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Form

Department of the Yreasun

For Paperwork Reduction Act Notice, see the separate instructions.

Return of Organization Exempt From Income Tax

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

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2016 Open to Public Inspection

Form 990 (2016)

For the 2016 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable Address change PENNSYLVANIA LAND TRUST ASSOCIATION Doing business as 23-2789029 Name change Number and street (or P O box if mail is not delivered to street address) Initial return 119 PINE STREET, 1ST FLOOR 717-230-8560 Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated HARRISBURG PA 17101 562,647 G Gross receipts \$ Amended return Name and address of principal officer X No H(a) Is this a group return for subordinates? Yes Application pending ANDREW LOZA 119 PINE STREET, 1ST FLOOR Yes H(b) Are all subordinates included? **HARRISBURG** PA 17101 If "No," attach a list (see instructions X 501(c)(3) 501(c) ( (insert no ) Tax-exempt status 527 WWW.CONSERVELAND.ORG Website<sup>.</sup> H(c) Group exemption number ▶ X Corporation Trust Association Year of formation 1995 Form of organization PA M State of legal domicile Part I Summary 1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O Activities & Governance 2 Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its net assets 10 3 Number of voting members of the governing body (Part VI, line 1a) 10 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 5 6 Total number of volunteers (estimate if necessary) 40 6 O 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 7b 0 b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** ECANNED AUG 2 8 2017 627,753 519,004 8 Contributions and grants (Part VIII, line 1h) 50,921 43,263 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 417 380 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 679,091 562,647 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 112,588 43,111 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 285,902 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 258,667 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (b), line 25) 13,208 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e 216,412 198,538 518,190 597,028 18 Total expenses Add lines 13- (2) must equal Part (2) (column (4)), line 25) 19 Revenue less expenses Subtract line 18 from line 12 160,901 -34,381 Beginning of Current Year End of Year OGDEN. UT 770,625 734,658 20 Total assets (Part X, line 16) 29,183 27,597 21 Total liabilities (Part X, line 26) 707,061 22 Net assets or fund balances Subtract line 21 from line 20 741,442 Signature Block Under penalties of peruny, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of freparer (other than officer) is based on all information of which preparer has any knowledge Sign Here ANDREW LOZZ EXECUTIVE DIRECTOR aswer Type or print name and title Print/Type preparer's name Check Paid WILLIAM P ASHMAN, CPA P00817094 Preparer HAMILTON & MUSSER PC 23-2213999 Firm's EIN ▶ Firm's name **Use Only** 176 CUMBERLAND PARKWAY 717-697-3888 MECHANICSBURG, PA Phone no X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

art III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
	X
Briefly describe the organization's mission	
SEE SCHEDULE O	
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	1es 21 No
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  Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported	
G (Code ) (Expenses \$ 294,541 including grants of \$ 112,588 ) (Revenue \$ 1200 PECHNICAL ASSISTANCE ASSIST CHARITABLE CONSERVATION ORGANIZATION GOVERNMENT IN IMPROVING THE QUALITY AND INCREASING THE QUANTITY CONSERVATION WORK. TECHNICAL ASSISTANCE PROVIDED BY PHONE, EMAIL PERSON. TECHNICAL GUIDANCE PREPARED ON DOZENS OF CONSERVATION TOF CONSERVATIONTOOLS.ORG WEBSITE EXPANDED. GRANTS AWARDED TO CONSERVATIONS IN SUPPORT OF LAND CONSERVATION PROJECTS AND ORGANICATIONS.	OF LAND AND IN PICS. VATION
O (Code ) (Expenses \$ 86,983 including grants of \$ ) (Revenue \$ OUTREACH AND EDUCATION REACH OUT TO AND EDUCATE THE PUBLIC ON CONSERVATION. CONTENT WAS EXPANDED AT CONSERVELAND.ORG AND PALTA WEBSITES. PUBLICATIONS, INCLUDING IN THEIR OWN WORDS AND CONSERVED DISTRIBUTED IN PRINT AND DIGITAL EDITIONS. PRESENTATIONS WERE MAI VARIETY OF AUDIENCES.	ELAND, WER
C (Code ) (Expenses \$ 117,565 including grants of \$ ) (Revenue \$ PENNSYLVANIA LAND CONSERVATION CONFERENCE, SEMINARS, ROUNDTABLES GATHERINGS PROVIDE TRAINING AND IMPROVE COMMUNICATIONS AND COCAMONGST THOSE CONSERVING LAND FOR THE PUBLIC GOOD.	
d Other program services (Describe in Schedule O )	
(Expenses \$ 54,465 including grants of \$ ) (Revenue \$	)
e Total program service expenses > 333,334	Form 990 (20

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

If "Yes," complete Schedule G, Part III

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

	1990 (2016) PENNSYLVANIA LAND TRUST ASSOCIATION 23-2789029  Int IV Checklist of Required Schedules			age 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>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	}	j	
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	ļ
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,		1	
-	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,		. !	i
_	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			ļ
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		ļ	
_	"Yes," complete Schedule D, Part I	6	<del> </del>	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		47
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	<del> </del>	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	1 _	l	3,
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a		}	}
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			x
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	<del> </del>	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	10		x
11	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10_	<del> </del>	
''	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  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		1	İ
а	complete Schedule D, Part VI	11a	}	х
h	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	110	<del>                                     </del>	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	1.10	1	<del></del> -
Ŭ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	1	x
ď	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			<u> </u>
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	<u> </u>	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	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	1	1	
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	}		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	—	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		1	1

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17

18

X

X

18

		!	Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ļ		
	domestic government 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 or other assistance to or for domestic individuals on			
_	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			1
	organization's current and former officers, directors, trustees, key employees, and highest compensated	{ '		[
•	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1		ĺ
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del> </del>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	1		}
	to defease any tax-exempt bonds?	24c		<b> </b>
d 	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<del> </del>
25a				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<del> </del>	X
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	1		[
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			v
	If "Yes," complete Schedule L, Part I	25b		<u>X</u> _
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	Ì	ł	1
	current or former officers, directors, trustees, key employees, highest compensated employees, or	1 00	}	x
22	disqualified persons? If "Yes," complete Schedule L, Part II	26_		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			ł
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		x
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
•	Part IV instructions for applicable filing thresholds, conditions, and exceptions)  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	х	
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		<del> </del>
b	Schedule L, Part IV	28Ь		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	1200		<del> </del>
·	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	1	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		1	
-	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 I	31	]	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	[		
	complete Schedule N, Part II	_32_	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			]
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34	<u> </u>	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	{	1	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	ļ	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	ł		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	<b>_</b>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	}		1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	)	1	
	Part VI	37	<u> </u>	X
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	0 (2016
		5.		II /2016

b Enter the amount of reserves the organization is required to maintain by the states in which

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

14a 14b X

13b

13c

11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		1	
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	1.00		_

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, address, and telephone number of the person who possesses the organization's books and records
7.	NUDER 1073 119 DINE STREET 1ST FLOOR

HARRISBURG

PA 17101

717-230-8560

Form 990 (2016)	PENNSYLVANIA	LAND	TRUST	ASSOCTATION	23-2789029

Page 7

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, an	d
	Independent Contractors	_

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See 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) (C) Average Position hours per (do not check more than one week box, unless person is both an		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other				
	(list any hours for related organizations below dotted line)		cer ar		recto	Highest compensated employee	the organization (W-2/1099-MISC)	the organizations (W-2/1099-MISC)	
(1) JEFF MARSHALL		-				-			
	0.50	1				}			
PRESIDENT	0.00	x		X	1		ol	0	0
(2) RENEE CAREY	_ <del></del>								
	0.50	1	ł			} }	{		
VICE PRESIDENT	0.00	X		X		1 1	0	0	0
(3) JOHN CONNER									
	0.50	ı	l	ł		ł I			
TREASURER	0.00	X		X			 [o]	0	0
(4) TOM SAUNDERS	'	7							
	0.50			1		1 1			
SECRETARY	0.00	X		X			 0	0	0
(5) MOLLY MORRISON	ı	1	1			1			
	0.50	1	}						
DIRECTOR	0.00	X	_		L		 0	0	0
(6) ELLEN FERRETTI				1		1 1			
	0.50			}	}	} }	_	_	
DIRECTOR	0.00	X					 0	0	0
(7) KAREN MARTYNICK		}							
	0.50	1	l		}	1 1		_	
DIRECTOR	0.00	X	_	<u> </u>	<u> </u>	1	 0	0	0
(8) ANDY PITZ		1				} }	}		
	0.50			Ì	1	1 1			2
DIRECTOR	0.00	X	<b> </b>	<b> </b>	ļ	<del>↓</del>	 0	0	0
(9) KIM MURPHY				1					
	0.50		1					_	^
DIRECTOR	0.00	X		<del> </del>	├—	<del>├</del>	 0	0	0
(10) STEVE SCHIFFMAN	0.50				1		1		
D.T.D.T.G.T.O.D.	0.50						o	0	0
DIRECTOR	0.00	X	├	├	-	<del>  </del>	 <del> </del>		<del>-</del>
(11) ANDREW LOZA	40.00	1	}				}	ii	
BYBOUNTUE PIDEOMOD	40.00			x			112,938	0	25,275
EXECUTIVE DIRECTOR	0.00				1	لحسل	 112,330		Form <b>990</b> (2016)

Part	(A) Name and title	(B) Average hours per week (list any hours for	(di bo: off	o not o x, unle	Pos check ess pe	c) ition more	than o	ne an ee)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	cor	(F) Estimated amount of other compensation from the		
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		a a	ganizat nd relat ganizati	ed	
												<del></del>	-	
			-											
c 1 d 1	Sub-total Total from continuation she Total (add lines 1b and 1c)	<u></u> .				i	L	<b>&gt; &gt; &gt;</b>	112,938					275 275
r	otal number of individuals (in eportable compensation from Old the organization list any fo	the organization	<u> </u>	1_					<u> </u>			<del></del>	Yes	No
4 F	employee on line 1a? If "Yes," For any individual listed on lin- organization and related organ andividual	<i>complete Sche</i> ee 1a, is the sum	dule of re	J for	suc able	h ind	dividi ipens	<i>ial</i> sati	on and other compensation	from the		3 4		X
Sectio	Old any person listed on line 1 or services rendered to the or n B. Independent Contracto	rganization? <i>If</i> ") ors	/es,"	com	plete	e Sc	hedu	le u	I for such person			5		х
1 (	Complete this table for your five compensation from the organi Name and	ve highest comp zation Report c (A) business address	ensa omp	ited ensa	inde <sub>l</sub>	pend for t	dent o	aler	idar year ending with or with	than \$100,000 of on the organization's tax y (B) otion of services	ear	Cor	(Č)	ation
								-						
													<u>-</u> -	
2 7 DAA	Total number of independent eceived more than \$100,000	contractors (incl of compensation	uding n froi	but m the	not e org	limit	ed to	the	ose listed above) who	00		Forr	n <b>99</b> (	0 (2016)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue (B) Related or (C) Unrelated business Total revenue exempt excluded from tax revenue under sections revenue 512-514 1a Federated campaigns 1a 1b 27,515 b Membership dues c Fundraising events 1c d Related organizations 1d 307,460 e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 184,029 g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 519,004 Program Service Revenue Busn Code 2a CONFERENCE FEES 43,263 43,263 b d f All other program service revenue 43,263 Total. Add lines 2a-2f ▶ Investment income (including dividends, interest, 380 380 and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6a Gross rents b Less rental exps c Rental inc or (loss) d 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 Less direct expenses b c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses b  $\triangleright$ c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a b C All other revenue Total. Add lines 11a-11d ▶ 0 380 562,647 43,263 Total revenue. See instructions

Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns All other	organizations must comp	lete column (A)	
	Check if Schedule O contains a responsor include amounts reported on lines 6b,	se or note to any line in this	s Part IX (B)	(C)	(D) X
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		ехрепзез	general expenses	охранаса
	and domestic governments See Part IV, line 21	112,588	112,588		
2	Grants and other assistance to domestic				
-	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16			****	
4	Benefits paid to or for members		<del></del>		
5	Compensation of current officers, directors,	···	<del>-</del>		<del></del>
	trustees, and key employees	138,213	123,009	9,675	5,529
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	104,934	93,495	8,006	3,433
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	3,055	2,720	233	102
9	Other employee benefits	21,020	18,730	1,602	688
10	Payroll taxes	18,680	16,634	1,364	682
11	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting	5,300		5,300	<del></del>
d	Lobbying				<del></del>
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column		j		
	(A) amount, list line 11g expenses on Schedule O)	81,061	80,772	144	145
12	Advertising and promotion	425	360	65	
13	Office expenses	16,825	14,898	221	1,706
14	Information technology	6,573	6,397	126	50
15	Royalties				<del></del>
16	Occupancy	13,965	12,228	1,236	501
17	Travel	7,917	7,491	426	
18	Payments of travel or entertainment expenses		Ì		
	for any federal, state, or local public officials	<u> </u>	61 200	1.7	
19	Conferences, conventions, and meetings	61,314	61,290	17	7
20	Interest	<del></del>		<del></del>	<del></del>
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization Insurance	2,830	1,124	1,660	46
24	Other expenses Itemize expenses not covered	2,630	1,124	1,000	
24	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)				
а	EQUIPMENT	1,429	1,249	128	52
b	DUES	487	434	38	15
C	GOVERNMENT FEES	391	135	4	252
ď	MISCELLANEOUS	21		21	
_	All other expenses	44			
25	Total functional expenses. Add lines 1 through 24e	597,028	553,554	30,266	13,208
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	33.7020	337,331	30,200	13/200
54:	following SOP 98-2 (ASC 958-720)				
DAA	101104111g 001 002 (1100 000-120)	<del></del>	<del></del>		Form 990 (20

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 1 Cash-non-interest bearing 278,847 534,465 2 Savings and temporary cash investments 200,724 233,481 3 Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 2,390 3,709 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 10a other basis Complete Part VI of Schedule D 10c 10b b Less accumulated depreciation 289 251,378 11 11 Investments—publicly traded securities 12 12 Investments-other securities See Part IV, line 11 13 Investments-program-related See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 734,658 770,625 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 29,183 27,597 17 Accounts payable and accrued expenses 18 Grants payable 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 of Schedule D 29,183 27,597 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 628,778 78,283 571,886 27 27 Unrestricted net assets 169,556 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 707,061 741,442 33 Total net assets or fund balances 734,658 770,625 Total liabilities and net assets/fund balances Form **990** (2016)

Form	990 (2016) PENNSYLVANIA LAND TRUST ASSOCIATION 23-2789029			Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets	_			
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		62,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		97,	
3	Revenue less expenses Subtract line 2 from line 1	3		34,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7	41,	442
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	7	07,	061
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			,	Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		1	1	}
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	ļ
	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			1	
	the Single Audit Act and OMB Circular A-133?		3a	↓	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>
			F	orm <b>99</b>	0 (2016)

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

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

**Public Charity Status and Public Support** 

2016

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Schedule A (Form 990 or 990-EZ) 2016

Name	of th	e organization	PENNSVI.VANTA	LAND TRUST ASS	ОСТАТ	TON	Employer iden 23 - 27 8	tification number				
Pa	rt l	Reas		Status (All organizations								
				e it is (For lines 1 through 12,								
ì	Ň			ociation of churches described	-							
2	П	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))										
.3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4				in conjunction with a hospital			=	nospital's name,				
		city, and state	е									
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)											
6		A federal, sta	ite, or local government or g	overnmental unit described in s	ection 17	0(b)(1)(A	)(v).					
7	X		on that normally receives a section 170(b)(1)(A)(vi). (Co	substantial part of its support fro omplete Part II)	om a gove	rnmental	unit or from the general publi	С				
8		A community	trust described in section 1	70(b)(1)(A)(vi). (Complete Part	t II )							
9		or university		cribed in section 170(b)(1)(A)(i of agriculture (see instructions)				ege				
10		receipts from support from	activities related to its exem gross investment income an	) more than 33 1/3% of its support functions—subject to certain durielated business taxable in 0, 1975 See section 509(a)(2)	exception acome (les	ns, and (2 ss section	2) no more than 33 1/3% of its i 511 tax) from businesses					
11	$\Box$	An organizati	on organized and operated e	exclusively to test for public safe	ety See s	ection 50	)9(a)(4).					
12		of one or mor	re publicly supported organiz	exclusively for the benefit of, to attended in section 50 attended in section 50 att describes the type of support	9(a)(1) or	section !	509(a)(2). See section 509(a)	(3).				
	а	$\overline{}$	=	erated, supervised, or controlled								
		the supp	orted organization(s) the pov	ver to regularly appoint or elect omplete Part IV, Sections A a	a majority							
	b	control o		pervised or controlled in conne- ting organization vested in the s								
	С	Type III f	functionally integrated. A s	upporting organization operate tructions) You must complete	d in conne Part IV,	ction with	n, and functionally integrated t A, D, and E.	with,				
	d	Type III i	non-functionally integrated of functionally integrated. The	I. A supporting organization oper corganization generally must se	erated in c atisfy a dis	onnection stribution	n with its supported organizati requirement and an attentiver					
			•	nust complete Part IV, Sectio								
	е			eived a written determination fr n-functionally integrated suppor			s a Type I, Type II, Type III					
	f		mber of supported organizati		mig organ							
	g		ollowing information about th					<u> </u>				
(1)	Nam	ne of supported	(II) EIN	(iii) Type of organization	(iv) is the o		(v) Amount of monetary	(vi) Amount of				
	or	ganization		(described on lines 1–10 above (see instructions))		or governing ment?	support (see instructions)	other support (see				
				, , , , , , , , , , , , , , , , , , , ,	Yes	No	,					
(A)		· <del>········</del>										
(B)												
(C)												
(D)												
(E)												

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

PENNSYLVANIA LAND TRUST ASSOCIATION 23-2789029

Schedule A (Form 990 or 990-EZ) 2016 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III )

Sec	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	534,775	639,962	565,298	627,753	519,004	2,886,792		
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								
<b>4</b> <b>5</b>	Total. Add lines 1 through 3  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	534,775	639,962	565,298	627,753	519,004	2,886,792		
	shown on line 11, column (f)						651,726		
6_	Public support. Subtract line 5 from line 4						2,235,066		
	tion B. Total Support	1			( 1) 20/5				
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
7	Amounts from line 4	534,775	639,962	565,298	627,753	519,004	2,886,792		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	505	283	308	417	380	1,893		
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)								
11	Total support. Add lines 7 through 10			1		<u></u>	2,888,685		
12	Gross receipts from related activities, etc	•				12	43,263		
13	First five years. If the Form 990 is for the	organization's first	t, second, third, for	urth, or fifth tax yea	r as a section 501	(c)(3)	. —		
	organization, check this box and stop her		<del> </del>						
Sec	tion C. Computation of Public St	<u> </u>							
14	Public support percentage for 2016 (line 6	* -	-	n (f))		14	77.37%		
15	Public support percentage from 2015 Sch					15	76.41%		
16a	33 1/3% support test—2016. If the organ				3 1/3% or more, c	heck this	▶ 😿		
_	box and stop here. The organization qual		.,		5 00 4400/	and the state	<b>▶</b> [X]		
b	33 1/3% support test—2015. If the organ				5 is 33 1/3% or mo	ore, cneck	▶ □		
	this box and stop here. The organization				a 40h and haa	44.5			
1/a	10%-facts-and-circumstances test—20								
	10% or more, and if the organization mee								
	Part VI how the organization meets the "fa organization						▶ 🗌		
р	10%-facts-and-circumstances test—20								
	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.  Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly								
		eets the "facts-and	-circumstances" te	est The organization	on qualifies as a pu	IDIICIY	▶ □		
40	supported organization	.d	line 42 40- 40	h 17a ar 17h aba	al this have and as	20			
18	Private foundation. If the organization di	o not check a box	on line 13, 16a, 16	ס, ו/a, or ו/b, cne	ick this dox and se	; <del>e</del>	▶ □		
	instructions								

Schedule A (Form 990 or 990-EZ) 2016

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)	Complete only if you also lead the house live 40 of Dott Los of the appropriate filled to gualify under Do	
If the organization fails to qualify under the tests listed below, please complete Part II.)	(Complete only if you checked the box on line 10 of Part I or if the organization falled to qualify under Pa	IFT II.
	If the organization fails to qualify under the tests listed below, please complete Part II)	

Sec	tion A. Public Support							
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016		(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	······						
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5						$\perp$	
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	<del>,                                    </del>	T	T	T	1		<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	-+-	(f) Total
9	Amounts from line 6					<del> </del>		
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							
C	Add lines 10a and 10b						_	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)							
13	Total support. (Add lines 9, 10c, 11,							
	and 12 )	L	<u> </u>	L		<u> </u>		
14	First five years. If the Form 990 is for the	-	st, second, third, fo	ourth, or fifth tax ye	ear as a section 50	)1(c)(3)		<b>.</b> .
<u></u>	organization, check this box and stop her		togo	<del></del>				
	tion C. Computation of Public St			(0)			15	%
15	Public support percentage for 2016 (line 8		*	nn (t))		<del>-</del>	16	%
16	Public support percentage from 2015 Schetion D. Computation of Investme						10	
	Investment income percentage for 2016 (			3 column (f)			17	%
17 18	Investment income percentage for 2015 (			5, Column (1 <i>))</i>		F-	18	<u>%</u>
18 19a	33 1/3% support tests—2016. If the orga			ne 14, and line 15 i	s more than 33 1/3	_	<del></del> _L	
ızd	17 is not more than 33 1/3%, check this b							▶ 🗌
b	33 1/3% support tests—2015. If the orga						nd	· <del>-</del>
	line 18 is not more than 33 1/3%, check the							▶ 🗌
20	Private foundation. If the organization di							<u> </u>

Schedule A (Form 990 or 990-EZ) 2016

· Part IV **Supporting Organizations** 

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A

and B If you o	hecked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete
Sections A. D.	and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)
Section A. All Supporting	
Section A. An Supporting	Organizations

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

10b Schedule A (Form 990 or 990-EZ) 2016

supporting organizations)? If "Yes," answer 10b below

determine whether the organization had excess business holdings)

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

DAA

Schedule A (Form 990 or 990-EZ) 2016

PENNSYLVANIA LAND TRUST ASSOCIATION 23-2789029

Page 5

Supporting Organizations (continued) Yes Νo Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) 11a below, the governing body of a supported organization? 11b b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year Did the organization operate for the benefit of any supported organization other than the supported 2 organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization Section C. Type II Supporting Organizations No Yes Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year. (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how 2 the organization maintained a close and continuous working relationship with the supported organization(s) By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's 3 supported organizations played in this regard Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) а The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below b The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions) С Yes No 2 Activities Test Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined 2a that these activities constituted substantially all of its activities Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these 2b activities but for the organization's involvement Parent of Supported Organizations Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3a Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard 3b Schedule A (Form 990 or 990-EZ) 2016

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Schedu	ule A' (Form 990 or 990-EZ) 2016 PENNSYLVANIA LAND TRUST ASS	OCIA	ATION 23-2789	0029 Page 6				
	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations							
1								
	instructions. All other Type III non-functionally integrated supporting organizations mu		• •					
Sect	Section A - Adjusted Net Income (A) Prior Year							
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3	4						
5	Depreciation and depletion	5						
. 6	Portion of operating expenses paid or incurred for production or							
СО	llection of gross income or for management, conservation, or							
ma	aintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8						
Sect	(B) Current Year (optional)							
1	Aggregate fair market value of all non-exempt-use assets (see							
ins	tructions for short tax year or assets held for part of year)							
	a Average monthly value of securities	1a						
	b Average monthly cash balances	1b						
	c Fair market value of other non-exempt-use assets	1c		<u> </u>				
	d Total (add lines 1a, 1b, and 1c)	1d						
	e Discount claimed for blockage or other							
	factors (explain in detail in Part VI)		····					
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d	3						
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,							
se	e instructions)	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 035	_6_						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	tion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1						
2	Enter 85% of line 1	2						
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3						

emergency temporary reduction (see instructions)	_ 6		
7 Check here if the current year is the organization's first as a non-functionally integrated	Type I	II supporting organization	(see
instructions)			

4

5

Schedule A (Form 990 or 990-EZ) 2016

4 Enter greater of line 2 or line 3

5 Income tax imposed in prior year

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990 or 990-EZ) 2016 PENNSYLVANIA LAND TRUST ASSOCIATION 23-2789029 Page 7						
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	on D - Distributions			Current Year		
_1_	Amounts paid to supported organizations to accomplish exempt purpos					
2	Amounts paid to perform activity that directly furthers exempt purposes					
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purposes of support	orted organizations				
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI) See instructions					
7	Total annual distributions. Add lines 1 through 6					
. 8	Distributions to attentive supported organizations to which the organizations	ition is responsive				
	(provide details in Part VI) See instructions					
9	Distributable amount for 2016 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount	<del>,</del>				
		(i)	(iı)	(iii)		
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable		
			Pre-2016	Amount for 2016		
_1_	Distributable amount for 2016 from Section C, line 6					
	Underdistributions, if any, for years prior to 2016					
2	(reasonable cause required-explain in Part VI) See					
	Instructions			······		
3	Excess distributions carryover, if any, to 2016					
a		 		<del>, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		
b						
	From 2013	**************************************	<del></del>	1 too, (1111) (111) (111) (111) (111) (111) (111) (111) (111)		
	From 2014					
	From 2015		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11-111		
	Total of lines 3a through e					
	Applied to underdistributions of prior years	 				
<u>h</u>	Applied to 2016 distributable amount					
i_	Carryover from 2011 not applied (see instructions)	<u> </u>	H-' {  - -  - -  - - - - - - - - - - - -	 		
	Remainder Subtract lines 3g, 3h, and 3i from 3f					
4	Distributions for 2016 from					
	Section D, line 7 \$					
	Applied to underdistributions of prior years	'		<u></u>		
	Applied to 2016 distributable amount					
	Remainder Subtract lines 4a and 4b from 4	· · · · · · · · · · · · · · · · · · ·	<u> </u>	1t		
5	Remaining underdistributions for years prior to 2016, if					
	any Subtract lines 3g and 4a from line 2 For result					
	greater than zero, explain in Part VI See instructions					
6	Remaining underdistributions for 2016 Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI See instructions_		***************************************			
7	Excess distributions carryover to 2017. Add lines 3j					
	and 4c					
8	Breakdown of line 7					
a				<u> </u>		
	Excess from 2013			ļ		
	Excess from 2014			<b>*</b>		
d	Excess from 2015	•	1			

Schedule A (Form 990 or 990-EZ) 2016

e Excess from 2016

· Part VI

Schedule A (Form 990 or 990-EZ) 2016

PENNSYLVANIA LAND TRUST ASSOCIATION 23-2789029

Page 8

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

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

## **Political Campaign and Lobbying Activities**

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

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

OMB No 1545-0047 2016

Schedule C (Form 990 or 990-EZ) 2016

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

If the organization answered "Yes," on 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

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

- 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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

<u> •                                   </u>	section 501(c)(4), (5), or (6) organizations. Complete Part III				
	e of organization	1 7 -	Employer identification number		
	PENNSYLVANIA LAND TR			23-27890	
Pai	t I-A Complete if the organization is exem	pt under section 501(c)	or is a section	<u>527 organizatio</u>	<u>n</u>
1	Provide a description of the organization's direct and indirect	ct political campaign activities i	in Part IV (see inst	ructions for	
	definition of "political campaign activities")				
2	Political campaign activity expenditures (see instructions)			▶ \$	
3	Volunteer hours for political campaign activities (see instruc		(0)		
******	t I-B Complete if the organization is exem	·	(3).		
1	Enter the amount of any excise tax incurred by the organization		_	<b>&gt;</b> \$	
2	Enter the amount of any excise tax incurred by organization		5	▶ \$	m, m,
3	If the organization incurred a section 4955 tax, did it file For	rm 4720 for this year?			Yes No
	Was a correction made?				Yes No
	If "Yes," describe in Part IV	nt under eaction 501(a)	avant socia	n E01(a)(3)	
	t I-C Complete if the organization is exem	·		11 30 I(C)(3).	
1	Enter the amount directly expended by the filing organization	on for section 527 exempt func	tion	▶ ¢	
	activities			▶ \$	
2	5 5	ted to other organizations for se	ection	<b>▶</b> \$	
	527 exempt function activities	as been and an Earm 1120 DOI	•	•	
3	Total exempt function expenditures Add lines 1 and 2 Enti-	er here and on Form 1120-PO	<b>L</b> ,	<b>▶</b> \$	
	line 17b	3		<b>~</b> \$	Yes No
4	Did the filing organization file Form 1120-POL for this year Enter the names, addresses and employer identification nu		solitical organization	e to which the filing	
5	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 committ			=	
	as a separate segregated fund of a political action committee	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(C) Ziii	filing organization's	contributions received and
	-		,	funds if none, enter -0-	promptly and directly
				ł	delivered to a separate political organization if
					none, enter -0-
(1)	<del></del>				<del></del>
,					
(2)					
,			}		
(3)					
(-,			ļ		
(4)					
. ,		<u></u>	<u> </u>		
(5)					
(6)				·	

Schedule C (Form 990 or 990-EZ) 2016 <b>PEN</b>	NSYLVANIA LA	ND TRUST AS	SOCIATION	23-2789029	Page <b>2</b>
Part II-A Complete if the orga section 501(h)).					
	ation belongs to an a	affiliated group (ai	nd list in Part IV e	ach affiliated grou	ID member's
	N, expenses, and sh				-6
	ation checked box A				
	obbying Expenditu		<del>''</del>	(a) Filing	(b) Affiliated
(The term "expenditures	" means amounts pa	aid or incurred.)	or	ganization's totals	group totals
1a Total lobbying expenditures to influence				67	
b Total lobbying expenditures to influence	a legislative body (direc	t lobbying)		1,201	
c Total lobbying expenditures (add lines	la and 1b)			1,268	
d Other exempt purpose expenditures				595,754	
e Total exempt purpose expenditures (ad	d lines 1c and 1d)			597,022	
f Lobbying nontaxable amount Enter the	amount from the follows	ng table in both			
columns				114,553	
If the amount on line 1e, column (a) or (b	) is: The lobbying nont	taxable amount is:			
Not over \$500,000	20% of the amount	on line 1e			
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15%	of the excess over \$500	0,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10%	of the excess over \$1,0	00,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% c	of the excess over \$1,50	0,000		
Over \$17,000,000	\$1,000,000				
g Grassroots nontaxable amount (enter 2	5% of line 1f)			28,638	
h Subtract line 1g from line 1a If zero or	less, enter -0-			0	
i Subtract line 1f from line 1c If zero or le	ess, enter -0-		L	0	
j If there is an amount other than zero or reporting section 4911 tax for this year?		did the organization fi	le Form 4720		Yes No
	4-Year Averagin	ng Period Under s	ection 501(h)		
(Some organizations that m	<del>-</del>	-		l of the five colum	ns below.
, ,	See the separate in				
	Lobbying Expenditu	res During 4-Year	Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	<b>(c)</b> 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount	119,974	102,636	102,729	114,55	3 439,892
b Lobbying ceiling amount (150% of line 2a, column(e))					659,838
c Total lobbying expenditures	2,066	6,247	4,335	1,26	13,916
d Grassroots nontaxable amount	29,994	25,659	25,682	28,63	8 109,973
e Grassroots ceiling amount (150% of line 2d, column (e))					164,960

275

1,501

1,183

3,026 Schedule C (Form 990 or 990-EZ) 2016

67

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2016	PENNSYLVANIA	LAND TRUST	ASSOCIATION	23-2789029

D	•
Page	

Part II-B Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).				Pa	age 3
	(6	a)	(b	)	
For each "Yes," response on lines 1a through 1ı below, provide in Part IV a detailed description of the lobbying activity	Yes	No	Amo	unt	
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?					
<ul> <li>b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</li> <li>c Media advertisements?</li> <li>d Mailings to members, legislators, or the public?</li> <li>e Publications, or published or broadcast statements?</li> </ul>					
f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?					
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)?  b If "Yes," enter the amount of any tax incurred under section 4912  c If "Yes," enter the amount of any tax incurred by organization managers under section 4912  d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	or se	ection			
<ul> <li>Were substantially all (90% or more) dues received nondeductible by members?</li> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior</li> <li>Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N</li> </ul>	501(c)(5),				No
answered "Yes."  1 Dues, assessments and similar amounts from members	_ <del>-</del>	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).					
<ul><li>a Current year</li><li>b Carryover from last year</li><li>c Total</li></ul>		2a 2b 2c			
<ul> <li>Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</li> <li>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</li> </ul>		4			
and political expenditure next year?  5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information		5			_

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, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Schedule C (Form 990 or 990-EZ) 2016 PENNSYLVANIA LAND TRUST ASSOCIATION 23-2789029

Page 4

Part IV Supplemental Information (continued)

## SCHEDULE D (Form 990)

Department of the Treasury

OMB No 1545-0047 2016

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Internal Revenue Service Inspection Name of the organization Employer identification number

	ENNSYLVANIA LAND TRUST ASSOCIATION		23-2789029	<u> </u>
Pa	ort   Organizations Maintaining Donor Advised Fu		Accounts.	
	Complete if the organization answered "Yes" on F	Form 990, Part IV, line 6		
•		(a) Donor advised funds	(b) Funds and oth	ner accounts
1	Total number at end of year			
,2	Aggregate value of contributions to (during year)		l	
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that	t the assets held in donor advised		<del></del>
	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 donor	= =		
	conferring impermissible private benefit?	or action, or too any other parpoor		Yes No
Pa	rt II Conservation Easements.			
٠.	Complete if the organization answered "Yes" on F	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 a historically imp	ortant land area	
	Protection of natural habitat	Preservation of a certified histori		
		Preservation of a certified histori	ic structure	
•	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conse easement on the last day of the tax year	rvation contribution in the form of a const	,	End of the Tay Year
	·		<del></del>	End of the Tax Year
	Total number of conservation easements		2a	
	Total acreage restricted by conservation easements		2b	
	Number of conservation easements on a certified historic structure incl		2c	
d	Number of conservation easements included in (c) acquired after 8/17/	06, and not on a		
	historic structure listed in the National Register		2d	<del></del>
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organiza	ation during the	
	tax year ▶			
4	Number of states where property subject to conservation easement is	ocated >		
5	Does the organization have a written policy regarding the periodic mon	itoring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	of violations, and enforcing conservation of	easements during the	year
	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, inspecting, handling of vio	lations, and enforcing conservation ease	ments during the year	
	<b>▶</b> \$			
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)	(1)	
	and section 170(h)(4)(B)(ii)?			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			
Pa	art III Organizations Maintaining Collections of Art,	Historical Treasures, or Other	Similar Assets.	
	Complete if the organization answered "Yes" on l	Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), n	ot to report in its revenue statement and	balance sheet	
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furti	herance of	
	public service, provide, in Part XIII, the text of the footnote to its financial	al statements that describes these items	3	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to	o report in its revenue statement and bal-	ance sheet	
	works of art, historical treasures, or other similar assets held for public			
	public service, provide the following amounts relating to these items			
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$	
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$	
2	If the organization received or held works of art, historical treasures, or	other similar assets for financial dain in	rovide the	
-	following amounts required to be reported under SFAS 116 (ASC 958)		· · · · · · · · · · · · · · · · · · ·	
•	Revenue included on Form 990, Part VIII, line 1	g to those torris	<b>&gt;</b> \$	
	Accepts included in Form 990, Part Y		<b>&gt;</b> \$	

Sche	dule D (Form 990) 2016 PENNSYLV	ANIA LAND	TRUST	ASSOC:	IATION	23-2	<u> 7890</u>	29_			Page 2
·Pa	rt III Organizations Maintainir	ng Collections of	Art, His	torical Tr	reasures,	or Other	r Simi	lar As	sets	(continu	red)
3	Using the organization's acquisition, acces collection items (check all that apply)	sion, and other record	s, check ar	ny of the foll	lowing that a	re a signifi	cant us	e of its	_		
а	Public exhibition	d 🗍	Loan or ex	change pro	grams						
b	Scholarly research	_	Other		_						
С	Preservation for future generations	_									
4	Provide a description of the organization's	collections and explain	n how they	further the	organization's	s exempt p	urpose	ın Par	t		
	XIII	•	•		ū		•				
5	During the year, did the organization solicit	or receive donations	of art, histo	rical treasu	res, or other	sımılar					
	assets to be sold to raise funds rather than	to be maintained as p	art of the o	organization	's collection?	)				Ye	s 🗌 No
Pa	rt IV Escrow and Custodial A	rangements.									
	Complete if the organization 990, Part X, line 21.	on answered "Yes"	on Forn	n 990, Pa	ırt IV, line 9	), or repo	orted a	an am	ount c	n Form	
1a	Is the organization an agent, trustee, custo	dian or other intermed	liary for cor	ntributions o	or other asset	s not					
	included on Form 990, Part X?		·							Yes	s No
b	If "Yes," explain the arrangement in Part XI	II and complete the fo	flowing tab	ie							
										Amount	
C	Beginning balance							1c			
d	Additions during the year							1d			
е	Distributions during the year							1e			
f	Ending balance							1f			
2a	Did the organization include an amount on	Form 990, Part X, line	21, for es	crow or cust	todial accour	t liability?				Ye	s 🔲 No
	If "Yes," explain the arrangement in Part XI	II Check here if the e	xplanation	has been pi	rovided on Pa	art XIII				<del></del> -	
Pa	rt V Endowment Funds.										
	Complete if the organization	on answered "Yes	" on Forn	n 990, Pa	irt IV, line 1	10				<del>,</del>	
		(a) Current year	( <b>b</b> ) Pr	or year	(c) Two yea	rs back	( <b>d</b> ) Th	ree year	s back	(e) Four	years back
1a	Beginning of year balance		<u> </u>		ļ					<b> </b>	
b	Contributions				<u> </u>					<b></b>	
C	Net investment earnings, gains, and									1	
	losses		<b></b>								
	Grants or scholarships	. <del> </del>	<b></b>						·	<b>-</b>	
е	Other expenditures for facilities and		ł			ļ					
	programs		<b> </b>		<del> </del>					<del></del>	
f	Administrative expenses		<del> </del>		<del> </del>						
g	End of year balance	L	L		<u> </u>					L	
2	Provide the estimated percentage of the cu	-	e (line 1g,	column (a))	held as						
a	Board designated or quasi-endowment ▶	%									
	Permanent endowment ▶ %										
С	Temporarily restricted endowment ▶	%									
٥-	The percentages on lines 2a, 2b, and 2c si	•	_4 4			d 6 4h					
sa	Are there endowment funds not in the poss	session of the organiza	auon that a	ne nelo ano	aummistere	a lot the				ŗ	Yes No
	organization by									3a(i)	Tes NO
	(i) unrelated organizations									3a(ii)	
h	(ii) related organizations If "Yes" on line 3a(ii), are the related organ	izations listed as room	rad on Sal	nedula P2						3b	
4	Describe in Part XIII the intended uses of t									( 35 )	
Pa	ert VI Land, Buildings, and Eq.		CANTIGUE IN	143							
Ģ	Complete if the organization		" on Forr	n 990 Pa	art IV line	11a See	Form	990	Part 3	K. line 1	0
	Description of property	(a) Cost or other		(b) Cost or			ccumulat		<del>```</del>	(d) Book	
	=	(investment)		(oth			preciation				
1a	Land		<u>-</u>						7		
	Buildings	<del></del>							1		
	Leasehold improvements										
	Equipment								1		·
	Other			<del></del>	<del></del>						
	I. Add lines 1a through 1e (Column (d) mus	t equal Form 990. Par	rt X. colum	n (B), line 1	0c )			)	<b>▶</b>		

Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" or			
	(a) Description of security or category	(b) Book value	(c) Method of v	
	(including name of security)		Cost or end-of-year	market value
(1) Financial d	lerivatives			
(2) Closely-he	ld equity interests		<u> </u>	
(3) Other				
(A)				
- (B)				
(C)				
(D)				
(E)				
(E) (F)			<u> </u>	
(G)			<del></del>	
(H)	(I) and the second Forms 2000 Book Village (B) have 40 ) by			
~~~~~~	(b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments—Program Related.  Complete if the organization answered "Yes" o	n Form 990 Part IV lir	ne 11c See Form 990 Pa	art X line 13
	(a) Description of investment	(b) Book value	(c) Method of v	
	(a) Description of investment	(b) book value	Cost or end-of-year	
				<del></del>
_(1)			<del>                                     </del>	
_(2)				
_(3)				
_(4)			<del> </del>	
(5)			<del> </del>	
_(6)				
_(7)				
_ (8)				
_ (9)			<u> </u>	
	n (b) must equal Form 990, Part X, col (B) line 13 ) ▶			
Part IX	Other Assets.		4410 = 000 B	( <b>V</b>
	Complete if the organization answered "Yes" of	n Form 990, Part IV, III	ne 11d. See Form 990, Pa	
·	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)		· · · · · · · · · · · · · · · · · · ·		
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 15)		<b>&gt;</b>	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, li	ine 11e or 11f See Form	990, Part X,
	line 25			
1.	(a) Description of liability	(b) Book value		
	income taxes			
(2)				
(3)				
(4)				
(5)				
		<del></del>	7	
(6)				
(7)		<del>-  </del>	7	
(8)		<del></del>		
(9)	n (b) must equal Form 990, Part X, col (B) line 25)			

Sche	dule D (Form 990) 2016 PENNSYLVANIA LAND TRUST ASSOC	IATION 23-278	89029	Page <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue p	er Return.	
	Complete if the organization answered "Yes" on Form 990, Pa	rt IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements		1	578,876
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b 16,	229	
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII )	2d		
-e	Add lines 2a through 2d		2e	16,229
3	Subtract line 2e from line 1		3	562,647
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	562,647
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme		per Return.	
	Complete if the organization answered "Yes" on Form 990, Pa	rt IV, line 12a		
1	Total expenses and losses per audited financial statements		1	613,257
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a 16,	.229	
þ	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	16,229
3	Subtract line 2e from line 1		3	597,028
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
c	Add lines 4a and 4h		46	

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

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

Part XIII Supplemental Information.

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 AUTHORITIES FOR YEARS BEFORE DECEMBER 31, 2013.

597,028

Schedule D (Form 990) 2016 PENNSYLVANIA LAND TRUST ASSOCIATION 23-2789029

Page 5

Part XIII Supplemental Information (continued)

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States

2016 OMB No 1545-0047

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▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. ▶ Attach to Form 990.

ž

Employer identification number 23-2789029

X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States the selection criteria used to award the grants or assistance? Part II

PENNSYLVANIA LAND TRUST ASSOCIATION

General Information on Grants and Assistance

Part

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form

990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	that received n	nore than	\$5,000 Part II car	be duplicated if	additional spac	e is needed	
(a) Name and address of organization     or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BERKS COUNTY CONSERVANCY							
25 N 11TH STREET							ASSISTANCE
READING PA 19601	23-1966295	50103	11,714				
(2) CENTRAL PENNSYLVANIA CONSERVANCY							
401 E LOUTHER STREET, SUITE 308			_				ASSISTANCE
CARLISLE PA 17013	23-2191037	50103	6,000				
(3) CLEARWATER CONSERVANCY						1	
2555 N ATHERTON STREET					-		ASSISTANCE
STATE COLLEGE PA 16803	25-1413990	50103	6,000				
(4) DELAWARE HIGHLANDS CONSERVANCY							
508 RIVER STREET			-				ASSISTANCE
HAWLEY	23-2804664	501C3	17,999				
(5) FARM & NATURAL LANDS TRUST							
156 NORTH GEORGE STREET							ASSISTANCE
YORK PA 17401	23-2612674	50103	18,000				
(6) FRENCH AND PICKERING CREEKS CONSERV	<b>→</b>						
511 KIMBERTON RD							ASSISTANCE
PHOENIXVILLE PA 19460	23-6429095	501C3	12,000				
(7) HERITAGE CONSERVANCY							
85 OLD DUBLIN PIKE							ASSISTANCE
DOYLESTOWN PA 18901	23-6296515	501C3	5,770				
(8) MANADA CONSERVANCY							
PO BOX 25			_				ASSISTANCE
HUMMELSTOWN PA 17036	25-1784517	501C3	12,000				
(9) NORTHCENTRAL PENNSYLVANIA CONSERVAN	z						
PO BOX 2083							ASSISTANCE
WILLIAMSPORT PA 17703	23-2606163	501C3	12,000				
6 Enter total auminos of contra 601(A)(3) and advantage total contractions listed in	organizations lister	In the line 1 table	1 tahle				o ▲

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

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

Schedule I (Form 990) (2016)

Schedule I (F	Schedule I (Form 990) (2016) PENNSYLVANIA LAND TRUST ASSOCIATION 23-2789029  Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22  Part III can be duplicated if additional space is needed	LAND TRUST AS Domestic Individua	SSOCIATION 2 Is. Complete if the c	3 - 2789029 rganization answere	1 "Yes" on Form 990, Part	Page <b>2</b>
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, FMV, appraisal, other)
-						
4 6						
2						
ן ער						
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b), and any other additional information	ide the information re	quired in Part I, line	2; Part III, column (b)	; and any other additional i	nformation

#### PALTA

## SCHEDULE L

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

OMB No 1545-0047

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value of the orga	PENNSYLVANIA LAND T	RUST ASSOCT	ATION				l l	yer idei 27890		on nun	IDEL		
Part I	Excess Benefit Transaction			501/	:)(4)	and 501(c)(29)			4,7				
	Complete if the organization answer								0b				
1	(a) Name of disqualified person		nship between disq	ualifie			(c) Description of tra				(d) Yes	Correct	ted?
(1)			Organization	<u> </u>							1.00	<del>-   -</del>	
(2)												$\neg \vdash$	
(3)	<del></del>											+	
(4)												$\top$	
(5)		1									<u> </u>	$\top$	
(6)													
2 Enter tunder s	he amount of tax incurred by the organi section 4958 he amount of tax, if any, on line 2, abov	_	•	-	rson	s during the year	,	<b>▶</b> \$					
Part II	Loans to and/or From Intercomplete if the organization answer	ed "Yes" on Fo	rm 990-EZ, Pa		line	38a or Form 990	, Part IV, line 26,	or if t	he				
	organization reported an amount on					(1) 0	T (O Palanas dua	Iz-Cl-	dofoull?	Trib Ar		T 4334	Intton
	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	or fro	oan to om the		(f) Balance due	(g) in	ucidull/	by bo	pproved pard or		/ritten ement?
		i			g ?			Yes	T N-	Yes	mittee?	Yes	No
	· · · · · · · · · · · · · · · · · · ·	+		10	From			Yes	No	105	No	res	NO
(1)	· · · · · · · · · · · · · · · · · · ·			ļ.,							<u> </u>	_	ļ
(2)											_	_	<u> </u>
(3)													<u> </u>
(4)													
(5)													
(6)	<u> </u>			1	<u> </u>		-	ļ		$\vdash$	<del>                                     </del>		
(7)			<u> </u>	1		<u> </u>		-		<del> </del>		$\vdash$	-
(8)				<u> </u>	-			<u> </u>		-	$\vdash$	├	-
(9)								-	-	<del> </del>		_	<del> </del>
10)		<u> </u>	<u> </u>			<u> </u>				<u> </u>		<u> </u>	<u> </u>
Total	0	<b>6</b> 14.				<u>▶</u> \$				<u> </u>		<u> </u>	
Part III	Grants or Assistance Bene Complete if the organization answer				e 27				_				
	(a) Name of interested person	1 ' '	aship between intere		(c) A	Amount of assistance	(d) Type of assistance	•	(e)	Purpos	se of ass	sistance	!
(1)													
(2)													
(3)					<u> </u>								
(4)					↓_			$\perp$					
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(9)													

Schedule	L (Form 990 or 99	0-EZ) 2016 PI	<u>ENNSYLVAN</u>	NIA LAND TR	UST	' ASSOCIATIO	N 23-2789029	Pa	age 2
Part P				nterested Person					
	Complete if	the organization a	answered "Yes" o	n Form 990, Part IV,	line 28	3a, 28b, or 28c			
	(a) Name o	f interested person		(b) Relationship between		(c) Amount of	(d) Description of transaction	of	iharing org
				interested person and t organization	ne	transaction		Yes	No
(1) THE	CHARITABLE	NONPROFIT	NATURAL L	ADTRECTOR			CONTRACTED SERVICES	103	X
(2) THE							CONTRACTED SERVICES	<del>                                     </del>	x
(3)		· · · · · · · · · · · · · · · · · ·						1	
(4)									
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(7)	· · · · · · · · · · · · · · · · · · ·							<b> </b>	Щ.
(8)		· · · · · · · · · · · · · · · · · · ·						<del> </del>	<del> </del>
(9)								<del> </del>	
10) Part V	Supplem	ental Informa	tion .					ــــــــــــــــــــــــــــــــــــــ	<u> </u>
raita	F- F- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-			questions on Schedi	/ امار	see instructions)			
	Fiovide add	itional information	rior responses to	questions on Schedi	ile L (	see ilistructions)			
SCH	EDULE L.	PART V -	ADDITION	AL INFORMA	TIO	N			
						<del></del>			
MOI	LY MORRIS	ON, WHO W	VAS A DIR	ECTOR OF P.	ALT	A DURING 20	16, ALSO SERVED A	S_	
PRE	SIDENT OF	THE CHAP	RITABLE N	ONPROFIT N	ATU	RAL LANDS I	RUST.		
ELL	EN FERRET	TI, WHO W	VAS A DIR	RECTOR OF P.	ALT	A DURING 20	16, ALSO SERVED		
AS	DIRECTOR	OF THE CH	ARITABLE	NONPROFIT	BR	ANDYWINE CO	NSERVANCY.		
-									
· - ·									
		···		· · · · · · · · · · · · · · · · · · ·					
· · · · · · · · · · · · · · · · · · ·									
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						<del></del>	<del></del>		

SCHEDULE O (Form 990 or 990-EZ)

## 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.

2016

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection | Employer identification number

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PENNSYLVANIA LAND TRUST ASSOCIATION

23-2789029

FORM 990 - ORGANIZATION'S MISSION

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 2 - RELATED PARTY INFORMATION AMONG OFFICERS

ELLEN FERRETTI BRANDYWINE CONSERVANCY'S ENVIRONMEN

DIRECTOR

CONTRACTED SERVICES

DIRECTOR

MOLLY MORRISON NATURAL LANDS TRUST

DIRECTOR PRESIDENT

CONTRACTED SERVICES

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

PALTA

## PENNSYLVANIA LAND TRUST ASSOCIATION

23-2789029
TO CHARITABLE

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.
MANAGEMENT TAKES STEPS REQUIRED BY POLICY WHENEVER A POTENTIAL CONFLICT IS
IDENTIFIED.

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 15B - COMPENSATION PROCESS FOR OFFICERS
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.

PALTA

Schedule\*O (Form 990 or 990-EZ) (2016) Page 2 Name of the organization Employer identification number 23-2789029 PENNSYLVANIA LAND TRUST ASSOCIATION

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

	PROGRAM	SERVICE	MGT & GENI	ERAL	FUNDRAISI	NG
TECH SERVI	CE					
	\$	75,473	\$	0	\$	0
NEWS SERVI	CE					
	\$	3,000	\$	0	\$	0
PAYROLL PRO	OCESSING					
	\$	1,415	\$	116	\$	59
OTHER SERV	ICES					
	\$	884	\$	28	\$	86
•	TOTAL					
	\$	80,772	\$	144	\$	145