes," complete Schedule G, Part II	18	X
19. Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 3a? If "Yes," complete Schedule G, Part III	19	X
20a. Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X
b. If "Yes," to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

**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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and II		X
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		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2007? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization issue any proceeds of tax-exempt bonds beyond a temporary period to caption?		
c Did the organization maintain an escrow account other than a revolving account at any time during the year to release any tax-exempt bonds?		
d Did the organization act as an issuer on behalf of, or issuer for, bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year and that the transaction has not been reported on any of the organization's past Forms 990 or 990-E? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amounts on Part X, line 6, 8, or 9 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		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 or other contribution to a member, or to a 501(c)(3) controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		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 special assets, or qualified non-cash 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 301.701-2 and 301.7701-2? If "Yes," complete Schedule R, Part I		X
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		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 Schedule R, Part V, 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 P, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Use the organization to complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

Form 990 (2014)

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any part of this Part V.

		Yes	No
1a	Enter the number reported in Box 3 of Form 1295. Enter 0 if not applicable.	11	
b	Enter the number of Forms W-2G included in line 1a. Enter 0 if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
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 without the year covered by this return.	15	
b	If at least one is reported on the attached the organization has it required federal employment tax returns? <i>Note.</i> The sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If Yes, has it filed a Form 990-E for this year? If No, to line 3b, 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	X
b	If Yes, enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If Yes, to line 5a or 5b, did the organization file Form 8878?	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	X
b	If Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
a	Did the organization receive a payment (value of \$75 or less) as a party to a prohibited transaction of the goods or services provided in the payment?	7a	X
b	If Yes, did the organization notify the donor of the value of the goods or services provided?	7b	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822?	7c	X
d	If Yes, indicate the number of Forms 8262 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8864 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 10860?	7h	
<b>8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</b>			
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
a	Did the sponsoring organization make any taxable distributions under section 513(b)?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
<b>10 Section 501(c)(7) organizations. Filtr</b>			
a	Inclusion fees and capital contributions included on Part V, I, line 1?	10a	
b	Gross receipts included on Form 990, Part III, line 12, for public use of club facilities.	10b	
<b>11 Section 501(c)(12) organizations. Filtr</b>			
a	Gross income from members or stockholders.	11a	
b	Gross income from other sources (do not include amounts paid to other sources against contracts due or received from them).	11b	
<b>12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 or Part of Form 1041?</b>			
b	If Yes, enter the amount of tax-exempt interest received or accrued during the year.	12b	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
a	Is the organization licensed to issue qualified health plans in more than one state? <i>Note.</i> See the instructions for additional information the organization must report on Schedule O.	13a	
b	From the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans:		
c	Enter the amount of reserves on hand.	13b	
d	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for a lease during the tax year?	14a	X
b	If Yes, has it filed a Form 990 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 16 below, and for a "No" response

to line 2a, 3b, or 15b below, describe the circumstances, processes, or changes in Schedule O. Non-exhaustive.

Check if Schedule O contains a response or note to any line 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 qualifications for members of the governing body, the qualifications listed in Schedule O must apply to all members. Enter the number of such members (e.g., "10 of 15").	10	
b	Enter the number of voting members included in the 1a above who are independent.	10	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate central or 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	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
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	X
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	X
8	Did the organization establish a committee to oversee the activities listed in 8a and 8b during the year of filing this Form 990?		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, and cannot be reached at the organization's mailing address? If "Yes," list the names and addresses in Schedule O.	9	X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a	10a	X
b	10b	
11a	11a	X
b		
12a	12a	X
b	12b	X
c	12c	X
13	13	X
14	14	X
15		
a	15a	X
b	15b	X
16a	16a	X
b	16b	

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **PA**
- 18 Section 5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-E (Section 5104(c)(2)(B) only) available to the public upon request. Indicate how you made them available. Check all that apply.
  - Over website  Another website  Upon request  Other (specify in Schedule O)
- 19 Describe in Schedule O whether and 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, address, and telephone number of the person who possesses the organization's books and records **CHRISTOPHER J. BEICHNER 412 741 2750 416 THORN STREET, SEWICKLEY, PA 15143**

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter "0" in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. List individuals for definition of "key employee."
- List all of the organization's **five** **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 3 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 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 their 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 for any weeks for which organization was below full- time	(C) Position held during the year for which this information is being reported	(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) STEPHEN POLICE CHAIRMAN	4.00	X	0.	0.	0.
(2) ROBERT STANSEL JOHNSON VICE CHAIRMAN	4.00	X	0.	0.	0.
(3) W. DAWSON REID SECRETARY	4.00	X	0.	0.	0.
(4) KAREN L. RANCIK TREASURER	4.00	X	0.	0.	0.
(5) SCARLENE K. BROOKHUIS DIRECTOR	2.00	X	0.	0.	0.
(6) THOMAS BECKWARD DIRECTOR	2.00	X	0.	0.	0.
(7) FRED W. BROWN DIRECTOR	2.00	X	0.	0.	0.
(8) ANN COPPEE DIRECTOR	2.00	X	0.	0.	0.
(9) CHRISTINE GRABIANO DIRECTOR	2.00	X	0.	0.	0.
(10) DAVIDER ANDERSON DIRECTOR	2.00	X	0.	0.	0.
(11) KENNETH A. LASOJA DIRECTOR	2.00	X	0.	0.	0.
(12) JESSICA L. MOOREY DIRECTOR	2.00	X	0.	0.	0.
(13) BRIAN C. D'ARRES, CPA DIRECTOR	2.00	X	0.	0.	0.
(14) RAYMOND P. PARKER DIRECTOR	2.00	X	0.	0.	0.
(15) CARL S. PROTTING DIRECTOR	2.00	X	0.	0.	0.
(16) STEVE SCHMIDTBERGER DIRECTOR	2.00	X	0.	0.	0.
(17) PALLY S. WATZ 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 (do not include for related organizations below line)	(C) Position	(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
1191 JAMES A. ZAPPA DIRECTOR	2.00	X	0.	0.	0.
1191 CHRISTOPHER J. BETCHNER PRESIDENT & CEO	40.00	X	107,888.	0.	10,233.
<b>1b Sub-total</b>			107,888.	0.	10,233.
<b>c Total from continuation sheets to Part VII, Section A</b>			0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>			107,888.	0.	10,233.
<b>2</b> 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
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on Form 1042? If yes, complete Schedule J for each individual	3	X
<b>4</b> 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	4	X
<b>5</b> 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	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 organization's tax year).

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
<b>2</b> 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 description of any item in this Part VIII

		(A) Total revenue	(B) Related or except function revenue	(C) Unrelated business revenue	(D) Revenue excluded from Schedule O (17-014)
Contributions, Gifts, Grants and Other Similar Amounts	1 a				
	b				
	c	34,947.			
	d				
	e	1,135,000.			
	f	1,853,395.			
	g	209,348.			
	h	3,023,342.			
	2 a MISCELLANEOUS REVENUE		900099	5,666.	5,666.
b					
c					
d					
e					
f					
g	5,666.				
Other Revenue	3		26,786.		26,786.
	4				
	5				
	6 a				
	b				
	c				
	d				
	7 a	851,409.	40,000.		
	b	775,300.	58,475.		
	c	76,109.	18,475.		
	d		57,634.		57,634.
	8 a	34,947.			
	b		4,900.		
	c		19,680.		
d		14,780.		14,780.	
9 a					
b					
c					
10 a					
b					
c					
11 a Miscellaneous Revenue		Business Code			
b					
c					
d					
e					
12	3,098,648.		5,666.	0.	69,640.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(29) organizations must complete all columns. All other organizations must complete columns (A) through (D).

Check if the schedule contains a response or note to any part of this Part IX.

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and individuals (See Part IV, line 21)	1,023,371.	1,023,371.		
2 Grants and other assistance to domestic individuals (See Part IV, line 22)				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals (See Part IV, lines 15 and 16)				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	123,126.	78,662.	16,089.	28,375.
6 For pension and retirement plans, pension payments, and annuities (See instructions) and payments described in Part III, 3.1.				
7 Other salaries and wages	229,409.	144,845.	31,761.	52,803.
8 Professional fees (including legal fees, audit or tax preparation fees, and fees for independent contractors)	3,884.	3,494.	260.	130.
9 Other employee benefits	16,208.	10,753.	901.	4,554.
10 Royalty fees	28,556.	18,070.	4,239.	6,247.
11 Fees for services from independent contractors				
a Management				
b Legal	33,035.	15,069.	17,966.	
c Accounting	43,458.	15,873.	21,227.	6,358.
d Lobbying				
e Professional fundraising fees (See Part III, line 12)				
f Investment management fees	7,885.		7,885.	
g Other (List the amounts on lines 12a through 12g, and the expenses on line 12b)	45,208.	33,735.	11,072.	401.
12 Advertising and promotion	1,594.	1,594.		
13 Office expenses	8,598.	3,961.	3,084.	1,553.
14 Information technology	8,753.	5,084.	1,633.	2,036.
15 Royalties				
16 Occupancy	67,777.	42,888.	15,318.	9,571.
17 Travel	9,122.	3,327.	5,795.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings (net)	3,050.	743.	2,307.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,937.	1,145.	333.	459.
23 Insurance				
24 Other expenses. Items reported on lines 24a through 24e are special expenses on line 24e. Items 24a through 24c are reported on line 24e, and items 24d and 24e are reported on line 24e				
a <b>LAND AND DEVELOPMENT</b>	35,960.	35,960.		
b <b>REGISTRATIONS</b>	14,087.	4,566.	8,377.	1,144.
c <b>REAL ESTATE TAXES</b>	7,552.		7,552.	
d <b>HONORARIUMS &amp; AWARDS</b>	5,682.	2,259.	3,423.	
e All other expenses	4,784.	3,615.	1,169.	
25 Total functional expenses. Add lines 1 through 24e	1,723,036.	1,449,014.	160,391.	113,631.
26 Joint costs. Check the box if the amount reported on this line represents a joint cost (see instructions)				

Part X Balance Sheet

Check if Schedule C contains a response to any item in this Part X

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash (non-interest-bearing)	1,164,243.	1	1,904,022.
	2	Savings and temporary cash investments	27,320.	2	16,894.
	3	Pledges and grants receivable, net	0.	3	841.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from officers and fund-raising directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4983B)(1), persons described in section 4983B)(2)(F), and contributing employees and sponsoring organizations of section 501(c)(29) voluntary employees' beneficiary organizations (see instructions). Complete Part III of Schedule L.		6	
	7	Notes and loans receivable, net		7	
	8	Inventory (for sale or use)		8	
	9	Prepaid expenses and deferred charges	3,629.	9	3,437.
	10a	Land, buildings, and equipment (cost or other basis). Complete Part IV of Schedule D.	11,334,616.		
	b	Less: accumulated depreciation	34,391.	10b	
			10,878,703.	10c	11,300,225.
			1,113,001.	11	1,127,417.
				12	
				13	
				14	
		6,800.	15	32,219.	
	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	<b>13,193,696.</b>	16	<b>14,385,055.</b>	
Liabilities	17	Accounts payable and accrued expenses	49,435.	17	50,175.
	18	Grants payable		18	
	19	Deferred revenue	45,000.	19	0.
	20	Tax-exempt bond liabilities		20	
	21	Notes or custodial account liability. Complete Part IV of Schedule D.		21	
	22	Loans and other payables to officers 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	
		<b>Total liabilities.</b> Add lines 17 through 25	<b>94,435.</b>	26	<b>50,175.</b>
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> <b>X</b> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	1,962,337.	27	2,064,405.
	28	Temporarily restricted net assets	451,695.	28	1,101,033.
	29	Permanently restricted net assets	10,685,229.	29	11,169,442.
	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 common funds		30	
	31	Fund or capital surplus or endowment, building, or equipment funds		31	
32	Retained earnings, endowment, accumulated surplus, or other funds		32		
33	<b>Total net assets or fund balances</b>	<b>13,099,261.</b>	33	<b>14,334,880.</b>	
34	<b>Total liabilities and net assets or fund balances</b>	<b>13,193,696.</b>	34	<b>14,385,055.</b>	

Form 990 (2014)

**Part XI Reconciliation of Net Assets**

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

	1	X
1	Total assets (plus or equal Part VIII, column (A), line 12)	3,098,648.
2	Total liabilities (plus or equal Part IX, column (A), line 28)	1,723,036.
3	Recurring expenses. Subtract line 2 from line 1	1,375,612.
4	Net assets or fund balances at beginning of year (trust equal Part X, line 33, column (A))	13,099,261.
5	Net (or netted) gains (losses) on investments	89,993.
6	Depleted services and use of facilities	
7	Investment expenses	
8	Interperiod adjustments	
9	Other changes in net assets or fund balances (explain in Schedule O)	-50,000.
10	Net assets or fund balances at end of year. Combine lines 2 through 9 (trust equal Part X, line 33, column (B))	14,334,880.

**Part XII Financial Statements and Reporting**

Check if Schedule O 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. 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? 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	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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?		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.		



**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 for the organization listed 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (do not include any amount paid to you by a governmental unit)	899,167.	1,421,210.	2,847,700.	983,679.	1,021,442.	9,173,196.
2 Tax revenue 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	899,167.	1,421,210.	2,847,700.	983,679.	1,021,442.	9,173,196.
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.						1,167,524.
6 Public support. Add lines 1 through 4						8,005,672.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	899,167.	1,421,210.	2,847,700.	983,679.	1,021,442.	9,173,196.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	18,007.	27,511.	21,468.	29,199.	26,786.	122,971.
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 VII)	55,584.	42,311.	8,629.	44,914.	5,666.	157,104.
11 Total support. Add lines 7 through 10						9,453,171.
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. ▶						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	61.43	%
15 Public support percentage from 2013 Schedule A, Part III, line 14	15	50.08	%
16a 33 1/3% support test - 2014. If the organization did not check the 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"/>			
16b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 15a, 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 - 2014. 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 VII how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>			
17b 10% facts-and-circumstances test - 2013. 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 VII 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 the first part of Part I for the organization to be qualified under Part III. 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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. 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 disqualified persons.						
b. Amounts included on lines 1, 2, and 3 received from disqualified persons more than 85% of the time during the calendar year.						
c. Add lines 7a and 7b.						
<b>8. Public support.</b> Add lines 6 and 7c.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 (less section 514 deduction) from the calendar year (lines 10a and 10b).						
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 VII).						
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)(3) organization, check this box and stop here. ▶						

**Section C. Computation of Public Support Percentage**

15. Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)).	15	%
16. Public support percentage from 2013 Schedule A, Part I, line 15.	16	%

**Section D. Computation of Investment Income Percentage**

17. Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)).	17	%
18. Investment income percentage from 2013 Schedule A, Part I, line 17.	18	%

- 19a. **33 1/3% support tests - 2014.** If the organization did not check the box on line 14, and line 15 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. ▶
- 19b. **33 1/3% support tests - 2013.** If the organization did not check a box on line 14 or line 16, 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. ▶
- 20. **Private foundation.** If the organization did not check a box on line 14, 15a, or 19b, the Form 990-E instructions apply. ▶

**Part IV: Supporting Organizations**

Complete only if you checked box (a) 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and also complete Part V.

**Section A. All Supporting Organizations**

	Yes	No
1. Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by 501(c)(3) or 501(c)(29), describe the designation, if any, and controlling relationship, explain.	1	
2. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a. Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (d) and (e) below.	3a	
b. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b	
c. Did the organization ensure that all support to such organizations was used exclusively for section 170(e)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	
4a. Was any supported organization not organized in the United States (federal or supported organization)? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c. Did the organization support any foreign supported organization that does not have an IRS determination under sections 507(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that a transfer to the foreign supported organization was used exclusively for section 170(e)(2)(B) purposes.	4c	
5a. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, describe in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's governing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b. <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c. <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c	
6. Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide details in <b>Part VI</b> .	6	
7. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(D)) a family member of a substantial contributor, or a 35 percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8. Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8	
9a. Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons (as defined in section 4946) (other than foundation managers and organizations described in section 509(a)(1) or (2)? If "Yes," provide details in <b>Part VI</b> .	9a	
b. Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide details in <b>Part VI</b> .	9b	
c. Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, an entity in which the supporting organization also had an interest? If "Yes," provide details in <b>Part VI</b> .	9c	
10a. Was the organization subject to the excess business holdings rules of IRC 4143 because of IRC 4043(d) (regarding neither Type II supporting organizations and all Type I (non-functionally integrated) supporting organizations)? If "Yes," answer (b) below.	10a	
b. Did the organization have any excess business holdings at the tax year? (See Schedule C, Form 4720, in determining whether the organization had excess business holdings.)	10b	

**Part IV Supporting Organizations (continued)**

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (d) and (e) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide details in Part VI	11c	

**Section B. Type I Supporting Organizations**

	Yes	No
1 Did the directors, trustees, or members of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supporting organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and to remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2	

**Section C. Type II Supporting Organizations**

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1	

**Section D. Type III Supporting Organizations**

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year: (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (a) appointed or elected by the supported organization(s) or (b) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization established a clear and continuing working relationship with the supported organization(s)	2	
3 By reason of the relationship described in (2), did the organization's supported organization(s) have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organization(s) played in this regard	3	

**Section E. Type III Functionally-Integrated Supporting Organizations**

1 (Check the box next to the method that the organization used to satisfy the Integral Part test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		Yes No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes. Also, note the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 30, 1970. See instructions. A:  
 other Type III non-functionally integrated supporting organizations must complete Sections A through F.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Adjusted net capital gain	1	
2	Reversals of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt use assets (see instructions for short tax year or assets held for part of year)		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VII)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 100% of line 3 for greater amount, see instructions	4	
5	Net value of non-exempt use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.5a	6	
7	Reversals of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line B, Column A)	1	
2	Enter 35% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line B, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount</b> . Subtract line 5 from line 4, and is subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accomplish exempt purposes			
2 Amounts paid to perform activities that directly further exempt purposes of supported organizations, in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purposes of supported organizations			
4 Amounts paid to acquire exempt-use assets			
5 Qualified reserve amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI). See instructions			
7 <b>Total annual distributions.</b> Add lines 1 through 6			
8 Distributions to attribute supported organizations to which the organization's responsive spouse details in Part VI. See instructions			
9 Distributable amount for 2014 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
	(i)	(ii)	(iii)
<b>Section E - Distribution Allocations (see instructions)</b>	<b>Excess Distributions</b>	<b>Underdistributions Pre-2014</b>	<b>Distributable Amount for 2014</b>
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required - see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f <b>Total of lines 3a through e</b>			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2011 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero - see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 2h and 4b from line 1 (if amount greater than zero - see instructions).			
7 <b>Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Part VI Supplemental Information. Provide the explanations required by Part III, line 10; Part IV, line 17; or 17b; and Part II, line 12.

Also complete this part for any additional information (State or disclosure).

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

OMB No. 1545-0047  
2013-08-01**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](http://www.irs.gov/form990).

Form 990

**2014**

Name of the organization

Employer identification number

**ALLEGHENY LAND TRUST****25-1718611**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

 501(c)(3) public charity or 501(c)(29) tribal government 4947(b)(1) nonexempt charitable trust not treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(b)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(29) (a), or (1D) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$1,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1-301 equivalent list of the regulations under sections 170(e)(1)(A)(i) and 170(e)(1)(A)(ii), that checked Schedule A (Form 990 or 990-EZ), Part I, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$1,000 or (2) 2% of the contributor's Form 990, Part VII, line 1b, or Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(1), (a), or (1D) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the preservation of publicly to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (a), or (1D) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,500. 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 more than \$1,000 exclusively religious, charitable, etc., contributions totaling \$1,000 or more during the year. ▶ 5

**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** check "No" on Part V, line 2 of its Form 990; or check the box on the Ho 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).

**HA 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) (2014)**

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	COLCOM FOUNDATION TWO GATEWAY CENTER, STE 1800 PITTSBURGH, PA 15222	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
2	PA DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES P.O. BOX 8767, 400 MARKET ST. HARRISBURG, PA 17105	\$ 1,082,500.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
3	THE HEINZ ENDOWMENTS 625 LIBERTY AVENUE, 30TH FLOOR PITTSBURGH, PA 15222	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
4	JOHN C. OLIVER III 720 OLIVER BUILDING, 535 SMITHFIELD STREET PITTSBURGH, PA 15222	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
5	RICHARD KING MELLON FOUNDATION 500 GRANT STREET, SUITE 4106 PITTSBURGH, PA 15219	\$ 115,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
6	ESTATE OF WILLIAM STANDISH 626 PINE ROAD SEWICKLEY, PA 15143-1210	\$ 99,800.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization <b>ALLEGHENY LAND TRUST</b>	Employer identification number <b>25 1718611</b>
---	---

**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
7	SNYDER FOUNDATION P.O. BOX 352 SEWICKLEY, PA 15143	\$ 327,325.	Person <input checked="" type="checkbox"/> Payroll Noncash

(Complete Part III for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	FALK FOUNDATION 540 HAMILTON ROAD PITTSBURGH, PA 15205	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll Noncash

(Complete Part III for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	FAIRHILL RECREATION CENTER P.O. BOX 56, WOOD LANE SEWICKLEY, PA 15143	\$ 149,000.	Person Payroll Noncash <input checked="" type="checkbox"/>

(Complete Part III for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	RICHARD SIMMONS 79 QUAKER HOLLOW ROAD SEWICKLEY, PA 15143	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll Noncash

(Complete Part III for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash

(Complete Part III for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash

(Complete Part III for noncash contributions.)

Name of organization

Employer identification number

**ALLEGHENY LAND TRUST**

**25-1718511**

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
9	8.53 ACRES OF LAND	\$ 149,000.	03/05/15
(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)
(a) No. from Part I	(b) Description of noncash property given	\$	(c) FMV (or estimate) (see instructions)
(a) No. from Part I	(b) Description of noncash property given	\$	(c) FMV (or estimate) (see instructions)
(a) No. from Part I	(b) Description of noncash property given	\$	(c) FMV (or estimate) (see instructions)
		\$	

Name of organization

Employer identification number

**ALLEGHENY LAND TRUST**

**25-1718611**

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete only (b), (c), and (d) for each gift. See instructions for Part III. Use duplicate copies of Part III in additional spaces if needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
		(e) Transfer of gift	
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
		(e) Transfer of gift	
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
		(e) Transfer of gift	
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE D**

(Form 990)

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 8, 7, 8, 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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public Inspection

Name of the organization

**ALLECHENY LAND TRUST**

Employer 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 5.

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

**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):		
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)		Preservation of historically important, and/or a
<input checked="" type="checkbox"/> Protection of natural habitat		Preservation of a certified historic structure
<input checked="" type="checkbox"/> Preservation of open space		
2. Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.		
a. Total number of conservation easements	2a	Held at the End of the Tax Year 9
b. Total acreage restricted by conservation easements	2b	196.00
c. Number of conservation easements on a certified historic structure included in (a)	2c	0
d. Number of conservation easements included in (a) acquired after 8/17/09, and not on a historic structure (report in the National Register)	2d	0
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 easement 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?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6. Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶		200
7. Annual of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$		7,150.
8. Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(e)(5)(B)(i) and section 170(e)(5)(B)(ii)?		Yes <input type="checkbox"/> No <input type="checkbox"/>
9. In Part XIII, describe (a) how the organization reports conservation easements in its operating and expense statement and balance sheet, and include, if applicable, the text of the footnote to its 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 d.

1a. If the organization elected, as permitted under SFAS 116 (ASC 866), not to report in its operating 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 866), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:		
(i) Revenue included in Form 990, Part VIII, line 1	▶	\$
(ii) Assets included in Form 990, Part X	▶	\$
2. If the organization received or held works of art, historical treasures, or other similar assets for any other purpose, provide the following amounts required to be reported under SFAS 116 (ASC 866) relating to these items:		
a. Revenue included in Form 990, Part VIII, line 1	▶	\$
b. Assets included in Form 990, Part X	▶	\$

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets?

to be kept 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 1, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian, or other intermediary 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.

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

2a Did the organization include an amount on Form 990, Part X, line 21, for income or trust or custodial account liability?

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 1b

	(a) Current year	(b) Prior year	(c) Beginning year	(d) This year's total	(e) Year-end total
1a Beginning of year balance	1,240,910.	1,111,545.	1,111,547.	925,267.	950,136.
b Contributions	1,140.	255,315.	35,315.	261,701.	131,719.
c Net investment earnings, gains, and losses	11,836.	151,531.	169,351.	6,711.	120,372.
d Grants or scholarships					
e Other expenditures for facilities and programs		2,251.	1,360.	21,540.	
f Administrative expenses	7,525.	1,245.	5,596.	9,277.	
g End of year balance	1,245,944.	1,240,910.	1,117,565.	1,241,267.	915,267.

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

a Board designated or quasi-endowment ▶ **84.47** %

b Permanent endowment ▶ **13.01** %

c Temporarily restricted endowment ▶ **2.52** %

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 for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)	<input type="checkbox"/>	X
3a(ii)	<input type="checkbox"/>	X
3b	<input type="checkbox"/>	<input type="checkbox"/>

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

**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		11,295,043.		11,295,043.
b Buildings				
c Leased or improved lands				
d Equipment		39,573.	34,391.	5,182.
e Other				

Total. Add lines 1a through 1e. Do not add (d) must equal Form 990, Part X, column (d), line 10c. ▶ **11,300,225.**

**Part VII Investments - Other Securities.**

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

(a) Description of security (do not check "Other securities")	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1) Financial securities		
(2) Stocks, bond, equity interests		
(3) Other		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
(12)		
(13)		
(14)		
(15)		
(16)		
(17)		
(18)		
(19)		
(20)		
(21)		
(22)		
(23)		
(24)		
(25)		
(26)		
(27)		
(28)		
(29)		
(30)		
(31)		
(32)		
(33)		
(34)		
(35)		
(36)		
(37)		
(38)		
(39)		
(40)		
(41)		
(42)		
(43)		
(44)		
(45)		
(46)		
(47)		
(48)		
(49)		
(50)		
(51)		
(52)		
(53)		
(54)		
(55)		
(56)		
(57)		
(58)		
(59)		
(60)		
(61)		
(62)		
(63)		
(64)		
(65)		
(66)		
(67)		
(68)		
(69)		
(70)		
(71)		
(72)		
(73)		
(74)		
(75)		
(76)		
(77)		
(78)		
(79)		
(80)		
(81)		
(82)		
(83)		
(84)		
(85)		
(86)		
(87)		
(88)		
(89)		
(90)		
(91)		
(92)		
(93)		
(94)		
(95)		
(96)		
(97)		
(98)		
(99)		
(100)		
(101)		
(102)		
(103)		
(104)		
(105)		
(106)		
(107)		
(108)		
(109)		
(110)		
(111)		
(112)		
(113)		
(114)		
(115)		
(116)		
(117)		
(118)		
(119)		
(120)		
(121)		
(122)		
(123)		
(124)		
(125)		
(126)		
(127)		
(128)		
(129)		
(130)		
(131)		
(132)		
(133)		
(134)		
(135)		
(136)		
(137)		
(138)		
(139)		
(140)		
(141)		
(142)		
(143)		
(144)		
(145)		
(146)		
(147)		
(148)		
(149)		
(150)		
(151)		
(152)		
(153)		
(154)		
(155)		
(156)		
(157)		
(158)		
(159)		
(160)		
(161)		
(162)		
(163)		
(164)		
(165)		
(166)		
(167)		
(168)		
(169)		
(170)		
(171)		
(172)		
(173)		
(174)		
(175)		
(176)		
(177)		
(178)		
(179)		
(180)		
(181)		
(182)		
(183)		
(184)		
(185)		
(186)		
(187)		
(188)		
(189)		
(190)		
(191)		
(192)		
(193)		
(194)		
(195)		
(196)		
(197)		
(198)		
(199)		
(200)		
(201)		
(202)		
(203)		
(204)		
(205)		
(206)		
(207)		
(208)		
(209)		
(210)		
(211)		
(212)		
(213)		
(214)		
(215)		
(216)		
(217)		
(218)		
(219)		
(220)		
(221)		
(222)		
(223)		
(224)		
(225)		
(226)		
(227)		
(228)		
(229)		
(230)		
(231)		
(232)		
(233)		
(234)		
(235)		
(236)		
(237)		
(238)		
(239)		
(240)		
(241)		
(242)		
(243)		
(244)		
(245)		
(246)		
(247)		
(248)		
(249)		
(250)		
(251)		
(252)		
(253)		
(254)		
(255)		
(256)		
(257)		
(258)		
(259)		
(260)		
(261)		
(262)		
(263)		
(264)		
(265)		
(266)		
(267)		
(268)		
(269)		
(270)		
(271)		
(272)		
(273)		
(274)		
(275)		
(276)		
(277)		
(278)		
(279)		
(280)		
(281)		
(282)		
(283)		
(284)		
(285)		
(286)		
(287)		
(288)		
(289)		
(290)		
(291)		
(292)		
(293)		
(294)		
(295)		
(296)		
(297)		
(298)		
(299)		
(300)		
(301)		
(302)		
(303)		
(304)		
(305)		
(306)		
(307)		
(308)		
(309)		
(310)		
(311)		
(312)		
(313)		
(314)		
(315)		
(316)		
(317)		
(318)		
(319)		
(320)		
(321)		
(322)		
(323)		
(324)		
(325)		
(326)		
(327)		
(328)		
(329)		
(330)		
(331)		
(332)		
(333)		
(334)		
(335)		
(336)		
(337)		
(338)		
(339)		
(340)		
(341)		
(342)		
(343)		
(344)		
(345)		
(346)		
(347)		
(348)		
(349)		
(350)		
(351)		
(352)		
(353)		
(354)		
(355)		
(356)		
(357)		
(358)		
(359)		
(360)		
(361)		
(362)		
(363)		
(364)		
(365)		
(366)		
(367)		
(368)		
(369)		
(370)		
(371)		
(372)		
(373)		
(374)		
(375)		
(376)		
(377)		
(378)		
(379)		
(380)		
(381)		
(382)		
(383)		
(384)		
(385)		
(386)		
(387)		
(388)		
(389)		
(390)		
(391)		
(392)		
(393)		
(394)		
(395)		
(396)		
(397)		
(398)		
(399)		
(400)		
(401)		
(402)		
(403)		
(404)		
(405)		
(406)		
(407)		
(408)		
(409)		
(410)		
(411)		
(412)		
(413)		
(414)		
(415)		
(416)		
(417)		
(418)		
(419)		
(420)		
(421)		
(422)		
(423)		
(424)		
(425)		
(426)		
(427)		
(428)		
(429)		
(430)		
(431)		
(432)		
(433)		
(434)		
(435)		
(436)		
(437)		
(438)		
(439)		
(440)		
(441)		
(442)		
(443)		
(444)		
(445)		
(446)		
(447)		
(448)		
(449)		
(450)		
(451)		
(452)		
(453)		
(454)		
(455)		
(456)		
(457)		
(458)		
(459)		
(460)		
(461)		
(462)		
(463)		
(464)		
(465)		
(466)		
(467)		
(468)		
(469)		
(470)		
(471)		
(472)		
(473)		
(474)		
(475)		
(476)		
(477)		
(478)		
(479)		
(480)		
(481)		
(482)		
(483)		
(484)		
(485)		
(486)		
(487)		
(488)		
(489)		
(490)		
(491)		
(492)		
(493)		
(494)		
(495)		
(496)		
(497)		
(498)		
(499)		
(500)		
(501)		
(502)		
(503)		
(504)		
(505)		
(506)		
(507)		
(508)		
(509)		
(510)		
(511)		
(512)		
(513)		
(514)		
(515)		
(516)		
(517)		
(518)		
(519)		
(520)		
(521)		
(522)		
(523)		
(524)		
(525)		
(526)		
(527)		
(528)		
(529)		
(530)		
(531)		
(532)		
(533)		
(534)		
(535)		
(536)		
(537)		
(538)		
(539)		
(540)		
(541)		
(542)		
(543)		
(544)		
(545)		
(546)		
(547)		
(548)		
(549)		
(550)		
(551)		
(552)		
(553)		
(554)		
(555)		
(556)		
(557)		
(558)		
(559)		
(560)		
(561)		
(562)		
(563)		
(564)		
(565)		
(566)		
(567)		
(568)		
(569)		
(570)		
(571)		
(572)		
(573)		
(574)		
(575)		
(576)		
(577)		

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

Complete this organization answered "Yes" to Form 990, Part IV, line 12a

1	Total revenue, gains, and other support per audited financial statements	1	3,020,450.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-89,993.
b	Donated services and use of facilities	2b	
c	Reversals of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	19,680.
e	Add lines 2a through 2d	2e	70,313.
3	Subtract line 2e from line 1	3	3,090,763.
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	7,885.
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	7,885.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,098,648.

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

Complete this organization answered "Yes" to Form 990, Part IV, line 12a

1	Total expenses and losses per audited financial statements	1	1,784,831.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Inter-year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	69,680.
e	Add lines 2a through 2d	2e	69,680.
3	Subtract line 2e from line 1	3	1,715,151.
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	7,885.
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	7,885.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,723,036.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 6, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 1; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

FUNDRAISING EXPENSE	19,680.
---------------------	---------

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

FUNDRAISING EXPENSES	19,680.
----------------------	---------

REFUND OF CONTRIBUTIONS	50,000.
-------------------------	---------

TOTAL TO SCHEDULE D, PART XIII, LINE 2D	69,680.
---	---------

**PART II, LINE 9**

ALLEGHENY LAND TRUST HOLDS CONSERVATION EASEMENTS FOR THE PURPOSES OF  
 OUTDOOR RECREATION BY, OR THE EDUCATION OF, THE GENERAL PUBLIC, CONSERVING  
 THE NATURAL HABITAT OF FISH, WILDLIFE, OR PLANTS, OPEN SPACE, OR

**Part XIII** Supplemental information (continuation)

HISTORICALLY IMPORTANT LAND AREAS. EASEMENTS REPRESENT CERTAIN RIGHTS OR DEED RESTRICTIONS HELD BY ALLEGHENY LAND TRUST. EASEMENTS CAN BE GIFTED TO ALLEGHENY LAND TRUST BY A THIRD PARTY, PURCHASED BY ALLEGHENY LAND TRUST, OR RETAINED BY ALLEGHENY LAND TRUST IF LAND ONCE HELD IN FEE BY ALLEGHENY LAND TRUST IS SOLD OR GIFTED TO A THIRD PARTY. ALTHOUGH CONSERVATION EASEMENTS ARE REAL PROPERTY RIGHTS, THEY POSSESS NO MARKET VALUE TO ALLEGHENY LAND TRUST.

## 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, 2015 AND 2014, ALT IS UNAWARE OF ANY UNCERTAIN TAX POSITIONS. ALT'S FEDERAL INCOME TAX AND EXCISE TAX RETURNS FOR TAX YEARS 2012 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 19, or reported more than \$5,000 of fundraising event contributions and gross income on Form 990 (E-Z) lines 1 and 8b. List events with gross receipts greater than \$5,000.

Description	(a) Event #1	(b) Event #2	(c) Other events	(d) Total event total (add col. (a) through col. (c))
	COME FLY WITH ME (event type)	(event type)	NONE (date, number)	
1. Gross receipts	39,847.			39,847.
2. Total contributions	34,947.			34,947.
3. Gross income (line 1 minus line 2)	4,900.			4,900.
4. Cash prizes				
5. Non-cash prizes				
6. Rent/facility costs				
7. Food and beverages				
8. Volunteer labor				
9. Other direct expenses	19,680.			19,680.
10. Direct expense summary. Add lines 4 through 9 in column (d)				19,680.
11. Net income summary. Subtract line 10 from line 3, column (d)				-14,780.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$10,000 of Form 990 (E-Z) line 8a.

Description	(a) Bingo	(b) Pull-tab or 1-800-955-4754	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	1. Gross revenue			
2. Cash prizes				
3. Non-cash prizes				
4. Rent/facility 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. Subtract line 7 from line 1, column (d)				

9. Enter the state(s) in which the organization conducts gaming activities:  
 a. Is the organization licensed to conduct 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 conduct 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 conducted at:
- |                                |        |
|--------------------------------|--------|
| 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 which 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.** Provide the explanations required by Part I, line 9b, columns (ii) and (j), and Part III, lines 9, 9b, 10a, 15a, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**Part IV** Supplemental information (continued)

.....  
.....  
.....  
.....  
.....

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete the information answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

2014  
Open to Public  
Inspection

Name of the organization

**ALLEGHENY LAND TRUST**

Employer identification number  
**25-1718611**

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantee's eligibility for the grants or assistance and the selection criteria used to award the grants or assistance?

Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any of the parts that received more than \$1,000. Part I can be duplicated if no special space is needed.**

(a) Name and address of organization or government	(b) EIN	(c) The amount applicable	(d) Amount of cash or grant assistance	(e) Method of calculation (book, appraisal, etc.)	(f) Description of non-cash assistance	(g) Purpose of grant or assistance
BORGESSE OF BUCKLEBY BRIDGES 138 CHESTER GRASS ROAD DUNELPHY PA 15113		1,000.00				LAND RECONSTRUCTION

2 Enter total number of sections 501(c)(2) and (3) government organizations listed in the line table **1**

3 Enter total number of other organizations listed in the line table **0**

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

Schedule I (Form 990) 2014



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2014**

Open To Public Inspection

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items 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 Material 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	X	2	60,349.	FAIR MARKET VALUE
13 Qualified conservation contribution Historic structures				
14 Qualified conservation contribution Other	X	1	149,000.	FAIR MARKET VALUE
15 Real estate Residential				
16 Real estate Commercial				
17 Real estate Other				
18 Collectibles				
19 Food and drugs				
20 Drugs and medical supplies				
21 Livestock				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				
29 Number of Forms 8282 received by the organization during the tax year for contributions for which the organization completed Form 8282, Part IV, Donee Acknowledgment			29	
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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 example purposes for the entire holding period?				Yes No 30a X
b If Yes describe the arrangement in Part III				
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 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				

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

Schedule M (Form 990) 2014

**Part II** **Supplemental Information.** Provide the information required by Part III lines 32b, 32c, and 33, and whether the applicant or a reporting party is completing this number of contributors, the number of items received, or a combination of both. Also complete this part for any additional beneficiaries.

**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.

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

Name of the organization

ALLEGHENY LAND TRUST

Employer identification number

25-1716611

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.

THE ALLEGHENY LAND TRUST HELPS LOCAL PEOPLE SAVE LOCAL LAND, AND SINCE 1993, HAS PARTNERED WITH 26 COMMUNITIES TO PROTECT OVER 1,800 ACRES IN ALLEGHENY AND WASHINGTON COUNTIES.

THE ALLEGHENY LAND TRUST PROTECTS LAND THROUGH PURCHASES, CONSERVATION EASEMENTS, DONATIONS AND LIFE ESTATES. ONCE LAND IS PROTECTED, IT MUST BE MANAGED IN PERPETUITY. EACH CONSERVATION AREA HAS A MANAGEMENT PLAN CREATED. CONSERVATION AREAS ARE MONITORED AT A MINIMUM ONCE ANNUALLY, AND VOLUNTEERS WORK ON VARIOUS PROJECTS ON THE CONSERVATION AREAS.

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE WILL BE A STANDING COMMITTEE OF THE BOARD AND SHALL HAVE AND EXERCISE ALL OF THE POWERS AND AUTHORITY OF THE BOARD IN THE ONGOING OVERSIGHT OF THE BUSINESS AND AFFAIRS OF THE CORPORATION, THE MEMBERSHIP OF WHICH SHALL INCLUDE THE OFFICERS OF THE BOARD. THE EXECUTIVE COMMITTEE SHALL KEEP REGULAR MINUTES OF ITS PROCEEDINGS, TAKEN BY THE SECRETARY OF THE BOARD, WHICH SHALL BE INCLUDED IN THE NEXT REGULARLY SCHEDULED BOARD MEETING.

THE EXECUTIVE COMMITTEE SHALL BE COMPOSED OF THE FOUR OFFICERS OF THE BOARD, THE NON VOTING PRESIDENT AND CEO AND THE CHAIRPERSONS OF THE

Name of the organization

ALLEGHENY LAND TRUST

Employer identification number

25-1718611

FINANCE/AUDIT COMMITTEE AND THE GOVERNANCE COMMITTEE.

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.

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 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 ALLEGHENY 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

Name of the organization

ALLEGHENY LAND TRUST

Employer identification number

25-1718611

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 PRESIDENT & CEO WHO IS RESPONSIBLE FOR REVIEWING THE PERFORMANCE AND COMPENSATION OF ALL OTHER EMPLOYEES.

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

UPON REQUEST

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

REFUND OF CONTRIBUTIONS	50,000.
-------------------------	---------