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Department of the Treasury

## **Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047 Open to Public

MICH	ai Neveriue Sei	The diganization may have to use a copy of this feturn to satisfy state reports			mapeçuon				
<u>A</u>	For the 201	2 calendar year, or tax year beginning , and ending							
	Check if applicable		P	Employe	r identification number				
X	Address change	PENNSYLVANIA LAND TRUST ASSOCIATION							
	Name change	Doing Business As		23-2789029					
$\Box$ .	nıtıal retum	Number and street (or P O box if mail is not delivered to street address)  Room/s	uite E	Telephon					
=		119 PINE STREET, 1ST FLOOR		717.	-230-8560				
T	Terminated	City, town or post office, state, and ZIP code	1		`				
X A	Amended return	HARRISBURG PA 17101	G	Gross receip	ts\$ 579,688				
	Application pendi	F Name and address of principal officer	Is this a group	roturn for aff	iliates? Yes X No				
Ш.	<b>FF</b>	ANDREW LOZA	is this a group	rictum for an					
		115 11NL BINDAL, 1BI 1200N	Are all affiliat		<del></del>				
		HARRISBURG PA 17101	If "No," a	ttach a list (	see instructions)				
1	Tax-exempt sta	us X 501(c)(3) 501(c) ( ) ◀ (insert no ) 4947(a)(1) or 527							
J	Website. 🕨		Group exemp		<u> </u>				
K	Form of organiza	tion X Corporation Trust Association Other ► L Year of for	mation 19	95 k	State of legal domicile PA				
P	art I	Summary							
	1 Briefly	describe the organization's mission or most significant activities							
	SE	E SCHEDULE O							
<u>ا</u> ۾									
Ë									
Š	2 Charl	this box F if the organization discontinued its operations or disposed of more than 25% of it	s net assets	s					
ŏ		er of voting members of the governing body (Part VI, line 1a)	5 2000.	3	11				
8		er of independent voting members of the governing body (Part VI, line 1b)		4	11				
itie		number of individuals employed in calendar year 2012 (Part V, line 2a)		5	3				
Activities & Governance	1	number of volunteers (estimate if necessary)		6	30				
Ă	I	•		7a	0				
	I	unrelated business revenue from Part VIII, column (C), line 12		7b	0				
_	<u> binetu</u>	nrelated business taxable income from Form 990-T, line 34	Prior Year	1.70	Current Year				
	8 Contr	butions and grants (Part VIII, line 1h)	493,	984	534,775				
Revenue		am service revenue (Part VIII, line 2g)	32,	984	44,408				
ĕ		ment income (Part VIII, column (A), lines 3, 4, and 7d)	-	943	505				
æ		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0				
		revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	527,	911	579,688				
·		s and similar ar <del>rounts paid (Part IX, column (A), lin</del> es 1–3)	63	190	114,456				
	14 Bene	its paid to or for members (Fan IX) ( ) line 4)			0				
		es, other compensation, employee benefits-(Part)X, column (A), lines 5–10)	245,	,000	250,979				
dd enses					0				
<u>چ</u> ے و	h Total	ssional fundraising fees (Part IX, column (A), line (1e) fundraising expenses (Part IX, column (b); line 25) ► 8,511							
20g	17 Other	expenses (Part IX, column-(A),-lines-1.1a-1.1d, 14f-24e)	180	290	167,286				
	1	expenses Add lines ③ ② must adjust Part IX, column (A), line 25)	488		532,721				
(SV)		nue less expenses Subtract line 18 from line 12.		431	46,967				
<u> </u>	13 11000	Begin	ning of Currer		End of Year				
Sets FT	20 Total	assets (Part X, line 16)	396	,871	461,088				
Ass	5)	liabilities (Part X, line 26)	12	461	29,711				
	22 Net a	ssets or fund balances Subtract line 21 from line 20	384	410	431,377				
₩ P	art II	Signature Block							
		of perjury, I declare that I have examined this return, including accompanying schedules and statements, an	d to the best	of my kno	wledge and belief, it is				
(C) tn	ue, correct, a	nd complete Declaration of preparer (other than officer) is based on all information of which preparer has any	knowledge	-					
(C)		Ahr / Com &			1/10/14				
Sig	ın 📗	Signature of officer		Date	<del>1/~/+7</del>				
He	- 1 .	John Connor, Treasurer							
110		Type or print name and title							
	Prin	Type preparer's name Preparer's signature	Date ,	Check	ıf PTIN				
Pai	ا س	IEL S. BERGER	4/14/14	self-emp	loyed P01063674				
	narer Dia	HANTI HON C MUCCED TO CDAC		's EIN	23-2213999				
	Only	176 CUMBERLAND PARKWAY	-   -   -	13 EIN F					
	· 1	. MEGUANT GODIDG DA 170EE	Db.	ne no	717-697-3888				
140		saddress • MECHANICSBURG, PA 17035 scuss this return with the preparer shown above? (see instructions)	PNO	HI TIU	X Yes No				
Ma	y the IKS di	scuss this return with the preparer shown above (see instructions)			7 162 NO				

Form 990 (2012) PENNSYLVANIA LAND TRUST ASSOCIATION 23-2789029	Page 2
Part III Statement of Program Service Accomplishments	X
Check if Schedule O contains a response to any question in this Part III  1 Briefly describe the organization's mission	
SEE SCHEDULE O	
2 Did the organization undertake any significant program services during the year which were not listed on the	
prior Form 990 or 990-EZ?	Yes X No
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 changes on Schedule O	
4 Describe the organization's program service accomplishments for each of its three largest program services, as meas	
expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported	o omers,
,	
4a (Code ) (Expenses \$ 262,873 including grants of \$ 114,456 ) (Reve	
TECHNICAL ASSISTANCE ASSIST CHARITABLE CONSERVATION ORGA	
GOVERNMENT IN IMPROVING THE QUALITY AND INCREASING THE QUAL	
CONSERVATION WORK. TECHNICAL ASSISTANCE PROVIDED BY PHONE, PERSON. TECHNICAL GUIDANCE PREPARED ON DOZENS OF CONSERVAT	
CONSERVATIONTOOLS.ORG WEBSITE EXPANDED. GRANTS AWARDED TO	
ORGANIZATIONS IN SUPPORT OF LAND CONSERVATION PROJECTS AND	
IMPROVEMENT.	
4b (Code ) (Expenses \$ 88,785 including grants of \$ ) (Reve	
OUTREACH AND EDUCATION REACH OUT TO AND EDUCATE THE PUBL	
CONSERVATION. CONTENT WAS EXPANDED AT CONSERVELAND.ORG AND WEBSITES. PUBLICATIONS, INCLUDING IN THEIR OWN WORDS AND CO	
DISTRIBUTED IN PRINT AND DIGITAL EDITIONS. PRESENTATIONS W	
VARIETY OF AUDIENCES.	
4c (Code ) (Expenses \$ 82,142 including grants of \$ ) (Reve	
PENNSYLVANIA LAND CONSERVATION CONFERENCE, SEMINARS, ROUND'S GATHERINGS PROVIDE TRAINING AND IMPROVE COMMUNICATIONS	TABLES AND OTHER
AMONGST THOSE CONSERVING LAND FOR THE PUBLIC GOOD.	AND COOLERATION
4d Other program services (Describe in Schedule O )	
(Expenses \$ 68,616 including grants of \$ ) (Revenue \$	)
4e Total program service expenses ► 502,416	
DAA	Form <b>990</b> (2012

Part IV	Checklist of	Required Schedules	2
rantiv	CHECKIISLO	Reduited Schedules	3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	_		
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,		ļ	
	assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C,	_		v
c	Part III	5	-+	<u>x</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		J	
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			x
7	"Yes," complete Schedule D, Part I	6	-+	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7	1	X
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		-	
0	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	-0	$\dashv$	
3	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or	İ		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	- 1	x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
•	VII, 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,"	1		
_	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			٠
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			7.7
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4-		<b>.</b>
40	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	40		v
40	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?	40		v
20-	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		
0_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u>a</u> ar	(2012)
		FOR	331	# (/UT/)

Part IV Checklist of Required Schedules (continued)

	Did the organization report more than \$5,000 of grants and other assistance to any government or organization	``}		
	and the organization report more than to just a second and the sec			İ
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
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	_		v
	employees? If "Yes," complete Schedule J	23		<u> </u>
	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			v
	through 24d and complete Schedule K If "No," go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del></del>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		l
	to defease any tax-exempt bonds?	24d		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		$\vdash$
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	25a		x
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I  Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		<del></del>
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			İ
	If "Yes," complete Schedule L, Part I	25b		x
	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or			<del></del>
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	•		
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part !	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			<b> </b> •
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		x
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	34		x
25-	or IV, and Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	$\vdash$	X
35a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	000		<del> </del> -
b	controlled entity 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			<b>†</b>
50	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	x	

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	1		
_			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  1a 1			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		7.5	
	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3		7,	
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)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			l
	account)?	4a		X
þ	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
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?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		ļ
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
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		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter		ĺ	
а	Initiation fees and capital contributions included on Part VIII, line 12	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	]		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	]		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			$\Box$
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	
а	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			Г
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	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
DAA		Fo	m 99	0 (2012)

Form 990 (2012) PENNSYLVANIA LAND TRUST ASSOCIATION 23-2789029 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions  $\mathbf{X}$ Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No 11 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 11 Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 2 X any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 X 6 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a X 7a one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, b X 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 X 8a The governing body? X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code ) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 b X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X 12c describe in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 х Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO. Executive Director, or top management official 15a X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X 16a with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b

	organization's exempt status with respect to such arrangements?
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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)
	available for public inspection. Indicate how you made these available. Check all that apply
	Own website X Another's website X Upon request Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy,
	and financial statements available to the public during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the
	organization ▶ ANDREW LOZA 119 PINE STREET, 1ST FLOOR

HARRISBURG

PA 17101

717-230-8560

- '000 (0040)	PENNSYLVANIA	T RATTO	MDITOM	A C C C C T A TI T C NT	22 2700020	
Form 990 (2012)	PENNSYLVANIA	TWIND	IRUSI	ASSOCIATION	23-2/09029	

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

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

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

- 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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W 27 coo misos)	organization and related organizations	
(1) RENEE CAREY	<u> </u>										
	0.50			,		ļ					
PRESIDENT	0.00	X		X				0	0	<u> </u>	
(2) RALPH GOODNO								· · · · · · · · · · · · · · · · · · ·			
` '	0.50										
DIRECTOR	0.00	X						0	0	C	
(3) MOLLY MORRISON						11					
	0.50										
DIRECTOR	0.00	x						0	0		
(4) TOM SAUNDERS											
(,, = = = = = = = = = = = = = = = = = =	0.50	İ									
SECRETARY	0.00	x		x	ŀ			ol	0		
(5) KIM MURPHY		1									
` ′	0.50										
DIRECTOR	0.00	x						O	0		
(6) JEFF MARSHALL											
,	0.50										
DIRECTOR	0.00	X						o	0		
(7) CHRIS KOCHER		1				П					
` ´	0.50								ļ		
DIRECTOR	0.00	x						l ol	0	(	
(8) STEVE SCHIFFMAN											
, ,	0.50										
DIRECTOR	0.00	x			ļ			0	0		
(9) PAUL LUMIA											
` ,	0.50	Ì				1					
VICE PRESIDENT	0.00	x	1	x				0	0	(	
(10) JOHN CONNER					Γ						
	0.50										
TREASURER	0.00	x		x				0	0	(	
(11) JEN SHUEY						П					
	0.50										
DIRECTOR	0.00	X	l	1	1	1		0	0	(	

Par	t VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	and Highest Compensated	Employees (continued)	<del></del>		
	(A) Name and title	(B) Average hours per week (list any hours for	bo	x, unle	Pos check ess pe nd a d	rson ı	than o s both r/truste	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	an com	(F) stimated nount of other pensation om the	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		and	anization d related anizations	
(12) 2	ANDREW LOZA	40.00											
EXE	CUTIVE DIRECTOR	0.00			x				100,057	0		21	<u>,407</u>
(13)													
(14)													
(15)													
(16)													
(17)				-									
(18)							-						·.
(19)				:									
1b	Sub-total		ــــــــــــــــــــــــــــــــــــــ	<u> </u>	<u> </u>	1	1	<b>&gt;</b>	100,057			21	,407
c C	Total from continuation she Total (add lines 1b and 1c)	ets to Part VII,	Sect	ion	A			<b>&gt;</b>	100,057		1	21	,407
2		ncluding but not the organizatio	limite n ▶	ed to	thos	se lis	sted a	abo					
3	Did the organization list any f				trus	tee,	key (	emp	ployee, or highest compensa	ated		Ye	
4	employee on line 1a? If "Yes, For any individual listed on lin organization and related orga	ne 1a, is the sum	of r	epor	table	con	npen	satı	on and other compensation complete Schedule J for su	from the		4	x
5	individual  Did any person listed on line for services rendered to the or	1a receive or acorganization? If "	crue Yes,	com	pens	satio e Sc	n fro	m a	iny unrelated organization o J for such person	r individual		5	x
-	tion B. Independent Contract Complete this table for your f	ors							·	than \$100,000 of			
1	compensation from the organ	ization Report of	omp	ens	ation	for	the c	aler	<u>ndar year ending with or witl</u>	nin the organization's tax y	rear	- (C	3
	Name an	(A) d business address						╁	Descri	(B) otton of services		Comper	ńsation
								+			-+		
							-	-				<del></del>	
								+		<u> </u>			
		<del>-</del>					_	+		··			·.
	Total number of independent	contractors (inc	ludin	ia bii	ıt not	limi	ted to	O th	nose listed above) who			<del></del>	
DAA	received more than \$100,000									0		Form ©	90 (2012

b

579,688

44,913

Busn Code

b Less cost of goods sold

All other revenue Total. Add lines 11a-11d

c Net income or (loss) from sales of inventory

Miscellaneous Revenue

Total revenue. See instructions

Form 990 (2012) PENNSYLVANIA LAND TRUST ASSOCIATION 23-2789029 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII. (B) Related or (C) (D) Revenue (A) Unrelated business excluded from tax exempt function under sections 512, 513, or 514 revenue Program Service Revenue Contributions, Giffs, Grants Program Service Revenue 1a Federated campaigns 1a 23,350 1b b Membership dues c Fundraising events 1c d Related organizations 1d 1e 303,617 e Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 207,808 g Noncash contributions included in lines 1a-1f 534,775 h Total. Add lines 1a-1f Busn Code 44,408 44,408 2a CONFERENCE FEES b f All other program service revenue ▶ 44,408 Total. Add lines 2a-2f Investment income (including dividends, interest, 505 505 and other similar amounts) Income from investment of tax-exempt bond proceeds ▶ Royalties (II) Personal (ı) Real 6a Gross rents b Less rental exps c Rental inc or (loss) Net rental income or (loss) Gross amount from (i) Securities (II) Other sales of assets other than inventor **b** Less cost or other basis & sales exps c Gain or (loss) ▶ d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 b **b** Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b **b** Less direct expenses c Net income or (loss) from gaming activities Þ 10a Gross sales of inventory, less returns and allowances а

11a b

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must co Check if Schedule O contains a respo			plete column (A)	X
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	114,456	114,456		
2	Grants and other assistance to individuals in				
	the U S See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	121,464	111,629	6,239	3,596
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	90,137	82,819	4,657	2,661
8	Pension plan accruals and contributions (include				- 4
	section 401(k) and 403(b) employer contributions)	2,616	2,354	206	56
9	Other employee benefits	21,362	19,653	1,068	641
10	Payroll taxes	15,400	14,149	796	455
11	Fees for services (non-employees)				
	Management	220	220		<del></del>
	Legal	330	330	4 750	
	Accounting	4,750		4,750	<del></del>
	Lobbying				
_	· F				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column	66,180	66,040	98	42
40	(A) amount, list line 11g expenses on Schedule O)	230	230		
	Advertising and promotion	13,062	11,962	254	846
13	Office expenses	25,490	25,238	227	25
14	Information technology	23,430	25,250		
15 16	Royalties Occupancy	6,001	5,424	403	174
17	Travel	3,657	3,657		
	Payments of travel or entertainment expenses	3,700,	3,7337		<del></del>
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	43,251	43,239	8	4
20	Interest		,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,705		2,705	
24	Other expenses Itemize expenses not covered				
-	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				<u> </u>
а	MISCELLANEOUS	577	515	62	·
b	EQUIPMENT	371	335	25	11
С	DUES	365	365		
d	GOVERNMENT FEES	317	21	296	
е	All other expenses				<del></del>
25	Total functional expenses. Add lines 1 through 24e	532,721	502,416	21,794	8,511
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   following SOP 98-2 (ASC 958-720)				
DAA					Form <b>990</b> (2

Part X Balance Sheet

Pa	irt X	Balance Sheet	·····			
		Check if Schedule O contains a response to an	y question in this Part X			
				(A)		(B)
ī				Beginning of year		End of year
i		Cash—non-interest bearing		275 204	1	214 202
		Savings and temporary cash investments	-	375,304	2	314,383
		Pledges and grants receivable, net	17,401	3	144,373	
		Accounts receivable, net		4	<del></del>	
		Loans and other receivables from current and former				
l		trustees, key employees, and highest compensated e	employees		_ [	
	_	Complete Part II of Schedule L			5	······································
	6	Loans and other receivables from other disqualified p	`			
ļ		4958(f)(1)), persons described in section 4958(c)(3)(E	-			
İ		sponsoring organizations of section 501(c)(9) volunta				
Assets	_	organizations (see instructions) Complete Part II of S		6		
1SS		Notes and loans receivable, net	•		7	
_		Inventories for sale or use	•	3,949	8	2,115
- 1		Prepaid expenses and deferred charges	r i	3,949	9	2,115
	10a	Land, buildings, and equipment cost or				
ļ		other basis Complete Part VI of Schedule D	10a		40.	
		Less accumulated depreciation	10b	217	10c	217
		Investments—publicly traded securities	<u> </u>	211	11	211
		Investments—other securities See Part IV, line 11		12 13	<del></del>	
		Investments—program-related See Part IV, line 11			14	<del></del>
		Intangible assets	········	15	·	
		Other assets See Part IV, line 11	396,871		461,088	
		Total assets. Add lines 1 through 15 (must equal line	: 34)	12,461		29,711
		Accounts payable and accrued expenses		12/101	18	23/111
ļ		Grants payable		<del> </del>	19	
	19	Deferred revenue			20	
	20	Tax-exempt bond liabilities  Escrow or custodial account liability Complete Part I'	V of Schedule D		21	· · · · · · · · · · · · · · · · · · ·
	21	Loans and other payables to current and former office				
Liabilities	22	trustees, key employees, highest compensated empl				
Ε		disqualified persons Complete Part II of Schedule L	oyees, and		22	
Ľ.	22	Secured mortgages and notes payable to unrelated to	hird naties		23	
		Unsecured notes and loans payable to unrelated third			24	
	25	Other liabilities (including federal income tax, payable		··		
	23	parties, and other liabilities not included on lines 17-2				
	İ	of Schedule D	in complete taken		25	
	26			12,461		29,711
		Organizations that follow SFAS 117 (ASC 958), ch	neck here ▶ X and			
S		complete lines 27 through 29, and lines 33 and 34				
Š	27	Unrestricted net assets		334,258	27	375,689
Fund Balances	28	Temporarily restricted net assets		50,152		55,688
Ā	29	Permanently restricted net assets			29	
五	- •	Organizations that do not follow SFAS 117 (ASC	958), check here ▶ 📋 and			
ō		complete lines 30 through 34.			1	
ets	30	Capital stock or trust principal, or current funds			30	
155	31	Paid-in or capital surplus, or land, building, or equipm	nent fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income			32	
Z	33	Total net assets or fund balances		384,410	33	431,377
	34	Total liabilities and net assets/fund balances		396,871	34	461,088

orm	990 (2012) PENNSYLVANIA LAND TRUST ASSOCIATION 23-2789029			Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		···		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5'	79,0	688
2	Total expenses (must equal Part IX, column (A), line 25)	2	5:	32,	<u>721</u>
3	Revenue less expenses Subtract line 2 from line 1	3		46,9	<u>967</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	84,4	410
5	Net unrealized gains (losses) on investments	5			
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 in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	4	31,3	<u> 377</u>
Pa	at XII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				ĺ
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				ĺ
	Schedule O				İ
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				ĺ
	reviewed on a separate basis, consolidated basis, or both				ĺ
	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				l
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		_3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	<u> </u>	<u> </u>

Form **990** (2012)

#### SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Reason for Public Charity Status (All organizations must complete this part ) See instructions

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Part I

PENNSYLVANIA LAND TRUST ASSOCIATION

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

Employer identification number 23 - 2789029

Name	509(a)(3). Ch a Type By checking tother than for or section 509 If the organization, Since August following per (i) A persor (ii) A family (iii) A 35% c	eck the box that describes  I b Type II his box, I certify that the organization managers and oth P(a)(2) ation received a written detected this box 17, 2006, has the organizations? In who directly or indirectly or w, the governing body of the member of a person describing the controlled entity of a person	the type of supporting organization c Type III—Function ganization is not controlled direction that it is ation accepted any gift or contributions, either alone or together e supported organization?	on and co ally integri- tity or indirectly or indirectly ported orgonals a Type I, oution from with person	omplete linated rectly by organization Type II, or	nes 11e d [ ne or m ns descri or Type ne ubed in ( (v) Did ) the organ col (i)	through Typ ore disq ibed in s	11h e III-No qualified section s orting  (vi)   organizat (i) organi	persons 509(a)(1	11 11 (vii) Amo	g(i) g(ii) g(iii)	es No
Name	509(a)(3). Ch a Type By checking t other than for or section 509 If the organization, Since August following per (i) A persor (ii) below (iii) A family (iii) A 35% c Provide the footsupported	eck the box that describes  I b Type II his box, I certify that the or undation managers and oth P(a)(2) ation received a written det check this box 17, 2006, has the organiza sons? I who directly or indirectly or w, the governing body of the member of a person descr ontrolled entity of a person following information about	the type of supporting organization c Type III—Functions ganization is not controlled direct than one or more publicly supported any gift or contribution accepted any gift or contribution accepted any gift or contribution accepted any gift or contribution accepted any gift or contribution accepted any gift or contribution accepted any gift or contribution accepted any gift or contribution accepted any gift or contribution accepted any gift or contribution accepted organization?  It is supported organization (described on lines 1–9 above or IRC section)	(iv) is the control of the control o	omplete linated rectly by organization Type II, organization organization sted in your document?	nes 11e d [ ne or m ns descri or Type ne libed in (  (v) Did y the organ col (i) supp	through Typ ore disq ibed in s  III support  III) and	(vi) organizat	s the lon in col zed in the S?	11 11 11 (vii) Amo	g(i) g(ii) g(iii)	es No
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Name	509(a)(3). Ch a Type By checking t other than for or section 509 If the organization, Since August following per (i) A persor (ii) below (iii) A family (iii) A 35% c Provide the footsupported	eck the box that describes  I b Type II his box, I certify that the or undation managers and oth P(a)(2) ation received a written det check this box 17, 2006, has the organiza sons? I who directly or indirectly or w, the governing body of the member of a person descr ontrolled entity of a person following information about	the type of supporting organization c Type III—Functions ganization is not controlled direct than one or more publicly supported any gift or contribution accepted any gift or contribution accepted any gift or contribution accepted any gift or contribution accepted any gift or contribution accepted any gift or contribution accepted any gift or contribution accepted any gift or contribution accepted any gift or contribution accepted any gift or contribution accepted organization?  It is supported organization (described on lines 1–9 above or IRC section)	(iv) is the control of the control o	omplete linated rectly by organization Type II, organization organization sted in your document?	nes 11e d [ ne or m ns descri or Type ne libed in (  (v) Did y the organ col (i) supp	through Typ ore disq ibed in s  III support  III) and	(vi) organizat	s the lon in col zed in the S?	11 11 11 (vii) Amo	g(i) g(ii) g(iii)	es No
Name	509(a)(3). Ch a Type By checking t other than for or section 509 If the organization, Since August following per (i) A persor (ii) below (iii) A family (iii) A 35% c Provide the footsupported	eck the box that describes  I b Type II his box, I certify that the or undation managers and oth P(a)(2) ation received a written det check this box 17, 2006, has the organiza sons? I who directly or indirectly or w, the governing body of the member of a person descr ontrolled entity of a person following information about	the type of supporting organization c Type III—Functions ganization is not controlled direct than one or more publicly supported any gift or contribution accepted any gift or contribution accepted any gift or contribution accepted any gift or contribution accepted any gift or contribution accepted any gift or contribution accepted any gift or contribution accepted any gift or contribution accepted any gift or contribution accepted any gift or contribution accepted organization?  It is supported organization (described on lines 1–9 above or IRC section)	(iv) is the control of the control o	omplete linated rectly by organization Type II, organization organization sted in your document?	nes 11e d [ ne or m ns descri or Type ne libed in (  (v) Did y the organ col (i) supp	through Typ ore disq ibed in s  III support  III) and	(vi) organizat	s the lon in col zed in the S?	11 11 11 (vii) Amo	g(i) g(ii) g(iii)	es No
Name	509(a)(3). Ch a Type By checking t other than for or section 509 If the organization, Since August following per (i) A persor (ii) below (iii) A family (iii) A 35% c Provide the footsupported	eck the box that describes  I b Type II his box, I certify that the or undation managers and oth P(a)(2) ation received a written det check this box 17, 2006, has the organiza sons? I who directly or indirectly or w, the governing body of the member of a person descr ontrolled entity of a person following information about	the type of supporting organization c Type III—Functions ganization is not controlled direct than one or more publicly supported any gift or contribution accepted any gift or contribution accepted any gift or contribution accepted any gift or contribution accepted any gift or contribution accepted any gift or contribution accepted any gift or contribution accepted any gift or contribution accepted any gift or contribution accepted any gift or contribution accepted organization?  It is supported organization (described on lines 1–9 above or IRC section)	(iv) is the control of the control o	omplete linated rectly by organization Type II, organization organization sted in your document?	nes 11e d [ ne or m ns descri or Type ne libed in (  (v) Did y the organ col (i) supp	through Typ ore disq ibed in s  III support  III) and	(vi) organizat	s the lon in col zed in the S?	11 11 11 (vii) Amo	g(i) g(ii) g(iii)	es No
Name	509(a)(3). Ch a Type By checking t other than for or section 509 If the organization, Since August following per (i) A persor (ii) below (iii) A family (iii) A 35% c Provide the footsupported	eck the box that describes  I b Type II his box, I certify that the or undation managers and oth P(a)(2) ation received a written det check this box 17, 2006, has the organiza sons? I who directly or indirectly or w, the governing body of the member of a person descr ontrolled entity of a person following information about	the type of supporting organization c Type III—Functions ganization is not controlled direct than one or more publicly supported any gift or contribution accepted any gift or contribution accepted any gift or contribution accepted any gift or contribution accepted any gift or contribution accepted any gift or contribution accepted any gift or contribution accepted any gift or contribution accepted any gift or contribution accepted any gift or contribution accepted any gift or contribution (i) above?  It is supported organization (iii) Type of organization (described on lines 1–9	on and co ally integri- tity or indirectly or indirectly ported orgonals a Type I, oution from with person	omplete linated rectly by organization Type II, or any of the	nes 11e d [ ne or m ns descri or Type ne ubed in ( (v) Did ) the organ col (i)	through Typ ore disq ibed in s  III suppo	11h e III-No qualified section s orting  (vi)   organizat (i) organi	s the lon in col zed in the	11 11 11 (vii) Amo	g(i) g(ii) g(iii)	es No
	509(a)(3). Ch a Type By checking tother than for or section 509 If the organization, Since August following per (i) A persor (ii) A family (iii) A 35% c	eck the box that describes  I b Type II his box, I certify that the organization managers and oth P(a)(2) ation received a written detected this box 17, 2006, has the organizations? In who directly or indirectly or w, the governing body of the member of a person describing the controlled entity of a person	the type of supporting organization c Type III-Functions ganization is not controlled direction than one or more publicly supportermination from the IRS that it is ation accepted any gift or contribution controls, either alone or together e supported organization? Tibed in (i) above?	on and co ally integr titly or indir oported org a Type I, oution from	omplete linated rectly by organization Type II, or	nes 11e d [ ne or m ns descri or Type	through Typ ore disq ibed in s	11h e III–No jualified section	persons	11 11	g(i) g(ii)	
	509(a)(3). Ch a Type By checking t other than for or section 509 If the organization, Since August following per (i) A persor (ii) below (ii) A family	eck the box that describes  I b Type II his box, I certify that the orandation managers and oth 9(a)(2) ation received a written detected this box 17, 2006, has the organizations who directly or indirectly or the governing body of the member of a person describe.	the type of supporting organization c Type III—Function ganization is not controlled direction that it is ation accepted any gift or contributions, either alone or together e supported organization?	on and co ally integr titly or indir oported org a Type I, oution from	omplete linated rectly by organization Type II, or	nes 11e d [ ne or m ns descri or Type	through Typ ore disq ibed in s	11h e III–No jualified section	persons	11 11	g(i) g(ii)	
	509(a)(3). Ch a Type By checking t other than fou or section 509 If the organization, Since August following per (i) A persor	eck the box that describes  I b Type II his box, I certify that the organization managers and oth 9(a)(2) ation received a written detected this box 17, 2006, has the organizations? In who directly or indirectly of	the type of supporting organization of the type III—Function of the type III—Function of the type of the type of the type of the type of the type of t	on and co ally integr titly or indir oported org a Type I, oution from	omplete linated rectly by organization Type II, or	nes 11e d [ ne or m ns descri or Type	through Typ ore disq ibed in s	11h e III–No jualified section	persons	; )	Y	
	509(a)(3). Ch a Type By checking to other than for or section 509 If the organization, Since August following per	eck the box that describes  I b Type II his box, I certify that the or undation managers and oth P(a)(2) ation received a written det check this box 17, 2006, has the organizations?	the type of supporting organization.  c Type III-Function. ganization is not controlled direction. ter than one or more publicly supportermination from the IRS that it is ation accepted any gift or contrib	on and co ally integr titly or indir oported org a Type I, oution from	omplete linated rectly by organization Type II, or	nes 11e d [ ne or m ns descri or Type	through Typ ore disq ibed in s	11h e III–No jualified section	persons	3	_	
	509(a)(3). Ch a Type By checking to other than for or section 509 If the organization, Since August	eck the box that describes  I b Type II his box, I certify that the organization managers and oth  9(a)(2) ation received a written detected this box  17, 2006, has the organization	the type of supporting organizating C Type III-Functions ganization is not controlled direction than one or more publicly support of the IRS that it is	on and co ally integr tity or indir oported org a Type I,	omplete lir ated rectly by o ganization Type II, o	nes 11e d [ one or m ns descri	through Typore disquiped in s	11h e III–No jualified section	persons	3	egrated	
	509(a)(3). Ch a Type By checking t other than fou or section 509 If the organiza	eck the box that describes  I b Type II his box, I certify that the ori undation managers and oth 9(a)(2) ation received a written det	the type of supporting organizating C Type III-Function ganization is not controlled direction than one or more publicly support than one or m	ion and co ally integr itly or indir ported org	emplete lin ated rectly by o ganization	nes 11e d [ one or m ns descri	through Typore disquiped in s	11h e III–No jualified section	persons	3	egrated	
	509(a)(3). Ch a Type By checking t other than fou or section 509	eck the box that describes  I b Type II his box, I certify that the orangers and oth 9(a)(2)	the type of supporting organizating C Type III-Function ganization is not controlled direction than one or more publicly support than one or m	ion and co ally integr itly or indir ported org	emplete lin ated rectly by o ganization	nes 11e d [ one or m ns descri	through Typore disquiped in s	11h e III–No jualified section	persons	3	egrated	l
	509(a)(3). Ch a Type By checking t	eck the box that describes  i b Type II his box, I certify that the ore	the type of supporting organizati c Type IIIFunction ganization is not controlled direc	on and co ally integratly or indir	omplete lir ated ectly by o	nes 11e d [ one or m	through Typore disq	11h e III–No jualified	persons	3	egrated	l
	<b>509(a)(3).</b> Ch a Type	eck the box that describes  b Type II	the type of supporting organization.  Type IIIFunction.	on and co ally integr	omplete lir ated	nes 11e <b>d</b> [	through Typ	11h e III–No		•	grated	l
	<b>509(a)(3).</b> Ch	eck the box that describes	the type of supporting organizati	on and co	mplete lir	nes 11e	through	11h				
	purposes of o	ne of more publicly suppor	ted organizations described in s	ection 500		section	JU3(a)(2					
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												
_	-	•	exclusively to test for public safe	-				, aut tha				
			30, 1975 See section 509(a)(2)				,					
9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross												
	A community	trust described in section	170(b)(1)(A)(vi). (Complete Part									
_	-	· ·		om a gove	inmentai	unit of t	rom the	genera	i public			
							ram 4h -	goror-	مراطييم ا			
	section 170(l	b)(1)(A)(iv). (Complete Par	t II )									
	•		of a college or university owned	or operate	ed by a go	overnme	ntal uni	t describ	oed in			
			ed in conjunction with a hospital of	described	ın sectio	n 170(b)	)(1)(A)(i	ii). Ente	r the ho	spital's na	ame,	
	A hospital or	a cooperative hospital servi	ice organization described in sec									
	· ·				, ,,	AA-7-						
	X	A school description A medical rescript, and state An organization section 170(I A federal, state An organization described in section A community An organization receipts from	A school described in section 170(b)(1)  A hospital or a cooperative hospital serv A medical research organization operate city, and state An organization operated for the benefit section 170(b)(1)(A)(iv). (Complete Par A federal, state, or local government or of An organization that normally receives a described in section 170(b)(1)(A)(vi). (Complete Par A community trust described in section An organization that normally receives oreceipts from activities related to its exer	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iv). (Attach Schedule E)  A medical research organization operated in conjunction with a hospital city, and state  An organization operated for the benefit of a college or university owned 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)(vi). (Complete Part II)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)  An organization that normally receives (1) more than 33 1/3% of its suppreceipts from activities related to its exempt functions—subject to certain	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)  A hospital or a cooperative hospital service organization described in section 170(b) A medical research organization operated in conjunction with a hospital described city, and state  An organization operated for the benefit of a college or university owned or operate section 170(b)(1)(A)(iv). (Complete Part II)  A federal, state, or local government or governmental unit described in section 17  X An organization that normally receives a substantial part of its support from a government of the section 170(b)(1)(A)(vi). (Complete Part II)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)  An organization that normally receives (1) more than 33 1/3% of its support from receipts from activities related to its exempt functions—subject to certain exception	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii).  A medical research organization operated in conjunction with a hospital described in section city, and state  An organization operated for the benefit of a college or university owned or operated by a go 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)  X An organization that normally receives a substantial part of its support from a governmental described in section 170(b)(1)(A)(vi). (Complete Part II)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)  An organization that normally receives (1) more than 33 1/3% of its support from contribution receipts from activities related to its exempt functions—subject to certain exceptions, and (2)	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) city, and state  An organization operated for the benefit of a college or university owned or operated by a government 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).  An organization that normally receives a substantial part of its support from a governmental unit or find described in section 170(b)(1)(A)(vi). (Complete Part II )  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )  An organization that normally receives (1) more than 33 1/3% of its support from contributions, men receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)  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)(ii city, and state  An organization operated for the benefit of a college or university owned or operated by a governmental unit 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).  An organization that normally receives a substantial part of its support from a governmental unit or from the described in section 170(b)(1)(A)(vi). (Complete Part II)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membershi receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than	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 city, and state  An organization operated for the benefit of a college or university owned or operated by a governmental unit describes 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).  An organization that normally receives a substantial part of its support from a governmental unit or from the general described in section 170(b)(1)(A)(vi). (Complete Part II)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3%	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)  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 hocity, 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).  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)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)  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 na 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).  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)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)  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	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).  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)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)  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 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)

$\overline{}$	tion A. Public Support	<del></del> -		<del></del>			
Caler	ndar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	416,119	698,270	430,935	493,984	534,775	2,574,083
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	416,119	698,270	430,935	493,984	534,775	2,574,083
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						605.243
_	shown on line 11, column (f) <b>Public support.</b> Subtract line 5 from line 4						685,341
<u>6</u>	tion B. Total Support			I	, ,		1,888,742
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	416,119	698,270	430,935	493,984	534,775	2,574,083
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,866	2,512	1,043	943	505	8,869
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						2,582,952
12	Gross receipts from related activities, etc	(see instructions)				12	44,913
13	First five years. If the Form 990 is for the	organization's first	, second, third, fo	urth, or fifth tax yea	ar as a section 501	(c)(3)	
	organization, check this box and stop her						<u>▶</u>
Sec	tion C. Computation of Public Su	apport Percent	tage				
14	Public support percentage for 2012 (line 6	, column (f) divided	d by line 11, colum	ın (f))		14	73.12%
15	Public support percentage from 2011 Scho	edule A, Part II, line	e 14			15	74.75%
16a	33 1/3% support test—2012. If the organ	ization did not che	ck the box on line	13, and line 14 is 3	33 1/3% or more, o	check this	. =
	box and stop here. The organization quali	• •					<b>▶ X</b>
b	33 1/3% support test—2011. If the organ check this box and stop here. The organization				5 is 33 1/3% or m	ore,	▶ []
17a b	10%-facts-and-circumstances test—201 10% or more, and if the organization meet Part IV how the organization meets the "fa organization 10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization Explain in Part IV how the organization me	ts the "facts-and-cil acts-and-circumstal I1. If the organization meets the "facts-a	rcumstances" test nces" test The org on did not check a ind-circumstances	, check this box an ganization qualifies i box on line 13, 16 " test, check this b	d stop here. Expl as a publicly supp sa, 16b, or 17a, an ox and stop here.	ain in ported d line	<b>&gt;</b> [
18	supported organization  Private foundation. If the organization did	d not check a box o	on line 13, 16a, 16	b, 17a, or 17b, che	eck this box and se	ee	<b>▶</b> ∐
	instructions						▶ ∐

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

<u> </u>	ir the organization rails to t	quality under ti	ie tests listed t	elow, please c	ompiete Fart ii	·)	
	tion A. Public Support  dar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(a) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual"	(a) 2008	(b) 2009	(c) 2010	(u) 2011	(e) 2012	(i) Total
2	grants ")  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						<del></del>
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge				_		
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 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						
С	Add lines 7a and 7b					ļ	<del></del>
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support		<b></b>	<u> </u>	·		
Caler	ndar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6		ļ		·	-	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	_					
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the organization, check this box and stop her		st, second, third, fo	ourth, or fifth tax ye	ar as a section 50	11(c)(3)	▶ [
Sec	ction C. Computation of Public Su		ntage			· · · ·	······································
15	Public support percentage for 2012 (line 8			nn (f))		15	%
16	Public support percentage from 2011 Sch					16	%
Sec	ction D. Computation of Investme	nt Income Pe	rcentage				
17	Investment income percentage for 2012 (I	ine 10c, column (f	f) divided by line 13	3, column (f))		17	%
18	Investment income percentage from 2011					18	%
19a	33 1/3% support tests—2012. If the orga	inization did not cl	heck the box on lin	e 14, and line 15 i	s more than 33 1/3	3%, and line	. —
	17 is not more than 33 1/3%, check this b	-	-				▶ _
b	33 1/3% support tests—2011. If the orga						. ┌─
	line 18 is not more than 33 1/3%, check th	•	=				₹
20	Private foundation. If the organization di	d not check a box	on line 14, 19a, o	r 19b, check this b	ox and see instruc	tions	

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12 Also complete this part for any additional information (See instructions).

#### SCHEDULE C (Form 990 or 990-EZ)

#### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of organization

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

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

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

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B Do not complete Part II-A

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

• Section 501(c)(4), (5), or (6) organizations Complete Part III

	PENNSYLVANIA LAND TRU	ST ASSOCIATION		23-27890	29
Pai	t I-A Complete if the organization is exem	pt under section 501(c)	or is a sectio	n 527 organizatio	on.
1	Provide a description of the organization's direct and indirect	ct political campaign activities	in Part IV		
2	Political expenditures			▶ \$	
3	Volunteer hours				
Pa	t I-B Complete if the organization is exem	pt under section 501(c)	(3).		
1	Enter the amount of any excise tax incurred by the organization	ation under section 4955		▶ \$	
2	Enter the amount of any excise tax incurred by organization	n managers under section 495	5	▶ \$	
3	If the organization incurred a section 4955 tax, did it file For	rm 4720 for this year?			Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV				
Pa	rt I-C Complete if the organization is exem	pt under section 501(c)	<u>, except secti</u>	on 501(c)(3).	
1	Enter the amount directly expended by the filing organization	on for section 527 exempt func	tion		
	activities			▶ \$	
2	Enter the amount of the filing organization's funds contribut	ted to other organizations for se	ection		
	527 exempt function activities			▶ \$	
3	Total exempt function expenditures Add lines 1 and 2. Ent	er here and on Form 1120-POI	L,		
	line 17b			▶ \$	
4	Did the filing organization file Form 1120-POL for this year	?			Yes No
5	Enter the names, addresses and employer identification nu	The state of the s	_		
	organization made payments For each organization listed,				
	the amount of political contributions received that were pro-				
	as a separate segregated fund or a political action committed	ee (PAC) If additional space is	s needed, provide	information in Part IV	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and promptly and directly
				funds If none, enter -0-	delivered to a separate
					political organization If
					none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
				<u> </u>	L
For P	aperwork Reduction Act Notice, see the Instructions for Form 990 or 990-E	Ζ.		Schedule (	C (Form 990 or 990-EZ) 2012

#### 4-Year Averaging Period Under Section 501(h)

i If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

reporting section 4911 tax for this year?

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

Lot	Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) Total		
2a Lobbying nontaxable amount	108,960	118,103	97,696	104,908	429,667		
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column(e))</li> </ul>					644,501		
c Total lobbying expenditures	17,090	9,550	5,557	26,492	58,689		
d Grassroots nontaxable amount	27,240	29,526	24,424	26,227	107,417		
e Grassroots ceiling amount (150% of line 2d, column (e))					161,126		
f Grassroots lobbying expenditures	9,907	5,095	2,898	13,870	31,770		

Schedule C (Form 990 or 990-EZ) 2012

Yes

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NO			5768	1	Page 3
(election under section 501(h)).	(4	a)	(b	)	
For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	Yes	No	Amo		
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?					····-
<ul> <li>g Direct contact with legislators, their staffs, government officials, or a legislative body?</li> <li>h Rallies, demonstrations, seminars, conventions, speeches, fectures, or any similar means?</li> <li>i Other activities?</li> <li>i Total, Add lines 16 through 11.</li> </ul>					
j Total Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
<ul> <li>b If "Yes," enter the amount of any tax incurred under section 4912</li> <li>c If "Yes," enter the amount of any tax incurred by organization managers under section 4912</li> </ul>		-	<del></del>		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	ĺ		•••••	,	
Part III-A Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6).	1(c)(5),	or sec	ction		
	-			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			3		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No, answered "Yes."		) if Pa	ction	ie 3, i	is
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year		2a			
b Carryover from last year		2b			
c Total		2c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying					
and political expenditure next year?		5	<del></del>		
5 Taxable amount of lobbying and political expenditures (see instructions)  Part iV Supplemental Information		<u> </u>	. <del></del>		

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Schedule C (Form 990 or 990-EZ) 2012

Part IV Supplemental Information (continued)

Page 4

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

2012 Open to Public Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

	ENNSYLVANIA LAND TRUST ASSOCIATION		23-2789029
Pá	Organizations Maintaining Donor Advised Fundamental Organization answered "Yes" to Form 990, Part IV		Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing tha	t the assets held in donor advised	
•	funds are the organization's property, subject to the organization's excl		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in		
•	only for charitable purposes and not for the benefit of the donor or done		
	conferring impermissible private benefit?	,	Yes No
Pa	art II Conservation Easements. Complete if the orga	nization answered "Yes" to Form	990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check		
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically in	nportant land area
	Protection of natural habitat	Preservation of a certified histor	
	Preservation of open space		
2		rvation contribution in the form of a cons	ervation
	easement on the last day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	At the second se	luded in (a)	2c
	Number of conservation easements included in (c) acquired after 8/17/		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, ex	dinguished, or terminated by the organization	ation during the
-	tax year ▶		
4	Number of states where property subject to conservation easement is	located ▶	
5	Does the organization have a written policy regarding the periodic mon		
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce	cing conservation easements during the	year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing	conservation easements during the year	
	▶\$		
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)	
	(ı) and section 170(h)(4)(B)(ıı)?		Yes No
9	In Part XIII, describe how the organization reports conservation easem	ents in its revenue and expense stateme	ent, and
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that	describes the
	organization's accounting for conservation easements		
P	art III Organizations Maintaining Collections of Art,		Similar Assets.
	Complete if the organization answered "Yes" to F	orm 990, Part IV, line 8.	<u> </u>
18	If the organization elected, as permitted under SFAS 116 (ASC 958), r		
	works of art, historical treasures, or other similar assets held for public		
	public service, provide, in Part XIII, the text of the footnote to its finance		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), t		
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance of
	public service, provide the following amounts relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>\$</b>
	(ii) Assets included in Form 990, Part X		<b>\$</b>
2	If the organization received or held works of art, historical treasures, o	r other similar assets for financial gain, p	rovide the
	following amounts required to be reported under SFAS 116 (ASC 958)	relating to these items	
a	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
۲	Assets included in Form 990. Part X		<b>▶</b> \$

b	If "Yes," explain the arrangement in Part X	III Check here if the ex	planation has been pi	rovided in Part XIII		
Pa	rt V Endowment Funds. Com	nplete if the organiz	ation answered "	Yes" to Form 990,	Part IV, line 10.	
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
С	Net investment earnings, gains, and					
	losses		·			
d	Grants or scholarships					
е	Other expenditures for facilities and	j				
	programs					
f	Administrative expenses					
g	End of year balance		<u></u>			

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

а	Board designated or quasi-endowment	<b>&gt;</b>	%
b	Permanent endowment ▶	%	

Did the organization include an amount on Form 990, Part X, line 21?

c Temporarily restricted endowment ▶ The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organ

organization by				No
	(i) unrelated organizations	3a(i)		<u></u>
	(ii) related organizations	3a(ii)		
b	If "Yes" to 3a(II), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equ	lipment. See Form 990	, Part X, line 10		
Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
	(investment)	(other)	depreciation	
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total, Add lines 1a through 1e. (Column (d) must	equal Form 990, Part X, colu	ımn (B), line 10(c) )	•	

Schedule D (Form 990) 2012

Yes

Part VII	Investments—Other Securities. See Form 9	90, Part X, line 12		
	(a) Description of security or category	(b) Book value	(c) Method of	valuation
	(including name of security)		Cost or end-of-yea	ar market value
(1) Financial	derivatives			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				<del></del>
(E)				
(F)		<del></del>		
(G)		**		
(H)				<del></del>
(I)	n (b) must equal Form 990, Part X, col (B) line 12)	<b>&gt;</b>		
Part VIII	Investments—Program Related. See Form 9			
rait yiii	(a) Description of investment type	(b) Book value	(c) Method of	f valuation
	(4) 2000 (40)	(,	Cost or end-of-year	
(1)				
(2)				
(3)				<u> </u>
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	\0/ \0/	<b>&gt;</b>		<u> </u>
Part IX	Other Assets. See Form 990, Part X, line 15.			418-1-4
	(a) Description			(b) Book value
(1)				
(2)	And the second s			
(3)				
(4)				
(5)	444	*****		
(6)				
(8)				
(9)		<del></del>		
(10)				
	ın (b) must equal Form 990, Part X, col. (B) line 15.)		<b></b>	
Part X	Other Liabilities. See Form 990, Part X, line	25		
1.	(a) Description of liability	(b) Book value		
(1) Federal	Income taxes			
(2)				
(3)			_	
(4)			4	
(5)			4	
(6)			4	
_(7)			4	
(8)			_	
(9)				
(10)			4	
(11) Tatal (Calum	(h) (h)			
	2.7	to to the ergenization's finan	and statements that same as the	organization's
Z. FIN 48 (AS	SC 740) Footnote In Part XIII, provide the text of the footnot	te to the organization's finan	ciai statements that reports the	organization s

4a 4b

4c

532,721

Part XIII Supplemental Information

b Other (Describe in Part XIII )

c Add lines 4a and 4b

4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Complete this part to 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 X - FIN 48 FOOTNOTE

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ASSOCIATION.

MANAGEMENT EVALUATED THE TAX POSITIONS TAKEN AND CONCLUDED THAT THE ASSOCIATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. NO PROVISION OR BENEFIT FOR INCOME TAXES HAS BEEN INCLUDED IN THESE FINANCIAL STATEMENTS. WITH FEW EXCEPTIONS, THE ASSOCIATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE DECEMBER 31, 2009.

Part XIII Supplemental Information (continued)

SCHEDULE (Form 990)

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

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

Open to Public 2012 OMB No 1545-0047

Inspection

Employer identification number

▶ Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization X Yes

**%** 

23-2789029 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and PENNSYLVANIA LAND TRUST ASSOCIATION General Information on Grants and Assistance the selection criteria used to award the grants or assistance Part !

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

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, (h) Purpose of grant or assistance ASSISTANCE ASSISTANCE ASSISTANCE ASSISTANCE ASSISTANCE ASSISTANCE ASSISTANCE (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance 500 12,000 5,202 6,000 6,000 9,600 7,121 (d) Amount of cash grant (c) IRC section if applicable 20-4233446 501C3 23-2827874 501C3 50103 23-6430559 501C3 25-1413990 501C3 501C3 501C3 23-6429095 23-2612674 23-2746506 (p) EIN (1) CHESTNUT HILL HISTORICAL SOCIETY ADAMS COUNTY PA 19450 PA 17579 PA 19460 PA 17325 (6) MONTGOMERY COUNTY LANDS TRUST 19118 PA 16803 PA 17401 (8) LANCASTER COUNTY CONSERVANCY (a) Name and address of organization (3) FARM & NATURAL LANDS TRUST TRUST 156 NORTH GEORGE STREET (2) CLEARWATER CONSERVANCY 2555 N ATHERTON STREET or government (5) LAND CONSERVANCY OF 8708 GERMANTOWN AVE (7) LANCASTER FARMLAND (4) CONSERVATION TRUST 511 KIMBERTON ROAD 125 LANCASTER AVE PO BOX 4584 STATE COLLEGE PO BOX 300 PHILADELPHIA PHOENIXVILLE GETTYSBURG STRASBURG LEDERACH Part II YORK

PA 18920

33,636

23-2684679 501C3

7,500

501C3

23-7046909

PA 17608

(9) TINICUM CONSERVANCY

PO BOX 716

LANCASTER

PO BOX 208

ERWINNA

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

Schedule I (Form 990) (2012)

ASSISTANCE

ASSISTANCE

10

<sup>2</sup> Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Enter total number of other organizations listed in the line 1 table

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

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

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

► Attach to Form 990.

2012 Open to Public Inspection

OMB No 1545-0047

**&** Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, (h) Purpose of grant or assistance Employer identification number Yes ASSISTANCE 23-2789029 non-cash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance 6,000 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table PENNSYLVANIA LAND TRUST ASSOCIATION (c) IRC section if applicable 23-2606163 50103 General Information on Grants and Assistance (p) EIN the selection criteria used to award the grants or assistance? (1) NORTHCENTRAL PENNSYLVANIA CONSERVAN PA 17703 (a) Name and address of organization or government PO BOX 2083 WILLIAMSPORT Name of the organization Part # Parti 8 8 6 3 3 3 3 9

3 Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DAA

Schedule I (Form 990) (2012)

PENNSYLVANIA LAND TRUST ASSOCIATION 23-2789029	he United States. Complete if the organ
LAND TRUST AS	viduals in tl
PENNSYLVANIA	Other Assistance t
(Form 990) (2012)	Grants and Other
Schedule 1	Part III

Schedule 1	Schedule I (Form 990) (2012) PENNSYLVANIA LAND TRUST A	LAND TRUST A	ASSOCIATION 23-2789029	3-2789029		Page Z
Part III	Grants and Other Assistance to Individuals in the	Individuals in the L	Inited States. Com	olete if the organization	United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22	990, Part IV, line 22
	Part III can be duplicated if additional space is needed	onal space is needed.				
	(a) Type of grant or assistance	(b) Number of	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance-
_						
5						
en						
4						
ısı						
7						
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional	nplete this part to prov	ide the information	required in Part I, line	2, Part III, column (b), and	any other additional
	mormanon					

Schedule I (Form 990) (2012)

# **SCHEDULE Ł**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Transactions With Interested Persons**

Complete if the organization answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V, line 38a or 40b

Attach to Form 990 or Form 990-EZ.

See separate instructions.

OMB No 1545-0047 201

Open To Public Inspection

Name of the orga		D MDWGM 1000013	.m.r.ovi					yer iden		on num	iber		
Part I	PENNSYLVANIA LANI Excess Benefit Transact			ion 5	01/0	\(A) organization		7890	23				
raiti	Complete if the organization ansi							line 40	Эb				
,			ship between disq								(d)	Correct	ed?
1	(a) Name of disqualified person		organizatio				(c) Description of tra	ansaction	1		Yes	N	No
(1)													
(2)													
(3)												$\bot$	
(4)											$ldsymbol{ld}}}}}}$	$\perp$	
(5)											<u> </u>		
(6)													
under	he amount of tax incurred by the org section 4958	·			sons	s during the year		<b>&gt;</b> \$	;				
3 Entert	he amount of tax, if any, on line 2, a	bove, reimbursed b	y the organiza	ition				•	' <del></del>				
Part II	Loans to and/or From Int				lina '	39a or Earm 000	Port IV June 26	or if th	ho				
	Complete if the organization ans organization reported an amount				ııne .	36a or Form 990	, Part IV, line 20,	טו וו נו	ie				
(a) Name of in	terested person	(b) Relationship	(c) Purpose of		oan to	(e) Original	(f) Balance due	(g) ln (	default?	(h) Ap	proved	(ı) W	/ntten
, ,	·	with organization	loan		m the	principal amount					ard or	agree	ment?
					From			Yes	No	Yes	No	Yes	No
	4.~-												
(1)				1				<b></b> -	<u> </u>			<u> </u>	<u> </u>
(2)													
(3)				+	-				$\vdash$				1
(4)			<u></u>	$\perp$				<del> </del>	₩	_	<u> </u>		-
(5)													
(6)				╁┈				1	1		<b> </b>		<b> </b>
(7)				+	_				<del> </del>	<del> </del>	<u> </u>		╁
(8)		_		-					<u> </u>		ļ		<u> </u>
(9)												:	
(10) Total				_1	L	▶ \$	<u>.l.</u>	+	ـــــــ	$\vdash$	<b></b>	-	
Part III	Grants or Assistance Be Complete if the organization ans				e 27	<u> </u>	· · · · · · · · · · · · · · · · · · ·			1		1	
	(a) Name of interested person	(b) Relation	ship between inter	ested	Т	mount of assistance	(d) Type of assistance	•	(e)	Purpos	e of ass	istance	
(1)		person	u.o organizatio		$\vdash$			$\dashv$					
<u>(1)</u> <u>(2)</u>					T			$\neg \dagger$					
(3)					T		·	_					
(4)	· <del>-</del> · · · · · · · · · · · · · · · · · · ·	<u> </u>	_		1								
(5)													
(6)													
(7)					$\perp$								
(8)					$oxed{oxed}$		<u> </u>						

(9)

Part IV	Business Transactions Involving Complete if the organization answered "Yes"		8a. 28b. or 28c			<u> </u>
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	reve	hanng org nues?
		<u></u>	1.500		Yes	No
	WINE CONSERVANCY	PAST PRESIDENT	1,500	CONTRACTED SERVICES		X
(2)					<b>├</b> ─	<del> </del>
(3)		-	<del></del>		<del>├</del> ─	┼
(4)	******				$\vdash$	┼—
<u>(5)</u> <u>(6)</u>		<del>-</del>			╁─	<del>                                     </del>
(7)					╁─	<del>                                     </del>
(8)					<b>†</b>	<del>                                     </del>
(9)					<b>†</b> ~	$\top$
(10)	· · · · · · · · · · · · · · · · · · ·					
Part V	Supplemental Information Complete this part to provide additional information	rmation for responses to ques	stions on Schedule L (s	ee instructions)		
SCHED	ULE L, PART V - ADDITIO	ONAL INFORMATIC	<u>N</u>			
SHERR	I EVANS-STANTON, IMMEDI	ATE PAST PRESI	DENT OF PAL	TA, IS A KEY EMPL	OY	Œ
OF BR	AMOUNTNE CONCEDUANCY					
OF BR	ANDYWINE CONSERVANCY.					
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### SCHEDULE O

(Form 990 or 990-EZ)

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 990-EZ.

2012 Open to Public Inspection

OMB No 1545-0047

Name of the organization

PENNSYLVANIA LAND TRUST ASSOCIATION

Employer identification number 23 - 2789029

AMENDED RETURN EXPLANATION

THE IRS FORM 990 WAS AMENDED TO PROPERLY REFLECT THE GRANT INCOME FOR 2012.

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

THE PENNSYLVANIA LAND TRUST ASSOCIATION SEEKS TO PROTECT PENNSYLVANIA'S

SPECIAL PLACES -- THE FARMS, FORESTS, PARKS AND OTHER GREEN SPACES THAT

PEOPLE LOVE -- THE PLACES THAT HELP TO ENSURE HEALTHY, PROSPEROUS AND

SECURE COMMUNITIES. TO INCREASE THE PACE AND IMPROVE THE QUALITY OF LAND

CONSERVATION WORK, PALTA HELPS LAND TRUSTS AND OTHER CONSERVATION

PRACTITIONERS IMPROVE THEIR EFFECTIVENESS, BUILDS PUBLIC UNDERSTANDING, AND

ADVOCATES FOR BETTER GOVERNMENTAL POLICY.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

POLICY - ADVOCATE FOR BETTER PUBLIC AND PRIVATE POLICIES IMPACTING LAND AND

WATER CONSERVATION INCLUDING SUPPORTING CONTINUED STATE INVESTMENTS IN

CREATING LASTING CONSERVATION LEGACIES AND ENSURING APPROPRIATE STEWARDSHIP

OF NATURAL RESOURCES ALREADY PROTECTED BY THE PUBLIC AND PRIVATE SECTORS.

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS

THE ORGANIZATION HAS 80 MEMBERS. MEMBERS ARE LIMITED TO CHARITABLE

ORGANIZATIONS WORKING SUBSTANTIVELY IN THE FIELD OF CONSERVATION FOR THE

PUBLIC BENEFIT AND WHO ARE GOVERNED BY UNPAID BOARDS OF DIRECTORS.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

THE 80 MEMBER ORGANIZATIONS ELECT THE PENNSYLVANIA LAND TRUST ASSOCIATION'S

BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

DIRECTORS HAVE ONE WEEK TO REVIEW AND COMMENT ON THE DRAFT 990. MANAGEMENT

MUST REASONABLY ADDRESS ALL COMMENTS PRIOR TO FINALIZING THE 990.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE PROVIDED A COPY OF THE POLICY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL INDEPENDENT PERSONS SERVING ON THE BOARD OF DIRECTORS MET IN EXECUTIVE SESSION IN THE ABSENCE OF KEY EMPLOYEE TO REVIEW PERFORMANCE AND DELIBERATE AND DECIDE COMPENSATION IN LIGHT OF COMPARABILITY DATA.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GENERALLY, THESE DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC.

FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES DESCRIPTION

	PROGRA	M SERVICE	MGT & G	ENERAL	FUNDRA	LISING
TECH SERV	/ICE					
	\$	62,249	\$	0	\$	0
NEWS SERV	/ICE					
	\$	2,500	\$	0	\$	0
PAYROLL E	ROCESSING	}				
	\$	1,291	\$	98	\$	42