

Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

CMB No. 1545-1150

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2011 calendar year, or tax year beginning 2011, and ending 2011

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C **RENSSELAER LAND TRUST, INC.**
415 RIVER STREET
TRCY, NY 12180

D Employer identification number
14-1708890

E Telephone number
518-238-2832

F Group Exemption Number

G Accounting Method: Cash Accrual Other (specify)

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: WWW.RENSTRUST.ORG

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 82,278.

| Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) | | <input checked="" type="checkbox"/> |
|---|--|-------------------------------------|
| Check if the organization used Schedule O to respond to any question in this Part I <u> </u> | | |
| | 1 Contributions, gifts, grants, and similar amounts received | 76,393. |
| | 2 Program service revenue including government fees and contracts | |
| | 3 Membership dues and assessments | |
| | 4 Investment income | 245. |
| | 5a Gross amount from sale of assets other than inventory | |
| | 5b Less: cost or other basis and sales expenses | |
| | 5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | |
| | 6 Gaming and fundraising events | |
| | 6a Gross income from gaming (attach Schedule G if greater than \$15,000) | |
| | 6b Gross income from fundraising events (not including \$ <u> </u> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 5,640. |
| | 6c Less: direct expenses from gaming and fundraising events | 2,457. |
| | 6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 4,173. |
| | 7a Gross sales of inventory, less returns and allowances | |
| | 7b Less: cost of goods sold | |
| | 7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | |
| | 8 Other revenue (describe in Schedule O) <u> </u> | |
| | 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 80,811. |
| | 10 Grants and similar amounts paid (list in Schedule O) | |
| | 11 Benefits paid to or for members | |
| | 12 Salaries, other compensation, and employee benefits | 43,186. |
| | 13 Professional fees and other payments to independent contractors | 15,011. |
| | 14 Occupancy, rent, utilities, and maintenance | 3,995. |
| | 15 Printing, publications, postage, and shipping | |
| | 16 Other expenses (describe in Schedule O) <u>SEE SCHEDULE O</u> | 13,006. |
| | 17 Total expenses. Add lines 10 through 16 | 75,198. |
| | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | 5,613. |
| | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 230,899. |
| | 20 Other changes in net assets or fund balances (explain in Schedule O) <u> </u> | |
| | 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | 236,512. |

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II.

| | (A) Beginning of year | (B) End of year |
|--|-----------------------|-----------------|
| 22 Cash, savings, and investments | 111,602. | 114,440. |
| 23 Land and buildings | 123,035. | 123,035. |
| 24 Other assets (describe in Schedule O) SEE SCHEDULE O | 5,336. | 6,847. |
| 25 Total assets | 239,973. | 244,322. |
| 26 Total liabilities (describe in Schedule O) SEE SCHEDULE O | 9,074. | 7,810. |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 230,899. | 236,512. |

Part III Statement of Program Service Accomplishments (see the instrs for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III.

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses, in a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

| | | |
|--|------|---------|
| 28 SEE SCHEDULE O | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 28 a | 17,559. |
| 29 LAND STEWARDSHIP: MAINTAINED PROPERTIES AND EASEMENTS ON APPROXIMATELY 474 ACRES OF CONSERVATION LAND IN RENSSELAER COUNTY. | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 29 a | 8,779. |
| 30 SEE SCHEDULE O | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 30 a | 5,268. |
| 31 Other program services (describe in Schedule O) SEE SCHEDULE O | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 31 a | 3,512. |
| 32 Total program service expenses (add lines 28a through 31a) | 32 | 35,118. |

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV.

| (a) Name and address | (b) Title and average hours per week devoted to position | (c) Reported compensation (Form W-2/1099-MISC) (If not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--|--|---|---|--|
| STACEY GOLDSEIN 11 OAKRIDGE WAY MELROSE, NY 12121 | SECRETARY 0 | 0. | 0. | 0. |
| WILLIAM NIEMI 166 TAMARAC ROAD TROY, NY 12180 | BOARD MEMBER 8 | 0. | 0. | 0. |
| CHRISTINE E. YOUNG 55 PINE TRAIL, PO BOX 204 SAND LAKE, NY 12153 | EXECUTIVE DIREC 0 | 27,500. | 0. | 0. |
| NICHOLAS CONRAD 3264 NYS ROUTE 2 CROPSYVILLE, NY 12052 | PRESIDENT 2.5 | 0. | 0. | 0. |
| JENNY HIXON 194 BEST LUTHER ROAD EAST GREENBUSH, NY 12061 | BOARD MEMBER 0 | 0. | 0. | 0. |
| GARRETT BROWN 104 CLAY HILL ROAD HOOSICK FALLS, NY 12090 | TREASURER 0.5 | 0. | 0. | 0. |
| CARL CIPPERLY 26 LOWER PINE VALLEY ROAD HOOSICK FALLS, NY 12090 | BOARD MEMBER 0.5 | 0. | 0. | 0. |
| FRANCILLE EGBERT 50 MAPLE TERRACE SAND LAKE, NY 12153 | BOARD MEMBER 0.5 | 0. | 0. | 0. |
| | | | | |
| | | | | |
| | | | | |

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in **SEE SCHEDULE O** the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. **X**

| | Yes | No |
|--|-----|--|
| 33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O. | | <input checked="" type="checkbox"/> X |
| 34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions). | | <input checked="" type="checkbox"/> X |
| 35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | | <input checked="" type="checkbox"/> X |
| 35 b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O. | | |
| 35 c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III. | | |
| 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N. | | <input checked="" type="checkbox"/> X |
| 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. <input type="checkbox"/> 37 a 0. | | |
| 37 b Did the organization file Form 1120-POL for this year? | | <input checked="" type="checkbox"/> X |
| 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | | <input checked="" type="checkbox"/> X |
| 38 b If 'Yes,' complete Schedule L, Part I, and enter the total amount involved. <input type="checkbox"/> 38 b N/A | | |
| 39 Section 501(c)(7) organizations. Enter: | | |
| 39 a Initiation fees and capital contributions included on line 9. <input type="checkbox"/> 39 a N/A | | |
| 39 b Gross receipts, included on line 9, for public use of club facilities. <input type="checkbox"/> 39 b N/A | | |
| 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> 0.; section 4912 <input type="checkbox"/> 0.; section 4953 <input type="checkbox"/> 0. | | |
| 40 b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4953 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I. | | <input checked="" type="checkbox"/> X |
| 40 c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4956. <input type="checkbox"/> 0. | | |
| 40 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. <input type="checkbox"/> 0. | | |
| 40 e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8836-T. | | <input checked="" type="checkbox"/> X |
| 41 List the states with which a copy of this return is filed. <input type="checkbox"/> NY | | |

42 a The organization's books are in care of GARRETT BROWN Telephone no. 518-238-2832
 Located at P.O. BOX 40 TROY NY ZIP 12182

| | Yes | No |
|---|-----|--|
| 42 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: _____ | | <input checked="" type="checkbox"/> X |
| 42 c See the instructions for exceptions and filing requirements for Form TDF 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: _____ | | <input checked="" type="checkbox"/> X |

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here **N/A** and enter the amount of tax-exempt interest received or accrued during the tax year. **43** **N/A**

| | Yes | No |
|---|-----|--|
| 44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. | | <input checked="" type="checkbox"/> X |
| 44 b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. | | <input checked="" type="checkbox"/> X |
| 44 c Did the organization receive any payments for indoor tanning services during the year? | | <input checked="" type="checkbox"/> X |
| 44 d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. | | |
| 45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? | | <input checked="" type="checkbox"/> X |
| 45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions). | | <input checked="" type="checkbox"/> X |

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part III. Yes No
46

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule C to respond to any question in this Part VI.

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part IV. Yes No
47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. Yes No
48

49a Did the organization make any transfers to an exempt non-charitable related organization? Yes No
49a

49b If 'Yes,' was the related organization a section 527 organization? Yes No
49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Reportable compensation (Forms W-2, 999-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--|--|---|---|--|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

e Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

e Total number of other independent contractors each receiving over \$100,000 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Yes No

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

Sign Here
 Signature of officer: NICHOLAS CONRAD
 Date: PRESIDENT
 Type or print name and title.

Paid Preparer Use Only
 Print/Type preparer's name: JOSEPH V O'BRIEN, CPA
 Preparer's signature: [Signature]
 Date: 5/8/2012
 Check if self-employed
 Firm's name: JOSEPH V O'BRIEN CPA
 Firm's address: 15 GREENRIDGE DR CLIFTON PARK, NY 12065-6628
 Firm's EIN: P00079694
 Phone no.: (518) 383-9110

May the IRS discuss this return with the preparer shown above? See instructions. Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

| | |
|--|---|
| Name of the organization RENSSELAER LAND TRUST, INC. | Employer identification number 14-1708890 |
|--|---|

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

- The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)
- 1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**
 - 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
 - 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
 - 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
 - 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 I.)
 - 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
 - 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part I.)
 - 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part I.)
 - 9 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
 - 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
 - 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III -- Functionally integrated
 - d Type II -- Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box.

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | Yes | No |
|---|------------|----|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (j) and (k) below, the governing body of the supported organization? | 11 g (i) | |
| (ii) A family member of a person described in (i) above? | 11 g (ii) | |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? | 11 g (iii) | |

h Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section 513 (see instructions)) | (iv) Is the organization in column (i) listed in your governing document? | | (v) Did you notify the organization in column (i) of your support? | | (vi) Is the organization in column (i) organized in the U.S.? | | (vii) Amount of support |
|------------------------------------|----------|---|---|----|--|----|---|----|-------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| (A) | | | | | | | | | |
| (B) | | | | | | | | | |
| (C) | | | | | | | | | |
| (D) | | | | | | | | | |
| (E) | | | | | | | | | |
| Total | | | | | | | | | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "in-kind" grants.) | 137,286. | 59,116. | 67,727. | 42,623. | 76,393. | 383,145. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. | | | | | | 0. |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge. | | | | | | 0. |
| 4 Total. Add lines 1 through 3. | 137,286. | 59,116. | 67,727. | 42,623. | 76,393. | 383,145. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 1, column (f). | | | | | | 0. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 383,145. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4. | 137,286. | 59,116. | 67,727. | 42,623. | 76,393. | 383,145. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. | 2,194. | 2,247. | 1,251. | 442. | 245. | 6,379. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on. | | | | | | 0. |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | 0. |
| 11 Total support. Add lines 7 through 10. | | | | | | 389,524. |
| 12 Gross receipts from related activities, etc. (see instructions). | | | | | 12 | 0. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-------------------------------------|--------|
| 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)). | 14 | 98.36% |
| 15 Public support percentage from 2010 Schedule A, Part II, line 14. | 15 | 97.69% |
| 16a 33-1/3% support test – 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. | <input checked="" type="checkbox"/> | |
| b 33-1/3% support test – 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. | <input type="checkbox"/> | |
| 17a 10%-facts-and-circumstances test – 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. | <input type="checkbox"/> | |
| b 10%-facts-and-circumstances test – 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. | <input type="checkbox"/> | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. | <input type="checkbox"/> | |

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

(Complete only if you checked the box on line 9 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 I.)

Section A. Public Support

| Calendar year (or fiscal yr beginning in) ▶ | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513. | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge. | | | | | | |
| 6 Total. Add lines 1 through 5. | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons. | | | | | | |
| b Amounts included on lines 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. | | | | | | |
| c Add lines 7a and 7b. | | | | | | |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal yr beginning in) ▶ | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6. | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | |
| c Add lines 10a and 10b. | | | | | | |
| 11 Not 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 V.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|----|----|
| 15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)). | 15 | of |
| 16 Public support percentage from 2010 Schedule A, Part III, line 15. | 16 | of |

Section D. Computation of Investment Income Percentage

| | | |
|---|----|----|
| 17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)). | 17 | of |
| 18 Investment income percentage from 2010 Schedule A, Part III, line 17. | 18 | of |

- 19a **33-1/3% support tests – 2011.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
- b **33-1/3% support tests – 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

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

[Dashed lines for supplemental information]

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF

OMB No. 1545-0047

2011

Name of the organization

RENSSELAER LAND TRUST, INC.

Employer identification number

14-1708890

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Form 990-PF

Section:

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

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VII, line 1b or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc. purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc. purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc. contributions of \$5,000 or more during the year. ▶ \$ _____

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part V, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part II, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

Employer identification number

RENSSELAER LAND TRUST, INC.

14-1708890

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---------------|--|-------------------------------|--|
| 1 | LAND TRUST ALLIANCE, INC. 1331 H STREET N.W. SUITE 400 WASHINGTON, DC 20005-4711 | \$ 33,300. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

Name of organization

RENSSELAER LAND TRUST, INC.

Employer identification number

14-1708890

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

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---------------------------|--|--|----------------------|
| | N/A | | |
| | | \$ | |
| | | | |
| | | | |
| | | \$ | |
| | | | |
| | | | |
| | | \$ | |
| | | | |
| | | | |
| | | \$ | |
| | | | |
| | | | |
| | | \$ | |
| | | | |
| | | | |
| | | \$ | |

Name of organization
RENSSELAER LAND TRUST, INC.

Employer identification number
14-1708890

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete cols (a) through (e) and the following line entry.

For organizations completing Part III, enter total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ N/A
 Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

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

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

RENSELAER LAND TRUST, INC.

Employer identification number

14-1708890

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO PRESERVE AND PROTECT REAL PROPERTY IN RENSSELAER COUNTY, PROPERTY WHICH CAN BE
SHOWN TO POSSESS SIGNIFICANT NATURAL FEATURES, SCENIC VISTAS, HISTORICAL OR
ARCHAEOLOGICAL SIGNIFICANCE, OPEN SPACES, NATURAL HABITATS OR AGRICULTURAL VALUE;
BY OBTAINING, POSSESSING OR EXERCISING CONTROL OVER THESE AREAS AND MAKING THEM
AVAILABLE FOR PUBLIC PURPOSES, AND OF PROMOTING THEIR PRESERVATION AND APPROPRIATE
USE.

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

EASEMENTS: A LARGE PART OF THIS YEAR'S ACTIVITY INVOLVED NEGOTIATIONS BETWEEN
GOVERNMENTAL AND PRIVATE PARTIES TO ESTABLISH EASEMENTS ALONG THE HOOSICK RIVER.
THESE EFFORTS ARE EXPECTED TO RESULT IN LAND EASEMENTS, PUBLIC FISHING ACCESS AND
PRESERVATION OF WATER QUALITY NON-POINT POLLUTION SOURCES. THE ASSOCIATED PROJECTS
HAVE YET TO COME TO FRUITION BUT ARE EXPECTED TO BE COMPLETED IN 2007. THE PRIMARY
COSTS ASSOCIATED WITH THESE UNDERTAKINGS HAS BEEN THE TIME INVESTED BY OUR
EXECUTIVE DIRECTOR. ALSO, DISCUSSIONS ARE UNDER WAY WITH A PROPERTY OWNER TO
ESTABLISH AN EASEMENT ALONG THE RIDGELINE OF SHAKE HILL IN THE TOWN OF SAND LAKE.

FORM 990-EZ, PART III, LINE 30 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

FARMLAND PROTECTION: THE RLT WAS SUCCESSFUL IN ITS APPLICATION WITH THE STATE OF
NEW YORK TO PARTIALLY FUND A FARMLAND PROTECTION EASEMENT ON FARMLAND IN THE TOWN
OF STEPHENTOWN. THIS EFFORT WAS THE CULMINATING OF JOINT EFFORT BY THE RLT,
RENSELAER COUNTY AND THE FARMER TO BE SUCCESSFULLY AWARDED THE NYS GRANT FOR AN
EASEMENT. IN ADDITION, THE TWO HOOSICK EASEMENTS IN (B) (ABOVE) ARE FARMLANDS WITH
EASEMENTS INTENDED TO PRESERVE THE FARMLANDS FOR AGRICULTURAL USE.

Name of the organization

RENSSELAER LAND TRUST, INC.

Employer identification number

14-1708890

FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO

RENSELAER LAND TRUST, INC.

14-1708890

FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

| | | |
|---|----------|----------------|
| ADVERTISING..... | \$ | 1,376. |
| CONFERENCES, CONVENTIONS, AND MEETINGS..... | | 128. |
| DEPRECIATION..... | | 209. |
| INSURANCE..... | | 1,625. |
| MEMBERSHIP DUES..... | | 1,582. |
| OFFICE EXPENSES..... | | 6,188. |
| PROPERTY TAXES..... | | 717. |
| REPAIRS..... | | 97. |
| TELEPHONE..... | | 557. |
| TRAVEL..... | | 527. |
| | TOTAL \$ | <u>13,006.</u> |

FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

| | BEGINNING | ENDING |
|------------------------------|------------------------|------------------|
| INVENTORIES..... | \$ 503. | \$ 503. |
| MACHINERY AND EQUIPMENT..... | 1,073. | 864. |
| OTHER ASSETS..... | 3,760. | 5,480. |
| | TOTAL \$ <u>5,336.</u> | \$ <u>6,847.</u> |

FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

| | BEGINNING | ENDING |
|--|------------------------|------------------|
| ACCOUNTS PAYABLE AND ACCRUED EXPENSES..... | \$ 5,224. | \$ 3,960. |
| PRIOR PERIOD GRANT OBLIGATION..... | 3,850. | 3,850. |
| | TOTAL \$ <u>9,074.</u> | \$ <u>7,810.</u> |

FORM 990-EZ, PART III, LINE 31
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

| DESCRIPTION | GRANTS | PROGRAM SERVICE EXPENSES |
|--|--------------------|--------------------------|
| PUBLIC OUTREACH: RESPONDED TO INFORMATION REQUESTS AND DISTRIBUTED OUR NEWSLETTER TO APPROXIMATELY 300 MEMBERS AND 2500 NON-MEMBERS. PROVIDES INFORMATION ON LAND CONSERVATION AND EASEMENTS AT THE TROY FARMER'S MARKET AND THE GRAFTON LAKES STATE PARK WINTERFEST. MAILINGS WERE SENT TO PROPERTY OWNERS IN THE TOMHANNOCK WATERSHED TO SOLICIT INTEREST IN EASEMENTS INTENDED TO PRESERVE THE QUALITY OF THE WATERSHED'S TOMHANNOCK RESERVOIR. THESE EFFORTS PRODUCED SOME CONTACT WITH FARMERS AND LAND OWNERS WHO MAY BE INTERESTED IN CONSERVATION EASEMENTS IN THE FUTURE. | | 3,512. |
| INCLUDES FOREIGN GRANTS: NO | | |
| | TOTAL \$ <u>0.</u> | \$ <u>3,512.</u> |

RENSSELAER LAND TRUST, INC.

14-1708890

CONTRIBUTIONS, GIFTS, AND GRANTS
MEMBERSHIP DUES AND ASSESSMENTS

| | | | |
|---------------------------|-------|----|----------------|
| MEMBER CONTRIBUTIONS..... | | \$ | 37,593. |
| | TOTAL | \$ | <u>37,593.</u> |

CONTRIBUTIONS, GIFTS, AND GRANTS
OTHER CONTRIBUTIONS, GIFTS, GRANTS, ETC.

| | | | |
|-----------------------------------|-------|----|----------------|
| NORCROSS WILDLIFE FOUNDATION..... | | \$ | 1,000. |
| MACY'S CORPORATE SERVICES..... | | | 1,000. |
| LAND TRUST ALLIANCE, INC..... | | | 33,300. |
| INDIVIDUALS..... | | | 3,500. |
| | TOTAL | \$ | <u>38,800.</u> |

BALANCE SHEET
OTHER (FORM 990)[O]

| | | | |
|---------------------------|-------|----|------------|
| EASEMENT 12 @ \$1.00..... | | \$ | 12. |
| | TOTAL | \$ | <u>12.</u> |