# **TAX RETURN FILING INSTRUCTIONS**

\*\* FORM 990 PUBLIC DISCLOSURE COPY \*\*

# FOR THE YEAR ENDING

June 30, 2022

	Julie 30, 2022
Prepared for	Allegheny Land Trust 416 Thorn Street Sewickley, PA 15143
Prepared by	Sisterson & Co. LLP 310 Grant Street Suite 2100 Pittsburgh, PA 15219
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

# \*\* PUBLIC DISCLOSURE COPY \*\*

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

OMB No. 1545-0047

Inspection

Department of the Treasury
Internal Revenue Service

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

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

Open to Public

			ending U	1014 30, 4044 1	
В	Check if applicable	C Name of organization		D Employer identifi	cation number
	Addre chang				
Ļ	chang	e Doing business as		25-17186	<u>11                                   </u>
F	Initial return Final return		Room/suite	E Telephone numbe $412-741-$	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,171,629.
Г	Amen	ded CEWICKIEV DA 151/2		H(a) Is this a group re	
F	return Applio		CHNER	for subordinates	
	ltiön pendi	ng Privatile and address of principal officer.	011111111	H(b) Are all subordinates in	·····
_	T	empt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1) 0	or 527	-1 ` ´	
<u>+</u>	rax-ex	te: NWW.ALLEGHENYLANDTRUST.ORG	JI 3Z1	<b>-</b> 1 ′	list. See instructions
		organization: X Corporation Trust Association Other ►	I Voor	of formation: 1993	1 State of legal domicile: PA
		Summary	L TEAL	oriorination. ± 2 2 3 K	1 State of legal doffliche. 1 A
	_	Briefly describe the organization's mission or most significant activities: SEE	CHEDI	ILE O	
Activities & Governance	1	Briefly describe the organization's mission or most significant activities:	CHED	лы О	
nan		Check this box if the organization discontinued its operations or dispose		- than 050/ at its mat as	
Ver		·		l l	17
Ĝ	1			3	17
∞ ′°		Number of independent voting members of the governing body (Part VI, line 1b)			23
ţį		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			489
ξį		Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	l p	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		
		Openhalisticans and asserts (Dest VIII Bare 41s)		Prior Year 5,295,366.	Current Year 4,211,939.
ne		Contributions and grants (Part VIII, line 1h)		75,423.	303,761.
Revenue		Program service revenue (Part VIII, line 2g)		240,940.	195,917.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		20,710.	69,233.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,632,439.	4,780,850.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		144,158.	4,780,830.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	l	Benefits paid to or for members (Part IX, column (A), line 4)		784,277.	921,323.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		704,277.	921,323.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  348,65	<u> </u>	0.	0.
X	_b			973,743.	634,336.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,902,178.	1,555,659.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,730,261.	3,225,191.
_ 0	19	Revenue less expenses. Subtract line 18 from line 12		· · ·	
Net Assets or Find Balances		Total accepts (Doct V. Para 40)	В	eginning of Current Year 26,237,452.	End of Year 27,136,116.
SSE Bala	20	Total assets (Part X, line 16)		905,503.	147,554.
let /	21	Total liabilities (Part X, line 26)		25,331,949.	26,988,562.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		23,331,7 <del>1</del> 7.	20,300,302.
		alties of perjury, I declare that I have examined this return, including accompanying schedules	e and etatem	ante and to the heet of m	v knowledge and helief it is
		thes of perjury, it declare that it have examined this return, including accompanying schedules at, and complete. Declaration of preparer (other than officer) is based on all information of wh			y Kilowieuge allu bellel, it is
uuc	,		iicii preparei	lias any knowledge.	
C:~	-	Signature of officer		I Date	
Sig		CHRISTOPHER J. BEICHNER, PRESIDENT & (	CEO.		
He	e	Type or print name and title	<u> </u>		
_		,	П	Date Check	TI PTIN
Pai	d	Print/Type preparer's name  MICHAEL M. COMSTOCK  Preparer's signature  M. M. CAR.		01/30/23	
_	u parer	Firm's name SISTERSON & CO. LLP	+	Firm's EIN	25-1467156
	Only	Firm's address 310 GRANT STREET SUITE 2100		I IIIII 2 LIIV	
550	<b>y</b>	PITTSBURGH, PA 15219		Phone no 41	2-281-2025
140	v tho !!	RS discuss this return with the preparer shown above? See instructions		I Holle Ho. 4.1	X Yes No
ivia	y uite li	no albeade and retain with the preparer shown above: dee instructions			103 110

#### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print ALLEGHENY LAND TRUST 25-1718611 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 416 THORN STREET return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. 15143 SEWICKLEY, PA Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) CHRISTOPHER J. BEICHNER 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 Return, enter the organization's four digit Group Exemption Number (GEN)
 If this is for the whole group, check this \_\_l. If it is for part of the group, check this box ▶ \_\_\_\_ and attach a list with the names and TINs of all members the extension is for. MAY 15, 2023 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year or ► X tax year beginning JUL 1, 2021 , and ending JUN 30, 2022 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return L Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

**b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form **8868** (Rev. 1-2022)

За

3b

0.

any nonrefundable credits. See instructions.

Briefly describe the organization's mission:  WE CONSERVE AND CARE FOR LOCAL LAND FOR THE HEALTH AND WELL-BEING OF CURRENT AND FUTURE GENERATIONS.  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.  3 Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  4a (Cose ) (Expenses 590, 298 including grants of \$ 0 .) (Revenue \$ 353,011. LAND PROTECTION: DURING THE FISCAL YEAR, ALLEGIENY LAND TRUST CONSERVED 289 ACRES, BRINGING THE TOTAL ACRES CONSERVED BY THE ORGANIZATION TO 3,231 ACRES.  4b (Cose ) (Expenses \$ 142,670 • including grants of \$ 0.) (Revenue \$ 1.0 • Conserved 289 ACRES, BRINGING THE TOTAL ACRES CONSERVED BY THE ORGANIZATION TO 3,231 ACRES.	Pai	Check if Schedule O contains a response or note to any line in this Part III
prior Form 990 or 990 E2?  If 'Yes,' describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No  If 'Yes,' describe these meanages on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses.  Section \$01(c)(3) and \$01(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 seponde.  Version (1) (September 1) (September 1) (Patrician 1	1	Briefly describe the organization's mission: WE CONSERVE AND CARE FOR LOCAL LAND FOR THE HEALTH AND WELL-BEING OF
prior Form 990 or 990 E2?  If 'Yes,' describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No  If 'Yes,' describe these meanages on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses.  Section \$01(c)(3) and \$01(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 seponde.  Version (1) (September 1) (September 1) (Patrician 1		
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?	2	
H "Yes," describe these changes on Schedule O.  4 Describe the organizations program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(s) 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.  4 (Code () (expenses 590,298 · including greats or \$ 0 · ) (Revenue \$ 353,011 · LAND PROTECTION: DURING THE FISCAL YEAR, ALLEGHENY LAND TRUST CONSERVED 289 ACRES, BRINGING THE TOTAL ACRES CONSERVED BY THE ORGANIZATION TO 3,231 ACRES.  4 (Code () (Expenses 142,670 · including greats or \$ ) (Revenue \$ ) (	•	If "Yes," describe these new services on Schedule O.
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4a (come   September   590,298   boulding state of \$ 0.)   September   353,011.  LAND PROTECTION: DURING THE FISCAL YEAR, ALLEGHENY LAND TRUST  CONSERVED 289 ACRES, BRINGING THE TOTAL ACRES CONSERVED BY THE ORGANIZATION TO 3,231 ACRES.  4b (come   September   142,670.   boulding state of \$ 0.)   September   142,670.    LAND STEWARDSHIP: DURING THE FISCAL YEAR, ALLEGHENY LAND TRUST WORKED WITH 489 VOLUNTEERS CONTRIBUTING 2,632 HOURS OF VOLUNTEER TIME. THIS INCLUDED MONITORING 16 CONSERVATION EASEMENTS AND CARING FOR AND RESTORING 2,730 ACRES OF FEE SIMPLE CONSERVED LANDS.  4c (come   September   September   117,333.   boulding state of \$ 0.0   September   19,983.    EDUCATION: ALLEGHENY LAND TRUST CONDUCTED EDUCATION PROGRAMMING TO ENHANCE THE PUBLIC'S UNDERSTANDING AND ENJOYMENT OF NATURAL AREAS, INCLUDING PROGRAMS FOR SCHOOLS, NONPROFITS AND SCOUT TROOPS. DURING THE FISCAL YEAR, ALT REACHED 7,833 PEOPLE AT 150 EDUCATION EVENTS.  4d Other program services (Describe on Schedule O.)   September   150,000   September   1	4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
LAND STEWARDSHIP: DURING THE FISCAL YEAR, ALLEGHENY LAND TRUST WORKED WITH 489 VOLUNTEERS CONTRIBUTING 2,632 HOURS OF VOLUNTEER TIME. THIS INCLUDED MONITORING 16 CONSERVATION EASEMENTS AND CARING FOR AND RESTORING 2,730 ACRES OF FEE SIMPLE CONSERVED LANDS.  4c (Code: )(Expenses \$ 117,333. including grants of \$ ) (Revenue \$ 19,983. EDUCATION: ALLEGHENY LAND TRUST CONDUCTED EDUCATION PROGRAMMING TO ENHANCE THE PUBLIC'S UNDERSTANDING AND ENJOYMENT OF NATURAL AREAS, INCLUDING PROGRAMS FOR SCHOOLS, NONPROFITS AND SCOUT TROOPS. DURING THE FISCAL YEAR, ALT REACHED 7,833 PEOPLE AT 150 EDUCATION EVENTS.  4d Other program services (Describe on Schedule O.) (Expenses \$ 132,258. including grants of \$ ) (Revenue \$ )  4 Total program service expenses ▶ 982,559.	4a	(Code: ) (Expenses \$ 590,298. Including grants of \$ 0. ) (Revenue \$ 353,011.)  LAND PROTECTION: DURING THE FISCAL YEAR, ALLEGHENY LAND TRUST  CONSERVED 289 ACRES, BRINGING THE TOTAL ACRES CONSERVED BY THE
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EDUCATION: ALLEGHENY LAND TRUST CONDUCTED EDUCATION PROGRAMMING TO ENHANCE THE PUBLIC'S UNDERSTANDING AND ENJOYMENT OF NATURAL AREAS, INCLUDING PROGRAMS FOR SCHOOLS, NONPROFITS AND SCOUT TROOPS. DURING THE FISCAL YEAR, ALT REACHED 7,833 PEOPLE AT 150 EDUCATION EVENTS.  4d Other program services (Describe on Schedule O.) (Expenses \$ 132,258. including grants of \$ ) (Revenue \$ ) (Revenue \$ ) }	4b	LAND STEWARDSHIP: DURING THE FISCAL YEAR, ALLEGHENY LAND TRUST WORKED WITH 489 VOLUNTEERS CONTRIBUTING 2,632 HOURS OF VOLUNTEER TIME. THIS INCLUDED MONITORING 16 CONSERVATION EASEMENTS AND CARING FOR AND
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(Expenses \$ 132,258 ⋅ including grants of \$ ) (Revenue \$ )  4e Total program service expenses ► 982,559 ⋅	4c	EDUCATION: ALLEGHENY LAND TRUST CONDUCTED EDUCATION PROGRAMMING TO ENHANCE THE PUBLIC'S UNDERSTANDING AND ENJOYMENT OF NATURAL AREAS, INCLUDING PROGRAMS FOR SCHOOLS, NONPROFITS AND SCOUT TROOPS. DURING
(Expenses \$ 132,258 ⋅ including grants of \$ ) (Revenue \$ )  4e Total program service expenses ► 982,559 ⋅		
<b>4e</b> Total program service expenses ▶ 982,559.	4d	Other program services (Describe on Schedule O.) (Expenses \$ 132,258 • including grants of \$ ) (Revenue \$ )
	4e	Total program service expenses ▶ 982,559.

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	•		
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
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			v
45	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		Х
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		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	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		-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	domostic government on rate in, column (n), interess ros, complete conceder, rate rane in	41		

132003 12-09-21

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
_	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		28a		х
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?	200		
C		200		х
20	"Yes," complete Schedule L, Part IV	28c 29	Х	-25
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	21	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20	х	
0.4	contributions? If "Yes," complete Schedule M	30	- 21	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			Х
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Х
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
0.5	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
р	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		х
<b></b>	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			Х
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	00	Х	
Pai	Note: All Form 990 filers are required to complete Schedule 0	38	Λ	
ı aı				
	Check if Schedule O contains a response or note to any line in this Part V			<u></u>
<b>.</b>	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Effect the number of Forms with a mineral and applicable.			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4.	X	
	(gambling) winnings to prize winners?	1c	000	<u> </u>

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

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6a		х					
	any contributions that were not tax deductible as charitable contributions?								
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	٥.							
_	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	7-		х					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		_ <u>^</u>					
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.0							
·	to file Form 8282?	7c		x					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
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?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
a	Gross income from members or shareholders 11a								
a	Gross income from other sources. (Do not net amounts due or paid to other sources against								
122	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ıza							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand 13c								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		X					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any								
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.								

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

_	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
		1 1	4 🖂	Yes	No.
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the	he direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?		<u>3</u>		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 as	ssets?	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 a	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?		7t	)	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by the following:			
а	The governing body?		8a		
b	Each committee with authority to act on behalf of the governing body?		8t	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)			
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10	а	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy before filing the form	n? <b>11</b>	a X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?	12	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," describe			
	on Schedule O how this was done		12		
13	Did the organization have a written whistleblower policy?		13		
14	Did the organization have a written document retention and destruction policy?		14	. X	
15	Did the process for determining compensation of the following persons include a review and approve	al by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?			
а	The organization's CEO, Executive Director, or top management official		15	a X	
b	Other officers or key employees of the organization		15	<b>)</b>	X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a			
	taxable entity during the year?		16	a	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anization's			
	exempt status with respect to such arrangements?		16	<u> </u>	
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶PA				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-T (section 501)	(c)(3)s or	ıly) ava	ilable
	for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website X Another's website X Upon request Other (explain	n on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	conflict of interest policy	, and fir	ancial	
	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 b	ooks and records <b>&gt;</b> _			
	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. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per	box	not c	Pos heck ss pe	more rson i	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee	Ĺ	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) CHRISTOPHER J. BEICHNER	40.00	_		37				122 242	•	16 633
PRESIDENT & CEO	40.00	_		Х				133,342.	0.	16,632.
(2) ROY KRAYNYK	40.00	4				3,7		100 452	0	12 664
VP OF LAND AND CAPITAL PRO	4 00					Х		108,453.	0.	13,664.
(3) SALLY WADE, SHRM-SCP, SPHR CHAIRPERSON	4.00	x		х				0.	0.	0.
(4) DAVID HUNTER	4.00									
VICE CHAIRPERSON		Х		Х				0.	0.	0.
(5) JOANNE FOERSTER	4.00									
SECRETARY		Х		Х				0.	0.	0.
(6) ALEX LAKE, CPA	4.00									
TREASURER		Х		Х				0.	0.	0.
(7) PATRICIA DEMARCO, PH.D.	2.00								_	_
DIRECTOR		Х						0.	0.	0.
(8) DAN DICKERMAN	2.00	↓								
DIRECTOR		Х						0.	0.	0.
(9) ASHLEY DIGREGORIO	2.00	ļ								
DIRECTOR		Х						0.	0.	0.
(10) ANTHONY DITOMMASO, ESQ.	2.00	ļ								
DIRECTOR	0.00	Х						0.	0.	0.
(11) BETH DUTTON	2.00	١,,								_
DIRECTOR	2 00	Х						0.	0.	0.
(12) CHRISTINE GRAZIANO, AICP	2.00	Į.,							0	_
DIRECTOR	2 00	Х						0.	0.	0.
(13) BRIAN JENSEN, PH.D.	2.00	X						0.	0.	0.
DIRECTOR	2.00	^						0.	0.	<u> </u>
(14) SHERWOOD JOHNSON, DVM	2.00	X						0.	0.	0.
DIRECTOR	2 00	^						0.	0.	<u> </u>
(15) EMILY MUELLER, ESQ. DIRECTOR	2.00	X						0.	0.	0.
(16) BRYAN RITTI	2.00	╇			$\vdash$	$\vdash$		0.	0.	·
DIRECTOR	2.00	X						0.	0.	0.
(17) LAUREN TERPAK	2.00	1						0.	0.	
DIRECTOR	2.00	X						0.	0.	0.
120007 10 00 01	1			_						Form <b>990</b> (2021)

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Part VII Section A. Officers, Directors, Tr	ustees, Key Em	ploy	/ees	, an	d H	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)			•	C)			(D)	(E)			(F)	
Name and title	Average		not c		more	than		Reportable	Reportable			timate	
	hours per week					is bot or/trus		compensation from	compensation from related		l	nount o other	of
	(list any	tor						the	organization			pensa	tion
	hours for	r direc				ted			(W-2/1099-MI		l	om the	
	related	stee o	rustee			bensa		(W-2/1099-MISC/	1099-NEC)	1	_ ~	anizati	
	organizations below	nal tru	ional t		ployee	t com	۱.	1099-NEC)				d relate anizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme				l	ai iizatio	7113
(18) JENNIFER THOMA	2.00				1								
DIRECTOR		X						0.		0.			0.
(19) TED WELLER, CPA	2.00	┨								•			•
DIRECTOR		Х	<u> </u>		_			0.		0.			0.
		4											
		-	-		┢	+	<u> </u>						
		┨											
						1							
		1											
		4											
		-	-		-	-	-						
		-											
		1	$\vdash$		┢	+							
		1											
1b Subtotal							▶	241,795.		0.	3	0,29	96.
c Total from continuation sheets to Part	VII, Section A						<b></b>	0.		0.			0.
d Total (add lines 1b and 1c)							<b></b>	241,795.		0.	3	0,29	96.
2 Total number of individuals (including bu		nose	liste	ed a	bov	e) w	ho r	eceived more than \$100	0,000 of reportab	ıle			_
compensation from the organization												V	2
2 Did the averagination list any favorage office			بيديد				اما					Yes	No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for			•		•		•		•		3		Х
4 For any individual listed on line 1a, is the											-		
and related organizations greater than \$	-		-					· · · · · · · · · · · · · · · · · · ·	ino organization		4		X
5 Did any person listed on line 1a receive of									idual for services	3			
rendered to the organization? If "Yes," co	omplete Schedu	le J t	for s	uch	pers	son					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest										npens	sation 1	rom	
the organization. Report compensation f	or the calendar y	/ear	ena	ing v	vith	or w	/ithii	n the organization's tax	year.		((	•1	
<b>(A)</b> Name and busine	ss address	N	ON	E				Description of s	services	C	ompe	יי nsatior	า
											-		
							_						
							_						
2 Total number of independent contractors	s (including but r	not li	mite	d to	tho	se li	stec	d above) who received n	nore than				
\$100,000 of compensation from the orga						0							
											Form	990 c	2021)

						Y LAN	D TRUST			25-1718	611 Page <b>9</b>
Pa	rt \	/III	Statement of Re	ven	ue						
			Check if Schedule O	conta	ins a r	esponse	or note to any lin	7.53			
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
vice Contributions, Gifts, Grants and Other Similar Amounts		b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contr All other contributions, gifts, similar amounts not included Noncash contributions included in Total. Add lines 1a-1f PROGRAM SERVICE REV	ribution grants above lines 1	ons) s, and e	1a	1,314,015. 2,897,924. 1,221,912.  Business Code 900099	4,211,939. 303,761.	303,761.		
Program Service Revenue		c d e f	All other program service  Total. Add lines 2a-2f	rever	nue			303,761.			
	3		Investment income (include	ding c	divider	nds, intere	est, and	·			22 422
	4 5		other similar amounts) Income from investment of Royalties	of tax-	-exem	pt bond p	proceeds	39,482.			39,482.
	6	b c	Gross rents  Less: rental expenses  Rental income or (loss)  Net rental income or (loss)	6a 6b 6c		Real	(ii) Personal				
	7		Gross amount from sales of assets other than inventory	7a	(i) Se	ecurities	(ii) Other				
evenue		С	Less: cost or other basis and sales expenses Gain or (loss)	7b 7c	1,3	90,779. 56,435.		455.405			156 125
Other R	8		Net gain or (loss)	line	ents (no  1c). Se	ot of ee 8a	·····	156,435.			156,435.
		С	Less: direct expenses Net income or (loss) from	fundr	raising	events	<b>&gt;</b>				
	9	b	Gross income from gamin Part IV, line 19 Less: direct expenses			9a 9b					
	10	а	Net income or (loss) from Gross sales of inventory, and allowances Less: cost of goods sold	ess r	eturns	10a					
		С	Net income or (loss) from	sales	of inv	entory	<b></b>				
Miscellaneous Revenue	11	b	MISCELLANEOUS REVEN				Business Code 900099	69,233.	69,233.		
Re		C	All other reverses								
Σ			All other revenue				<b>&gt;</b>	69,233.			
								<u> </u>			

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Total revenue. See instructions

69,233. 4,780,850.

372,994.

# Part IX | Statement of Functional Expenses

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

_	Check if Schedule O contains a respons	se or note to any line in t	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
^	· · · · · · · · · · · · · · · · · · ·				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	158,878.	87,383.	28 508	12 80
_	trustees, and key employees	130,070.	01,303.	28,598.	42,897
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	COE 710	244 142	110 (00	1.00 0.40
7	Other salaries and wages	625,712.	344,142.	112,628.	168,942
8	Pension plan accruals and contributions (include	10 500	10 004	2 246	F 010
	section 401(k) and 403(b) employer contributions)	18,589.	10,224.	3,346. 9,337.	5,019 14,009
9	Other employee benefits	51,870.	28,528.	9,337.	14,005
10	Payroll taxes	66,274.	36,451.	11,929.	17,894
11	Fees for services (nonemployees):				
а	Management	40 545	10 100	245	2.5
b	Legal	12,715.	12,100.	246.	369
С	Accounting	51,380.	31,601.	4,266.	15,513
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	26,310.		26,310.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	160,261.	148,611.	1,323.	10,327
12	Advertising and promotion	15,383.	11,016.	363.	4,004
13	Office expenses	58,910.	29,770.	4,594.	24,546
14	Information technology	15,046.	8,276.	2,708.	4,062
15	Royalties				
16	Occupancy	52,532.	30,114.	8,967.	13,451
17	Travel	10,149.	8,460.	545.	1,144
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,503.	3,503.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,117.	2,814.	921.	1,382
23	Insurance	28,905.	15,898.	5,203.	7,804
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	LAND ACQUISITION EXPENS	101,295.	101,295.		
b	EDUCATION MATERIALS AND	41,557.	38,608.	1,120.	1,829
c	MEMBERSHIP DUES/SUBS/LI	22,939.	7,180.	1,686.	14,073
d	HONORARIUMS & AWARDS	2,835.	1,086.	356.	1,393
	All other expenses	25,499.	25,499.		=, = ,
25 25	Total functional expenses. Add lines 1 through 24e	1,555,659.	982,559.	224,446.	348,654
26 26	Joint costs. Complete this line only if the organization	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	,	320,00
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	II IOIIOWITIG 50P 98-2 (A5C 958-720)				Form <b>990</b> (20

Form **990** (2021)

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to ar	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,239,812.	1	1,427,465.
	2	Savings and temporary cash investments			52,924.	2	85,098.
	3	Pledges and grants receivable, net		1,616,776.	3	879,084.	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqual	ified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describe	d in se	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	B			26,209.	9	34,876
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	22,287,414.			
	b	Less: accumulated depreciation	10b	73,617.	20,659,969.	10c	22,213,797.
	11	Investments - publicly traded securities		2,588,401.	11	2,283,649.	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		53,361.	15	212,147	
	16	Total assets. Add lines 1 through 15 (must equ		ı	26,237,452.	16	27,136,116
	17	Accounts payable and accrued expenses		87,905.	17	60,955.	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			450 500	20	06 500
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D	158,528.	21	86,599
es	22	Loans and other payables to any current or form	ner offi	cer, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial	contributor, or 35%			
jab		controlled entity or family member of any of the			F1F 000	22	
_	23	Secured mortgages and notes payable to unrel			515,000.	23	0.
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24	). Complete Part X	144 070		0
		of Schedule D		<b>—</b>	144,070. 905,503.		0.
	26	Total liabilities. Add lines 17 through 25			905,503.	26	147,554.
S		Organizations that follow FASB ASC 958, che	eck her	e ▶ <u>X</u>			
ğ		and complete lines 27, 28, 32, and 33.			2,809,294.		2,892,499.
sala	27	Net assets without donor restrictions	22,522,655.		24,096,063.		
P E	28	Net assets with donor restrictions	22,322,033.	28	24,090,003.		
Ψ		Organizations that do not follow FASB ASC 9	958, cn	eck nere 🕨 📖			
<u></u>		and complete lines 29 through 33.					
ets	29	Capital stock or trust principal, or current funds				29	
Ass	30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			25,331,949.	31	26,988,562.
Ž	32	Total net assets or fund balances		ı	26,237,452.	32	27,136,116.
	33	Total liabilities and net assets/fund balances .			40,431,434.	33	Z / , I 30 , I I 0 •

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1 2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	1 2	4,78	55,6	<u>59.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	3,22		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	25,33		
5	Net unrealized gains (losses) on investments	5	-49	92,9	97.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-1,07	75,5	81.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	26,98	38,5	62.
Pa	rt 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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			l	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			l
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>

## **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization ALLEGHENY LAND TRUST 25-1718611 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	Section A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(.,,	(-,	(-,	(-,	(-,	(-)
	membership fees received. (Do not						
	include any "unusual grants.")	2,135,789.	4,188,750.	4,007,480.	5,295,366.	4,211,939.	19,839,324.
2	Tax revenues levied for the organ-		, ,	, ,		. ,	
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2,135,789.	4,188,750.	4,007,480.	5,295,366.	4,211,939.	19,839,324.
	The portion of total contributions	, ,	, ,	, ,	<u>, , , , , , , , , , , , , , , , , , , </u>	, ,	
-	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						3,193,643.
6	Public support. Subtract line 5 from line 4.						16,645,681.
	ction B. Total Support			•			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	2,135,789.	4,188,750.	4,007,480.	5,295,366.	4,211,939.	19,839,324.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	27,221.	162,345.	39,802.	45,822.	39,482.	314,672.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	62,910.	45,154.	41,420.	96,133.	372,994.	
11	<b>Total support.</b> Add lines 7 through 10						20,772,607.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	501(c)(3)	
_	organization, check this box and stop		-				<u></u> ▶□
	ction C. Computation of Publ					<del></del>	00 12
	Public support percentage for 2021 (					14	80.13 %
	Public support percentage from 2020					15	80.00 %
16a	16a 33 1/3% support test - 2021. 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						
b	b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
47.	and stop here. The organization qualifies as a publicly supported organization						
17a	7a 10% -facts-and-circumstances test - 2021. 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 <b>stop here.</b> Explain in Part VI how the organization						
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or						
D		_					10% Or
	more, and if the organization meets the				-		▶□
10	organization meets the facts-and-circ		-				
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						

Schedule A (Form 990) 2021

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

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

Se	ction A. Public Support	siow, picase com	piete i dit ii.)				
	endar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		` ,	` ,	<u> </u>	, ,	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	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 organ-						
7	ization's benefit and either paid to or expended on its behalf						
_	The value of services or facilities						
5	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5		-	-	-		
	a Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
(	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>	L	<u>l</u>	1	<u> </u>
14	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
<del>-</del>	check this box and stop here						<b></b>
	ction C. Computation of Publ					1 1	
	Public support percentage for 2021 (I						%
	Public support percentage from 2020 ction D. Computation of Inves					16	%
						47	0/
17							%
18	Investment income percentage from 2					18	%
198	a 33 1/3% support tests - 2021. If the						i / is not
ŀ	more than 33 1/3%, check this box at 33 1/3% support tests - 2020. If the	organization did ı	not check a box or	n line 14 or line 19a	a, and line 16 is m	nore than 33 1/3%,	
	line 18 is not more than 33 1/3%, che	ck this box and st	<b>top here.</b> The orga	anization qualifies a	as a publicly supp	orted organization	▶□
20	Private foundation. If the organizatio	n did not check a	hox on line 14 10	a or 19h check t	his hox and see ir	nstructions	

# Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	0-		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	10b		
4	A /Earr	~ 000	0004

Par	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
	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). tion D. All Type III Supporting Organizations	1		
3601	non b. All Type III Supporting Organizations		V	NI -
	Did the appropriation may ride to each of its appropriate appropriations, by the least day of the fifth mouth of the		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
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.

	dule A (Form 990) 2021 ALLEGHENY LAND TRUST			25-1/18611 Page <b>6</b>
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust o	n Nov. 20, 1970 (explain ir	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st comple	te Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount, Subtract line 5 from line 4, unless subject to			

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

Schedule A (Form 990) 2021

instructions).

emergency temporary reduction (see instructions).

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

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

# **Schedule B** (Form 990)

**Schedule of Contributors** 

▶ Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Schedule B (Form 990) (2021)

Employer identification number

AL	ILEGHENY LAND TRUST	72-1/10011			
rganization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)( $3$ ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
, ,	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	le. See instructions.			
General Rule					
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's				
Special Rules					
sections 509(a)(1) a contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, an the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) F line 1. Complete Parts I and II.	d that received from any one			
contributor, during literary, or education	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a the year, total contributions of more than \$1,000 exclusively for religious, charitable, scional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (e) instead of the contributor name and address), II, and III.	ientific,			
year, contributions is checked, enter h purpose. Don't cor	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a exclusively for religious, charitable, etc., purposes, but no such contributions totaled material the total contributions that were received during the year for an exclusively religious, applete any of the parts unless the <b>General Rule</b> applies to this organization because it rule, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box , charitable, etc., eceived <i>nonexclusively</i>			
answer "No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, g requirements of Schedule B (Form 990).				

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

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

# ALLEGHENY LAND TRUST

25-1718611

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 275,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>1,057,140</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$115,000.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$165,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>125,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 235,000.	Person X Payroll

Schedule B (Form 990) (2021)

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
7		\$ <u>144,070.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	- Humo, address, and En 1 1	\$160,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

# ALLEGHENY LAND TRUST

25-1718611

(a)   No.   (b)   Description of noncash property given   (c)   FMV (or estimate)   (d)   Date received   (d	Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
\$ 430,770. 09/24/21  (a) No. (b) Ce FMV (or estimate) (see instructions)  9.21 ACRES BUERKLE WOODLANDS  (b) Ce FMV (or estimate) (see instructions)  (c) FMV (or estimate) (see instructions)  (d) Date received  (a) No. (b) Ce FMV (or estimate) (see instructions)  (a) No. (b) FMV (or estimate) (see instructions)  (b) Ce FMV (or estimate) (see instructions)  (c) FMV (or estimate) (see instructions)  (d) Date received  (a) No. (b) FMV (or estimate) (see instructions)  (a) No. (c) FMV (or estimate) (see instructions)  (a) No. (b) Ce FMV (or estimate) (see instructions)  (a) No. (b) Ce FMV (or estimate) (see instructions)  (b) Date received  (c) FMV (or estimate) (see instructions)  (d) Date received  (e) FMV (or estimate) (see instructions)  (f) Date received  (g) Date received	No. from	· · ·	FMV (or estimate)	
(a) No. Description of noncash property given Part I	•	120 ACRES GOSWELL EASEMENT		
(a) No. Tom Description of noncash property given (c) FMV (or estimate) (See instructions.)  9 21 ACRES BUERKLE WOODLANDS  (a) S.				
No. from Description of noncash property given  9 221 ACRES BUERKLE WOODLANDS  (a)			\$ 430,770.	09/24/21
9 9.21 ACRES BUERKLE WOODLANDS  (a)	No. from		FMV (or estimate)	
(a) (b) (c) FMV (or estimate) (See instructions.)  (a) (a) (b) (b) (c) FMV (or estimate) (See instructions.)  (b) (c) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received  (e) FMV (or estimate) (See instructions.)  (d) Date received  (e) FMV (or estimate) (See instructions.)  (forming part I (forming part I) (formi		9.21 ACRES BUERKLE WOODLANDS		
No. from Part I    Description of noncash property given   FMV (or estimate) (See instructions.)   Date received	9		     160,000.	03/07/22
(a) No. from Description of noncash property given See instructions.)  (b) FMV (or estimate) (See instructions.)  (a) No. (b) FMV (or estimate) (See instructions.)  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received  (a) No. (b) FMV (or estimate) (See instructions.)  (a) No. (c) FMV (or estimate) (See instructions.)  (a) No. (b) FMV (or estimate) (See instructions.)  (b) FMV (or estimate) (See instructions.)	No. from		FMV (or estimate)	
(a) No. from Description of noncash property given See instructions.)  (b) FMV (or estimate) (See instructions.)  (a) No. (b) FMV (or estimate) (See instructions.)  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received  (a) No. (b) FMV (or estimate) (See instructions.)  (a) No. (c) FMV (or estimate) (See instructions.)  (a) No. (b) FMV (or estimate) (See instructions.)  (b) FMV (or estimate) (See instructions.)				
No. from Part I  (a) No. from Part I  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received  (a) No. from Part I  (a) Description of noncash property given  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received  (a) No. from Description of noncash property given  (a) No. from Description of noncash property given  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
(a) No. from Part I  (b) Description of noncash property given  (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received  (a) No. from Part I  Description of noncash property given  (b) FMV (or estimate) (See instructions.)  (d) Date received  (d) Date received	No. from		FMV (or estimate)	
(a) No. from Part I  (b) Description of noncash property given  (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received  (a) No. from Part I  Description of noncash property given  (b) FMV (or estimate) (See instructions.)  (d) Date received  (d) Date received				
No. from Part I  (a) No. from Part I  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received  (a) No. from Part I  Description of noncash property given  Part I  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)			\$	
(a) No. from Part I  (b) FMV (or estimate) (See instructions.)  Date received	No. from		FMV (or estimate)	
(a) No. from Part I  (b) FMV (or estimate) (See instructions.)  Date received				
No. from Description of noncash property given Part I			\$	
	No. from		FMV (or estimate)	
			_	
			<sub>\$</sub>	

Schedule B (Form 990) (2021) 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 columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom 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 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from 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 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

ALLEGHENY LAND TRUST

**Employer identification number** 25-1718611

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, line 6	6.				
		(a) Donor advised	funds (	b) Funds and other accounts		
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in wri	ting that the assets hel	d in donor advised fun	ds		
	are the organization's property, subject to the organization's ex	clusive legal control?		Yes No		
6	Did the organization inform all grantees, donors, and donor adv	isors in writing that gra	nt funds can be used	only		
	for charitable purposes and not for the benefit of the donor or c	donor advisor, or for any	y other purpose confer	ring		
	impermissible private benefit?					
Par	1 5		" on Form 990, Part IV	, line 7.		
1	Purpose(s) of conservation easements held by the organization	(check all that apply).				
	Preservation of land for public use (for example, recreation	n or education)	Preservation of a histo	orically important land area		
	Protection of natural habitat		Preservation of a certi	fied historic structure		
	X Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribu	ition in the form of a co			
	day of the tax year.			Held at the End of the Tax Year		
а	Total number of conservation easements			2a 16		
b	•			2b 501.00		
С	Number of conservation easements on a certified historic struc-			2c		
d	Number of conservation easements included in (c) acquired after					
	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, release	sed, extinguished, or to	erminated by the orgar	nization during the tax		
	year ▶		4			
4	Number of states where property subject to conservation easer		<u> </u>			
5	Does the organization have a written policy regarding the period			[ <del></del>		
	violations, and enforcement of the conservation easements it he					
6						
7	Amount of expenses incurred in monitoring, inspecting, handlin \$\\$ 9,875.	g of violations, and enf	orcing conservation ea	asements during the year		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirement	s of section 170(h)(4)(E	3)(i)		
	and section 170(h)(4)(B)(ii)?	•				
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footnot	e to the organization's	financial statements th	nat describes the		
	organization's accounting for conservation easements.					
Par	t III Organizations Maintaining Collections of A	Art, Historical Tre	asures, or Other	Similar Assets.		
	Complete if the organization answered "Yes" on Form 99	90, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958,	not to report in its reve	nue statement and ba	lance sheet works		
	of art, historical treasures, or other similar assets held for public	exhibition, education,	or research in furthera	nce of public		
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
b	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of					
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,					
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1			. > \$		
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical treasures					
	the following amounts required to be reported under FASB ASC	0 958 relating to these	items:			
а	Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$		
b	Assets included in Form 990, Part X			. 🕨 \$		
	For Paperwork Reduction Act Notice, see the Instructions for		· · · · · · · · · · · · · · · · · · ·	Schedule D (Form 990) 2021		

		Collections of Ar		easures c	r Othe	er Simil		PtS/continued)	age Z	
3										
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):									
а	Public exhibition	d	Loan or evol	hange progra	ım					
b	Scholarly research	e		nange progra						
C	Preservation for future generations	e								
4	-	alloctions and avaloi	a how thou further th	ao organizati	on's over	mnt nurn	ooo in Do	ud VIII		
5	Provide a description of the organization's conclusion buring the year, did the organization solicit of						056 111 F2	III AIII.		
3	to be sold to raise funds rather than to be ma		·	•			Г	Yes	No	
Pai	t IV Escrow and Custodial Arran								_ INO	
ı aı	reported an amount on Form 990, Par		ete ii trie organizatio	n answered	res on	FOIII 99	u, Part IV	, lifte 9, or		
10	Is the organization an agent, trustee, custodi		lian, for contribution	o or other on	coto not	ingludad				
ıa								Yes X	No	
<b>L</b>	on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII						└		⊔ INO	
D	in res, explain the arrangement in Part Alli	and complete the lo	nowing table.			Amount				
_	Designing belows					4-		Amount		
	Beginning balance									
	Additions during the year									
e	Distributions during the year									
0	Ending balance  Did the organization include an amount on Fe					1f		Yes	N <sub>o</sub>	
	_					•		v	∐ No	
Pai	If "Yes," explain the arrangement in Part XIII. <b>t V Endowment Funds.</b> Complete in									
. u	Endownient i dido: Complete ii	(a) Current year	(b) Prior year	(c) Two year			vears back	(e) Four years	back	
10	Beginning of year balance	1,253,381.	1,215,337.		,208.		197,652	+		
		0.	0.	1,203	147.		· · · · · ·			
b	Contributions  Net investment earnings, gains, and losses	-29,499.	38,678.	-	5,546.					
4	• • • • • • • • • • • • • • • • • • • •	25, 455.	30,070.		,,540.		11,514	20,	,251.	
d	Grants or scholarships Other expenditures for facilities									
e	Other expenditures for facilities				0.		54,160	71	,094.	
£	and programs	974.	634.		564.		1,063		393.	
'	Administrative expenses	1,222,908.	1,253,381.	1 215	5,337.	1 1	209,208	<del>                                     </del>		
g 2	End of year balance			,	,,,,,,,		205,200	•	,032.	
2	Board designated or quasi-endowment	76.8300	e (iine 19, columin (a %	ij) rielu as.						
a b	Permanent endowment 18.1800	%								
	Term endowment   4.9900									
C	The percentages on lines 2a, 2b, and 2c sho									
32	Are there endowment funds not in the posse	· ·	ation that are hold a	nd administa	rad for t	ho organi	zation			
Ja	by:	ssion of the organiza	ation that are neid a	na administe	ieu ioi ti	ne organi	Zation	Yes	No	
								3a(i)	X	
									X	
h	• • • • • • • • • • • • • • • • • • • •							·		
4	b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  Describe in Part XIII the intended uses of the organization's endowment funds.									
Pai	t VI Land, Buildings, and Equipm		ione iunus.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.									
	Description of property	(a) Cost or of				ccumulat	ed T	(d) Book valu		
	besomption of property	basis (investn				oreciation		(a) DOOR valu	J	
12	Land	<del>-                                    </del>	,	7,664.	3.51			22,187,6	64.	
	Buildings			.,				,,		
	Leasehold improvements			9,123.		1,1	20.	8,0	03.	
	Equipment			0,627.		72,4	97.	18,1	30.	
	Other		<del>-                                     </del>	.,		. – , -				

Schedule D (Form 990) 2021

22,213,797.

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

Schedule D (Form 990) 2021 ALLEGHENY 1	LAND TRUST	25	-1718611 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes		-	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	•		
Complete if the organization answered "Yes	" on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			•
(2)			
(3)	+		
(4)			
(5)	+		
(6)	+		
(7)	+		
(8)	+		
(9) Tatal (Col. (b) must squal Form 000, Part V col. (D) line 12.)	+		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes	" on Form 000 Port IV line	a 11d Cap Form 000 Port V line 15	
	Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
	Description		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)	<b>&gt;</b>	
Part X Other Liabilities.			
Complete if the organization answered "Yes	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	j.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(e)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2021

(7) (8)

Pai	rt XI Reconciliation of Revenue per Audited Financial Sta	atements with	i nevenue per n	Ctarr	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	4,274,043.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-492,997.		
b	Donated services and use of facilities	2b	12,500.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-480,497.
3	Subtract line 2e from line 1			3	4,754,540.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	26,310.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	26,310.
5	T				
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.			5	4,780,850.
	rt XII Reconciliation of Expenses per Audited Financial St	atements Wit			
	rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, lir	t <b>atements Wit</b> ne 12a.	h Expenses per		rn.
	rt XII Reconciliation of Expenses per Audited Financial St	t <b>atements Wit</b> ne 12a.	h Expenses per		
Pa	rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, lir	atements Wit	h Expenses per	Retu	rn.
Pa	rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	tatements Wit	h Expenses per	Retu	rn.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	tatements Wit	h Expenses per	Retu	rn.
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c	12,500.	Retu	rn.
Pa 1 2 a b c	rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	12,500. 1,075,581.	Retu	rn. 2,617,430.
Pa 1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, ling Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	12,500. 1,075,581.	Retu	rn. 2,617,430. 1,088,081.
Pa 1 2 a b c	rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	12,500. 1,075,581.	Retu	rn. 2,617,430.
Pa 1 2 a b c d e	rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a   2b   2c   2d	12,500. 1,075,581.	Retu 1	rn. 2,617,430. 1,088,081.
Pa 1 2 a b c d e 3	rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a   2b   2c   2d	12,500. 1,075,581.	Retu 1	rn. 2,617,430. 1,088,081.
Pa  1 2 a b c d e 3 4	rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a   2b   2c   2d	12,500. 1,075,581.	Retu 1	n. 2,617,430.  1,088,081. 1,529,349.
Pa 1 2 a b c d e 3 4 a b b	rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a   2b   2c   2d	12,500. 1,075,581. 26,310.	Retu 1	rn. 2,617,430. 1,088,081.

#### Part XIII Supplemental Information.

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

#### PART IV, LINE 2B:

FROM TIME TO TIME, ALLEGHENY LAND TRUST ACTS AS A FISCAL AGENT FOR OTHER ORGANIZATIONS. ALLEGHENY LAND TRUST REPORTS THE CASH HELD ON BEHALF OF THESE ORGANIZATIONS TOTALING \$86,599 AND \$158,528 AS OF JUNE 30, 2022 AND 2021, RESPECTIVELY AS CASH HELD AS CUSTODIAN ASSETS AND CASH HELD AS CUSTODIAN LIABILITIES ON THE STATEMENTS OF FINANCIAL POSITION.

#### PART X, LINE 2:

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

Part XIII | Supplemental Information (continued)

WHETHER EVIDENCE INDICATES IT IS MORE LIKELY THAN NOT THAT A POSITION WILL

BE SUSTAINED IF EXAMINED BY TAXING AUTHORITIES. AS OF JUNE 30, 2022 AND

2021 ALT IS UNAWARE OF ANY UNCERTAIN TAX POSITIONS. ALT'S FEDERAL INCOME

TAX AND EXCISE TAX RETURNS FOR TAX YEARS 2019 AND BEYOND REMAIN SUBJECT TO

EXAMINATION BY THE INTERNAL REVENUE SERVICE.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON IMPAIRMENT OF PROPERTY

1,075,581.

PART II, LINE 9

ALLEGHENY LAND TRUST HOLDS CONSERVATION EASEMENTS FOR THE PURPOSE OF

CONSERVING THE NATURAL HABITAT OF FISH, WILDLIFE, OR PLANTS, OPEN SPACE,

OR 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.

## **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

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

Pai	t 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 de noncash contribu		_	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous	X	2	34,638.	FAIR MARKET	' VA	LUE	
13	Qualified conservation contribution - Historic structures							
14	Qualified conservation contribution - Other	Х	4	1,187,274.	FAIR MARKET	' VA	LUE	
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ( )							
26	Other ()							
27	Other ( )							
28	Other ( )							
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for o	contributions				
	for which the organization completed Form 82	83, Part V, [	Donee Acknowledg	gement 29				
							Yes	No
30a	During the year, did the organization receive b	y contributio	on any property re	ported in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the dat	e of the initia	al contribution, and	d which isn't required to be u	sed for			
	exempt purposes for the entire holding period	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribu	itions?	31	Х	
32a	Does the organization hire or use third parties							
	contributions?		_			32a		Х
	If "Yes," describe in Part II.				al and			
33	If the organization didn't report an amount in o				скеа,			
	describe in Part II.				Cabadula I			

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

Schedule M (Form 990) 2021

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#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-FZ

► Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

Name of the organization

ALLEGHENY LAND TRUST

Employer identification number 25-1718611

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

WE CONSERVE AND CARE FOR LOCAL LAND FOR THE HEALTH AND WELL-BEING OF

CURRENT AND FUTURE GENERATIONS.

ALLEGHENY LAND TRUST HELPS LOCAL PEOPLE SAVE LOCAL LAND, AND SINCE

1993, HAS PARTNERED WITH 37 COMMUNITIES TO PROTECT OVER 3,231 ACRES IN

ALLEGHENY, BUTLER AND WASHINGTON COUNTIES.

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 III, LINE 4D, OTHER PROGRAM SERVICES:

COMMUNITY CONSERVATION: ALLEGHENY LAND TRUST WORKS TO PROTECT AT-RISK

COMMUNITY GARDENS AND PLAN FOR FUTURE URBAN GREEN SPACE PROTECTION

THROUGHOUT THE METRO PITTSBURGH REGION.

EXPENSES \$ 132,258. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

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

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page **2** 

Name of the organization ALLEGHENY LAND TRUST

Employer identification number 25-1718611

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 FINANCE COMMITTEE AND THE GOVERNANCE COMMITTEE.

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

THE FORM 990 IS TYPICALLY PRESENTED TO THE FINANCE COMMITTEE FOR REVIEW AND DISCUSSION. ALL QUESTIONS WILL BE DISCUSSED AND RESOLVED. AFTER THE FINANCE 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,

Schedule O (Form 990) 2021 Page 2

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

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 CHAIRPERSON OF THE BOARD, WHO WILL REFER THE CONFLICT TO THE GOVERNANCE COMMITTEE OF THE BOARD. (IN THE EVENT THE CHAIRPERSON OF THE BOARD IS REQUIRED TO DISCLOSE A POTENTIAL CONFLICT OF INTEREST, THEY SHALL MAKE THE REQUIRED DISCLOSURE TO THE VICE CHAIRPERSON 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 CHAIRPERSON OF THE BOARD. THE CHAIRPERSON SHALL DETERMINE IF THE MATTER SHOULD BE REFERRED TO THE GOVERNANCE COMMITTEE FOR FURTHER REVIEW AND REPORT TO THE BOARD.

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

Schedule O (Form 990) 2021 Page 2

Name of the organization **Employer identification number** ALLEGHENY LAND TRUST 25-1718611 ITS FINANCIAL OR OTHER BENEFIT TO THE COVERED PERSON WHO HAS THE CONFLICT OF INTEREST; WHEN THE COVERED PERSON IS A DIRECTOR, THE DIRECTOR DID NOT PARTICIPATE IN THE VOTE APPROVING IT, AND WAS IN FACT, ABSENT (AND NOT COUNTED TOWARD A QUORUM) BOTH DURING THE DISCUSSION AND WHEN THE BOARD VOTED ON IT; AND A MORE ADVANTAGEOUS ARRANGEMENT COULD NOT HAVE BEEN OBTAINED WITH REASONABLE EFFORT, INCLUDING THE SOLICITATION OF MULTIPLE BIDS. WHEN WARRANTED BY THE NATURE AND MAGNITUDE OF THE CONFLICT OF INTEREST, THE BOARD WILL REQUEST THAT A CONFLICTED ALT COVERED PERSON RESIGN. FORM 990, PART VI, SECTION B, LINE 15A: THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS IS RESPONSIBLE FOR REVIEWING THE PERFORMANCE AND COMPENSATION OF THE 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 IX, LINE 11G, OTHER FEES: GIS & ENGINEERING: PROGRAM SERVICE EXPENSES 31,781.

GRAPHIC DESIGN:

TOTAL EXPENSES

Schedule O (Form 990) 2021

FUNDRAISING EXPENSES

MANAGEMENT AND GENERAL EXPENSES

0.

0.

31,781.

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Schedule O (Form 990) 2021	Page 2
Name of the organization ALLEGHENY LAND TRUST	Employer identification number 25-1718611
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	420.
TOTAL EXPENSES	420.
OTHER PROFESSIONAL SERVICES:	
PROGRAM SERVICE EXPENSES	14,000.
MANAGEMENT AND GENERAL EXPENSES	718.
FUNDRAISING EXPENSES	9,000.
TOTAL EXPENSES	23,718.
PAYROLL SERVICES:	
PROGRAM SERVICE EXPENSES	1,848.
MANAGEMENT AND GENERAL EXPENSES	605.
FUNDRAISING EXPENSES	907.
TOTAL EXPENSES	3,360.
PLANNING AND GENERAL CONSULTING:	
PROGRAM SERVICE EXPENSES	83,633.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	83,633.
TREE SERVICE & LANDSCAPING:	
PROGRAM SERVICE EXPENSES	17,349.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	17,349.
132212 11-11-21 3.8	Schedule O (Form 990) 2021

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Name of the organization  ALLEGHENY LAND TRUST	Employer identification number 25-1718611
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	160,261.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
LOSS ON IMPAIRMENT	-1,075,581.
FORM 990, SCHEDULE B, PART I, LINE 10:	
ON FEBRUARY 27, 2021, ALT RECEIVED A PAYCHECK PROTECTION	PROGRAM
("PPP") LOAN IN THE AMOUNT OF \$144,070 FROM A LENDER, WHI	CH WAS FUNDED
UNDER THE PROVISIONS OF THE UNITED STATES OF AMERICA SMAL	L BUSINESS
ADMINISTRATION PAYCHECK PROTECTION PROGRAM. THE OUTSTANDI	NG BALANCE OF
THE NOTE WAS SUBJECT TO AN INITIAL DEFERMENT PERIOD OF TE	N MONTHS, UPON
WHICH ALT CAN APPLY FOR FORGIVENESS TO THE EXTENT THAT TH	E PROCEEDS ARE
USED IN ACCORDANCE WITH THE PROVISIONS OF SECTION 1106 OF	THE
CORONAVIRUS AID, RELIEF AND ECONOMIC SECURITY ("CARES") A	CT. ON OCTOBER
20, 2021, ALT RECEIVED FULL FORGIVENESS OF THE PPP LOAN F	ROM THE SMALL
BUSINESS ADMINISTRATION, UNDER THE PROVISIONS OF THE CARE	S ACT, WHICH
IS RECOGNIZED AS FORGIVENESS OF PAYCHECK PROTECTION PROGR	AM LOAN IN THE
2022 STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS. T	HE INCOME FROM
THE FORGIVENESS IS INCLUDED IN GOVERNMENTAL CONTRIBUTIONS	, THEREFORE,
THE CONTRIBUTION IS BEING REPORTED ON SCHEDULE B.	