Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2014

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. Open to Public Department of the Treasury Internal Revenue Service Inspection For the 2014 calendar year, or tax year beginning , 2014, and ending Check if applicable: D Employer identification number Address change RENSSELAER LAND TRUST, INC. 14-1708890 415 RIVER STREET Telephone number Name change TROY, NY 12180 Initial return 518-659-5263 Final return/terminated Amended return G Gross receipts \$ 193,154. F Name and address of principal officer: H(a) Is this a group return for subordinates? X No Application pending Yes H(b) Are all subordinates included? If 'No,' attach a list. (see instructions) SAME AS C ABOVE No Tax-exempt status X 501(c)(3) 501(c) (4947(a)(1) or (insert no.) Website: ▶ WWW.RENSTRUST.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation L Year of formation: M State of legal domicile: NY Part I Summary Briefly describe the organization's mission or most significant activities: THE MISSION OF THE RENSSELAER LAND TRUST IS TO CONSERVE THE OPEN SPACES, WATERSHEDS AND NATURAL HABITATS OF Activities & Governance RENSSELAER COUNTY FOR THE BENIFIT OF OUR COMMUNITIES AND FUTURE GENERATIONS Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)..... 12 Number of independent voting members of the governing body (Part VI, line 1b)..... 4 0 5 2 Total number of volunteers (estimate if necessary)..... 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12...... 0. 7a 0. Prior Year **Current Year** Contributions and grants (Part VIII, line 1h)..... 84,918 187,937. Revenue Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 87. 84 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 4,990. 3,879. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 89,992. 191,903. Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... Benefits paid to or for members (Part IX, column (A), line 4)..... Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 72,202. 71,136. 16a Professional fundraising fees (Part IX, column (A), line 11e)..... **b** Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 36,207. 53,554. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... 108,409. 124,690. Revenue less expenses. Subtract line 18 from line 12..... -18,417.67,213. End of Year Beginning of Current Year Total assets (Part X, line 16)..... 576,637. 640,979. 21 Total liabilities (Part X, line 26)..... 2,932. 61. Net assets or fund balances. Subtract line 21 from line 20..... 573,705. 640,918. Part II Signature Block 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. Signature of office Date Sign Here TREASURER BOB CROWLEY Type or print name and title. Preparer's signature Date Check JOSEPH V O'BRIEN, CPA JOSEPH V O'BRIEN, Paid self-employed P00079694

► JOSEPH V O'BRIEN CPA

CLIFTON PARK, NY 12065-6628

May the IRS discuss this return with the preparer shown above? (see instructions).....

15 GREENRIDGE DR

Preparer

Use Only

Firm's address

Firm's EIN

(518)

No

383-9110

Yes

Form	990 (2014) RENSSELAER LAND TRUST, INC.	14-1708890	Page 2
Par	- manufacture of the complication of the compl		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: THE MISSION OF THE RENSSELAER LAND TRUST IS TO CONSERVE THE OPEN AND NATURAL HABITATS OF RENSSELAER COUNTY FOR THE BENIFIT OF OUF FUTURE GENERATIONS.		
2	Did the organization undertake any significant program services during the year which were not listed on the program services.	rior	
	Form 990 or 990-EZ?	Yes	X No
	If 'Yes,' describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program so	ervices? Yes	X No
	If 'Yes,' describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program ser Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation and revenue, if any, for each program service reported.	vices, as measured by ns to others, the total (expenses. expenses,
4 a	(Code:) (Expenses \$ 30,939. including grants of \$) (Revenue \$)
	EASEMENTS: A LARGE PART OF THE ORGANIZATIONS ACTIVITIES INVOLVES GOVERNMENTAL AND PRIVATE PARTIES TO ESTABLISH EASEMENTS WITHIN FITHESE EFFORTS RESULT IN LAND EASEMENTS, PROVIDING PUBLIC FISHING PRESERVATION OF WATER QUALITY NON-POINT POLLUTION SOURCES. THE FASSOCIATED WITH THESE UNDERTAKINGS HAS BEEN THE TIME INVESTED BY DIRECTOR AND STAFF.	ENSSELAER COUN ACCESS AND RIMARY COSTS	TY
4 b		Revenue \$)
	NATURE PRESERVES COMPOSED OF FORESTS AND WETLANDS. ONE OF OUR F WATERSHED PROTECTION. OUR WORK IN PROTECTING DRINKING WATER QUAFOCUSES ON PROTECTING AND CONSERVING WETLANDS AND FOREST AREAS T DRINKING WATER SOURCES, INSULATE THE LARGER LANDSCAPE FROM FLOOD RECREATIONAL OPPORTUNITIES, AND PROTECT WILDLIFE HABITATS AND WIADDITIONALLY, WE WORK TO PROTECT FORESTLAND AS WORKING FORESTS. WATER, WETLANDS AND FOREST LANDS ARE VITAL TO THE HEALTH AND WEIL COUNTY.	E ALSO HOLD IN RIORITIES IS LITY AND QUANT HAT FILTER AND ING, PROVIDE P LDLIFE DIVERSI QUALITY DRINK FARE OF RENSSE	FEE ITY BUFFER UBLIC TY. ING LAER
4 0	(Code:) (Expenses \$22,099. including grants of \$) (LAND_STEWARDSHIP: MAINTAINED PROPERTIES AND EASEMENTS ON APPROXI CONSERVATION LAND IN RENSSELAER COUNTY.	MATELY 790 ACR	ES OF
/ -	Other program services. (Describe in Schedule O.) SEE SCHEDULE O		
40	(Expenses \$ 8,839. including grants of \$) (Revenue \$)
4 e	Total program service expenses ► 88,396.		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	Х	
	b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i>	11 b		Х
	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		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	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.	12a		Х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2014) RENSSELAER LAND TRUST, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24 8	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ŀ	s Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes', complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
i	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
(An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30	Х	
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		Х
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		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ŀ	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38		Х

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Form **990** (2014)

Form 990 (2014) RENSSELAER LAND TRUST, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V.....

			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		Х
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	A gradient annual
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
b	olf 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
4 a	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)?	4 a		Х
b	olf 'Yes,' enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
b	of 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were	6 b		
7	not tax deductible? Organizations that may receive deductible contributions under section 170(c).	60		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		Х
b	of Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		21
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
d	If 'Yes,' indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11				
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	Salasania	phononius de la
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.	100		
Ь	Enter the amount of reserves the organization is required to maintain by the states in			
L	which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
b	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		
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Form 990 (2014) RENSSELAER LAND TRUST, INC. 14-1708890 Part W. Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI...... Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 12 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?..... 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, or trustees, or key employees to a management company or other person?..... Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... X Did the organization become aware during the year of a significant diversion of the organization's assets?..... X 5 6 Did the organization have members or stockholders?.... 6 X 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more X members of the governing body?..... 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... 7 b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8 a a The governing body?..... X **b** Each committee with authority to act on behalf of the governing body?..... Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule Q..... X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Yes No X 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b operations are consistent with the organization's exempt purposes? X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O X 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise X 12 b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. SEE SCHEDULE O. X 12c X 13 Did the organization have a written whistleblower policy?..... 13 14 Did the organization have a written document retention and destruction policy?..... X 14 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? X a The organization's CEO, Executive Director, or top management official 15 a X **b** Other officers or key employees of the organization..... 15b 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 X taxable entity during the year?..... 16a 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 Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed 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 Another's website Upon request Other (explain in Schedule O) 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. SEE SCHEDULE O

BOB CROWLEY 415 RIVER STREET

TROY NY 12180 518-659-5263

State the name, address, and telephone number of the person who possesses the organization's books and records>

Form	990	(2014)	RENS	SELAER	T.AND	TRUST.	INC

14-1708890

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

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

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

- 1 a 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.

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

		(C)								
(A) Name and Title	(B) Average hours per	age is both an officer rs director/truste		lless person cer and a ustee) c		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation		
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) STACEY GOLDSEIN BOARD MEMBER	0.5	X						0.	0.	0.
(2) KRISTINA YONGER		A	\vdash	-			+	0.	0.	0.
SECRETARY	<u>8_</u> 0	Х						0.	0.	0.
(3) SCOTT MORELY	0.5									
BOARD MEMBER	0	X						0.	0.	0.
_(4) JOE_DURKIN	5							_	_	
BOARD MEMBER	0	X		_			_	0.	0.	0.
_(5)_SALLY_LAWRENCE	5									
VICE PRESIDENT	0	X	-	-			+	0.	0.	0.
	8	.,						0	0	0
PRESIDENT	0	X						0.	0.	0.
(7) ALLEN STERN	0.5	.,						0	0	0
BOARD MEMBER	0	X	-				+	0.	0.	0.
(8) TOM PHILLIPS	_0.5_							0	0	0
BOARD MEMBER	0.5	X	-				+	0.	0.	0.
(9) CARL_CIPPERLY BOARD MEMBER	0.5	X						0.	0.	0.
(10) BENJAMIN BRINKER	0.5			-			+	0.	0.	0.
BOARD MEMBER	-0.5	X						0.	0.	0.
(11) FRANCILLE EGBERT	0.5						\top			
BOARD MEMBER	0	X						0.	0.	0.
(12) BOB CROWLEY	8									
TREASURER	0	X						0.	0.	0.
(13) CHRISTINE E. YOUNG	40									
EXECUTIVE DIR.	0			_	X		\perp	55,000.	0.	0.
(14)										

BAA TEEA0107L 02/27/14 Form **990** (2014)

Part VII Section A. Officers, Directors, Tru	(B)	ney	Em)) ()		es,	and	a Hignest Com	ipensated Emp	loyees (continued)
(A)	Average	(do	not c		•	e than	one	(D)	(E)	(F)
Name and title	hours per	box	, unle	ss pe	erson	is bot or/trus	h an	Reportable compensation from	Reportable compensation from	Estimated amount of other
	week (list any hours	or o	Inst	9	Ke	High	For	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the
	for related	Individual trustee or director	nstitutional trustee	Officer	Key employee	nest c	Former			organization and related organizations
	organiza - tions below	or trus	nal tro		loyee	ompe				organizations
	dotted line)	tee	ıstee			Highest compensated employee				
						ä				
(15)										
(16)					_					
(17)										
(18)										
(19)										
(20)										
(21)										
(00)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total.							>	55,000.	0.	0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							•	0. 55,000.	0.	0.
2 Total number of individuals (including but not limited							ved			
from the organization • 0										
3 8:11			1				1	*-11		Yes No
3 Did the organization list any former officer, direction on line 1a? If 'Yes,' complete Schedule J for such that the such th										. 3 X
4 For any individual listed on line 1a, is the sum of	reportab	le co	mpe	nsa	tion	and	oth	er compensation	from	
the organization and related organizations greate such individual	er than \$1	50,00)0? 	<i>If '</i> \	⁄es' 	com	plete 	e Schedule J for		. 4 X
5 Did any person listed on line 1a receive or accrue	e comper	satio	n fro	om	any	unre	late	d organization or	individual	
for services rendered to the organization? <i>If 'Yes</i> Section B. Independent Contractors	,' comple	te So	ched	lule	J fo	r suc	ch p	erson		. 5 X
1 Complete this table for your five highest compensation	sated ind	epen	dent	COI	ntra	ctors	tha	t received more th	nan \$100,000 of	
compensation from the organization. Report compen		tne c	alend	uar .	year	enai	ng w	(B)		(C)
(A) Name and business addi	ess							Description of	of services	Compensation
2 Total number of independent contractors (including b \$100,000 of compensation from the organization		ited to	tho	se l	isted	abo	ve) v	who received more	than	
BAA		TEEAO	108	03/0	09/15					Form 990 (2014)

Form 990 (2014) RENSSELAER LAND TRUST, INC. 14-1708890 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... (A) Total revenue Related or Unrelated Revenue exempt business excluded from tax function revenue under sections 512-514 revenue Contributions, Gifts, Grants 1 a and Other Similar Amounts **b** Membership dues..... 1 b 55,928 c Fundraising events..... 1 c d Related organizations 1 d e Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above . . . 1 f 132,009 q Noncash contributions included in lines 1a-1f: \$ 73,135. 187,937 Program Service Revenue **Business Code** f All other program service revenue.... g Total. Add lines 2a-2f Investment income (including dividends, interest and other similar amounts) 87 87. Income from investment of tax-exempt bond proceeds... 5 Royalties.... 6a Gross rents..... **b** Less: rental expenses c Rental income or (loss) . . . d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 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..... a **b** Less: direct expenses..... **b** c Net income or (loss) from fundraising events 3,879 9 a Gross income from gaming activities. See Part IV, line 19..... a **b** Less: direct expenses..... **b** c Net income or (loss) from gaming activities..... 10a Gross sales of inventory, less returns and allowances..... a **b** Less: cost of goods sold..... **b** c Net income or (loss) from sales of inventory..... Miscellaneous Revenue **Business Code** 11 a

191,903

0.

0

87

d All other revenue

Part IX Statement of Functional Expenses

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.		·		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	65,345.	45,741.	9,802.	9,802.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	0.	0.	0.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	5,791.	4,053.	869.	869.
11	Fees for services (non-employees):				
a	Management	15,856.	15,256.		600.
b	Legal				
С	Accounting	4,655.		4,655.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	109.	80.		29.
13	Office expenses	1,450.	1,015.	218.	217.
14	Information technology	2/1001	2,0201	2201	
15	Royalties				
16	Occupancy	3,995.	2,797.	599.	599.
17	Travel	732.	732.		**************************************
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	952.		952.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	557.		557.	
23	Insurance	7,133.	5,282.	926.	925.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	PRINTING AND PUBLICATIONS	8,003.	7,528.		475.
	REPAIRS	5,696.	5,696.		
	MEMBERSHIP DUES	1,735.		1,735.	
	TELEPHONE	882.		732.	150.
е	All other expenses	1,799.	216.	1,483.	100.
25	Total functional expenses. Add lines 1 through 24e	124,690.	88,396.	22,528.	13,766.
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 □ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

		Check if Schedule O contains a response or note to	any line in t	his Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			122,076.	2	113,840.
	3	Pledges and grants receivable, net				3	·
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former o trustees, key employees, and highest compensated empart II of Schedule L	aployees. Co	mplete		5	
	6	Loans and other receivables from other disqualified per section 4958(f)(1)), persons described in section 4958(c)(3) employers and sponsoring organizations of section 501(c)(5) beneficiary organizations (see instructions). Complete	rsons (as de)(B), and cor 9) voluntary e Part II of Sc	efined under stributing employees' shedule L		6	
Ø	7	Notes and loans receivable, net		-		7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			9		
	10 a	Land, buildings, and equipment: cost or other basis.	10 a	529,916.			
		La contraction of the contractio	10b	2,777.	454,561.	10 c	527,139.
	11	Investments – publicly traded securities			454,501.	11	321,133.
	12	Investments – other securities. See Part IV, line 11		L.		12	
	13	Investments – program-related. See Part IV, line 11	-	***************************************	13		
	14	Intangible assets		<u> Папада на година н</u>	14		
	15	Other assets. See Part IV, line 11	- ⊢		15		
	16	Total assets. Add lines 1 through 15 (must equal line 3			576,637.	16	640,979.
	17	Accounts payable and accrued expenses			2,932.	17	61.
	18	Grants payable		2/3021	18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability. Complete Part IV	of Schedul	e D		21	
Liabilities	22	Loans and other payables to current and former officer key employees, highest compensated employees, and Complete Part II of Schedule L	disqualified	persons.		22	
_	23	Secured mortgages and notes payable to unrelated thir	rd parties			23	
	24	Unsecured notes and loans payable to unrelated third p	parties			24	
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24). Comp	to related to lete Part X	hird parties, of Schedule D.		25	AND THE CONTRACT OF THE PARTY O
	26	Total liabilities. Add lines 17 through 25			2,932.	26	61.
ses		Organizations that follow SFAS 117 (ASC 958), check here lines 27 through 29, and lines 33 and 34.					
aŭ	27	Unrestricted net assets			5,511.	27	-11,431.
3al	28	Temporarily restricted net assets			114,546.	28	122,564.
D	29	Permanently restricted net assets			453,648.	29	529,785.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), che and complete lines 30 through 34.	eck here ►				
ţş (30	Capital stock or trust principal, or current funds				30	
8	31	Paid-in or capital surplus, or land, building, or equipme	ent fund			31	
As	32	Retained earnings, endowment, accumulated income, or	or other fund	ds		32	
let	33	Total net assets or fund balances			573,705.	33	640,918.
ffrom .	34	Total liabilities and net assets/fund balances			576,637.	34	640,979.
BA	4						Form 990 (2014)

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		19	1,9	03.		
2	Total expenses (must equal Part IX, column (A), line 25)	2			4,6			
3	Revenue less expenses. Subtract line 2 from line 1	3			7,2			
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))								
5	Net unrealized gains (losses) on investments	5			3,7			
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				0.		
10	The state of the s							
PM.	column (B))	10		64	0,9	18.		
Pai	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.							
28	a Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a		Χ		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
ı	b Were the organization's financial statements audited by an independent accountant?			2b		X		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both:	te						
	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 of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2 c				
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.							
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?								
ŀ	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audi	t		\top				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3 b				
ЗАА	A .		F	orm !	990 (2	2014)		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Schedule A (Form 990 or 990-EZ) 2014

Open to Public Inspection

Name of the organization Employer identification number RENSSELAER LAND TRUST, INC. 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.) 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts 9 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. g Provide the following information about the supported organization(s). (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (i) Name of supported (v) Amount of monetary (vi) Amount of other (iv) Is the organization listed support (see instructions) support (see instructions) in your governing document? Yes No (A) (B) (C) (D) (E) Total

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

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

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

Sec	Section A. Public Support									
	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	42,623.	76,393.	160,800.	84,917.	187,937.	552,670.			
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	42,623.	76,393.	160,800.	84,917.	187,937.	552,670.			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.			
6	Public support. Subtract line 5 from line 4						552,670.			
Sec	tion B. Total Support									
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total			
7	Amounts from line 4	42,623.	76,393.	160,800.	84,917.	187,937.	552,670.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	442.	245.	105.	84.	87.	963.			
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 VI.).						0.			
11	Total support. Add lines 7 through 10						553,633.			
12	Gross receipts from related activ	ities, etc (see ins	tructions)			12	0.			
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	's first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	▶			
Sec	tion C. Computation of Pul	blic Support P	ercentage							
	Public support percentage for 20						99.83%			
15	Public support percentage from 2	2013 Schedule A,	Part II, line 14			15	99.51 %			
16 a	33-1/3% support test $-$ 2014. If and stop here. The organization	the organization of qualifies as a pub	did not check the l Dicly supported or	box on line 13, ar ganization	nd the line 14 is 3	3-1/3% or more, o	check this box			
b	33-1/3% support test — 2013. If t and stop here. The organization	he organization d qualifies as a pul	id not check a box olicly supported or	x on line 13 or 16 rganization	a, and line 15 is 3	33-1/3% or more,	check this box			
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	est — 2014. If the omeets the 'facts-a -and-circumstanc	organization did no and-circumstances es' test. The orga	ot check a box or s' test, check this nization qualifies	line 13, 16a, or box and stop her as a publicly sup	16b, and line 14 is e. Explain in Part ported organizatio	5 10% VI how n►			
	b 10%-facts-and-circumstances test — 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization									
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or I/b, check thi	s box and see ins	tructions			

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 II.)

Sec	tion A. Public Support						
	dar year (or fiscal yr beginning in) >	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	: Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
11							
	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.)						
	Total support. (Add lines 9, 10c, 11 and 12.)						
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, c	or fifth tax year as	a section 501(c)(3) ▶
Sec	tion C. Computation of Pul	blic Support P	ercentage				
	Public support percentage for 20						°
	Public support percentage from 2					16	٥١٥
	tion D. Computation of Inv				(0)	1 1	O.
17							%
18							%
	a 33-1/3% support tests – 2014. If is not more than 33-1/3%, check	this box and sto	p here. The orgar	nization qualifies a	as a publicly supp	orted organization	I ►
ł	33-1/3% support tests — 2013. If line 18 is not more than 33-1/3%	tne organization	aid not check a b and stop here. Th	oox on line 14 or I le organization di	ine 19a, and line Jalifies as a public	to is more than 3. ly supported organ	nization ►
20	Private foundation. If the organiz						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in 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 organization was described in section 509(a)(1) or (2).	2		
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a	- 1 U	G-80 1.5
-	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		
,	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3c		
4:	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
ı	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
,	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5	a 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, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
I	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990)	8		
9	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI	9a		
1	b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI</i>	9b		
1	c Did a disqualified person (as defined in line 9(a)) 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	9с		
10	a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below.	10a		
	b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Pa	art IV	Supporting Organizations (continued)			
11	l Hac+	the organization accepted a gift or contribution from any of the following persons?		Yes	No
	a A per	son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
		rning body of a supported organization?	11a		
		nily member of a person described in (a) above?	11b		
<u> </u>		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
Se	ction	B. Type I Supporting Organizations		V	N -
1	Did th	ne directors, trustees, or membership of one or more supported organizations have the power to regularly appoint		Yes	No
	or ele Part ' If the	ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. To organization had more than one supported organization, describe how the powers to appoint and/or remove			
	direc	tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, ed to such powers during the tax year	1	#45-00	A-14-14
2	that o	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the	2		
Sa		C. Type II Supporting Organizations			
36	Cuon	c. Type ii Supporting Organizations		Yes	No
-	14/			res	No
	of ea	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Se	ction I	D. All Type III Supporting Organizations			
				Yes	No
1	Did #	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
,	orgar	nization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, orgar	(2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the fization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	orgar the o	nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how rganization maintained a close and continuous working relationship with the supported organization(s)	2		
3	voice	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at nes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played			
		s regard	3		
Se	ction I	E. Type III Functionally-Integrated Supporting Organizations			
1	Check	to the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):	A		
	a 🗌 T	he organization satisfied the Activities Test. Complete line 2 below.			
	b 🔲 T	he organization is the parent of each of its supported organizations. Complete line 3 below.			
	c T	he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	s).		
2	. Activi	ties Test. Answer (a) and (b) below.		Yes	No
	suppo orgar respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported **nizations and explain how these activities directly furthered their exempt purposes, how the organization was ensive to those supported organizations, and how the organization determined that these activities constituted			
	subst	antially all of its activities	2a		
	the o	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for rganization's position that its supported organization(s) would have engaged in these activities but for the nization's involvement	2b		
3		nt of Supported Organizations. <i>Answer (a) and (b) below.</i>			
	a Did the each	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI</i>	3a		
	b Did th	e organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizati	ons	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No other Type III non-functionally integrated supporting organizations must complete	ovember Section	r 20, 1970. See instruct ons A through E.	ions. All
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions).	6		
7	Other expenses (see instructions).	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			3
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
	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, see 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		
Sec	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		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-inte (see instructions).	grated	Type III supporting or	ganization
BAA			Schedule A (Fo	rm 990 or 990-EZ) 2014

	t v Type III Non-Functionally Integrated 509(a)(3) Sup	pporting Organiza	ations (continuea)	
Sec	tion D — Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purp			
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of sup			
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 organization in Part VI). See instructions			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D, line 7:			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2015. Add lines 3j and 4c			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013			
е	Excess from 2014.			
BAA			Schedule A (Form	990 or 990-EZ) 2014

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

Schedule 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
► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is atwww.irs.gov/form990.

OMB No. 1545-0047

2014

Name of the organization		Employer identification number
RENSSELAER LAND TRUST, INC.		14-1708890
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	\overline{X} 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a	private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a priv	vate foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the Ge	neral Rule or a Special Rule	
Note. Only a section 501(c)(7), (8), or (10) orga	nization can check boxes for both the General Rule and a S	Special Rule. See instructions.
General Rule		
For an organization filing Form 990, 990-EZ property) from any one contributor. Complete	, or 990-PF that received, during the year, contributions tot te Parts I and II. See instructions for determining a contribu	aling \$5,000 or more (in money or utor's total contributions.
Special Rules		
under sections 509(a)(1) and 170(b)(1)(A)(vi), t	I(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% supp that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, le year, total contributions of the greater of (1) \$5,000 or (2 0-EZ, line 1. Complete Parts I and II.	16a, or 16b, and that
during the year, total contributions of more	l (c)(7), (8), or (10) filing Form 990 or 990-EZ that received than \$1,000 <i>exclusively</i> for religious, charitable, scientific, I children or animals. Complete Parts I, II, and III.	from any one contributor, iterary, or educational
during the year, contributions exclusively for \$1,000. If this box is checked, enter here the charitable, etc., purpose. Do not complete a	(c)(7), (8), or (10) filing Form 990 or 990-EZ that received religious, charitable, etc., purposes, but no such contribute total contributions that were received during the year for any of the parts unless the General Rule applies to this orgale, etc., contributions totaling \$5,000 or more during the year	ions totaled more than an <i>exclusively</i> religious, anization because
990-PF), but it must answer 'No' on Part IV, line	the General Rule and/or the Special Rules does not file Sc e 2, of its Form 990; or check the box on line H of its Form filing requirements of Schedule B (Form 990, 990-EZ, or 9	990-EZ or on its Form 990-PF.

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

1 of

1 of **Part 1**

RENSSELAER LAND TRUST, INC.

Employer identification number

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.		Person X Payroll
	1331 H STREET N.W. SUITE 400	\$22,000.	Noncash
	WASHINGTON, DC 20005-4711		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DAVID AND LUCY GASKEL		Person
	P.O. BOX 389	\$55,000.	Payroll Noncash X
	WEST SAND LAKE, NY 12196		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	KEN YORK		Person
	P.O. BOX 204	\$6 <u>,</u> 135.	Payroll Noncash X
	EAST NASSAU, NY 12062		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total	(d) Type of contribution
		contributions	
4	ROBERT & JENNIFER NEWTON	contributions	Person
4	ROBERT & JENNIFER NEWTON 26 TSATSAWASSA LAKE ROAD	\$12,000.	Person Payroll Noncash X
4			Payroll
4 (a) Number	26 TSATSAWASSA LAKE ROAD		Payroll Noncash X (Complete Part II for
	26 TSATSAWASSA LAKE ROAD EAST NASSAU, NY 12062 (b)	\$12,000. (c)	Payroll Noncash X (Complete Part II for noncash contributions.) (d) Type of contribution Person X
(a) Number	26 TSATSAWASSA LAKE ROAD EAST NASSAU, NY 12062 (b) Name, address, and ZIP + 4	\$12,000. (c)	Payroll Noncash X (Complete Part II for noncash contributions.) (d) Type of contribution
(a) Number	26 TSATSAWASSA LAKE ROAD EAST NASSAU, NY 12062 Name, address, and ZIP + 4 ROBERT & JENNIFER NEWTON	\$12,000. (c) Total contributions	Payroll Noncash X (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll
(a) Number	26 TSATSAWASSA LAKE ROAD EAST NASSAU, NY 12062 Name, address, and ZIP + 4 ROBERT & JENNIFER NEWTON 26 TSATSAWASSA LAKE ROAD	\$12,000. (c) Total contributions	Payroll Noncash X (Complete Part II for noncash contributions.) Type of contribution Person X Payroll Noncash (Complete Part II for
(a) Number	26 TSATSAWASSA LAKE ROAD EAST NASSAU, NY 12062 Name, address, and ZIP + 4 ROBERT & JENNIFER NEWTON 26 TSATSAWASSA LAKE ROAD EAST NASSAU, NY 12062 (b)	\$12,000. (c) Total contributions \$5,046.	Payroll Noncash X (Complete Part II for noncash contributions.) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (Type of contributions.) Type of contribution
(a) Number 5 (a) Number	26 TSATSAWASSA LAKE ROAD EAST NASSAU, NY 12062 Name, address, and ZIP + 4 ROBERT & JENNIFER NEWTON 26 TSATSAWASSA LAKE ROAD EAST NASSAU, NY 12062 Name, address, and ZIP + 4	\$12,000. (c) Total contributions \$5,046.	Payroll Noncash X (Complete Part II for noncash contributions.) Type of contribution Person Rayroll Noncash (Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.)

Page

1 to

1 of Part II

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 (d) Date received (c) FMV (or estimate) (see instructions) GASKEL LAND DONATED 3/24/2014 2 55<u>,</u>000. 3/24/14 (b) Description of noncash property given (a) No. (c) FMV (or estimate) (d) Date received from Part I (see instructions) YORK LAND 6,135 1/01/14 (a) No. from Part I (c) FMV (or estimate) (d) Date received (b) Description of noncash property given (see instructions) NEWTON LAND 12,000 (a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received (a) No. (c) FMV (or estimate) (see instructions) (b) (d) from Description of noncash property given Date received Part I (a) No. from (b) Description of noncash property given (d) Date received (c) FMV (or estimate) (see instructions) Part I BAA Schedule **B** (Form 990, 990-EZ, or 990-PF) (2014)

1 to

1 of Part III

Name of organization			
RENSSELAER	T.AND	TRUST.	TNC

Employer identification number 14-1708890

Part III	or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)						
(a) No. from Part I	(b) Purpose of gift	(b) (c) Purpose of gift Use of gift		(d) Description of how gift is held			
	N/A						
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	(e) Transfer of gift Transferee's name, address, and ZIP + 4			tionship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	(e) Transferee's name, address, and ZIP + 4		Rela	tionship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee			

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 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.

OMB No. 1545-0047 2014

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

Employer identification number

	RENSSELAER LAND TRUST, INC			14 1700000
Pa	rt I Organizations Maintaining Dono	r Advised Funds or Other S	Similar Funds or Acc	14-1708890 ounts.
	Complete if the organization answ			
1	Total number at end of year	(a) Donor advised funds	s (b) F	unds and other accounts
2	Aggregate value of contributions to (during year)			
3				
4	-			
5		or advisors in writing that the asse	ets held in donor advised	funds
_	are the organization's property, subject to the			
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	of the donor or donor advisor, or f	for any other purpose con	ferring
Pa	rt II Conservation Easements.			
	Complete if the organization answ			
1		· '		
	X Preservation of land for public use (e.g., r		reservation of a historical	
	X Protection of natural habitat	∐Pi	reservation of a certified	nistoric structure
2	X Preservation of open space	ald a sublified assessmention contribut	::	and the second second second
2	Complete lines 2a through 2d if the organization hast day of the tax year.	eid a qualified conservation contribut	ion in the form of a conserv	vation easement on the
			H	eld at the End of the Tax Year
	a Total number of conservation easements			
	b Total acreage restricted by conservation easer			0
	c Number of conservation easements on a certif	ied historic structure included in (a	a)2c	
	d Number of conservation easements included in structure listed in the National Register		2d	
3	Number of conservation easements modified, trantax year ►	sferred, released, extinguished, or te	rminated by the organizatio	n during the
4	Number of states where property subject to conse	rvation easement is located ►	1	
5	Does the organization have a written policy reand enforcement of the conservation easemer			
6	Staff and volunteer hours devoted to monitoring, i 200	nspecting, and enforcing conservation	n easements during the yea	r
7		cting, and enforcing conservation eas	sements during the year	
8	Does each conservation easement reported or	line 2(d) above satisfy the require	ements of section 170(h)(4)(B)(i) Yes No
9	and section 170(h)(4)(B)(ii)?	concernation accoments in its reven	up and expense statement	
3	include, if applicable, the text of the footnote t conservation easements. SEE PART XI	o the organization's financial state		
Pa	rt III Organizations Maintaining Collection Complete if the organization answ	ctions of Art, Historical Trea vered 'Yes' to Form 990, Pa	asures, or Other Sim rt IV, line 8.	ilar Assets.
1	a If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finan	ld for public exhibition, education, or	research in furtherance of p	at and balance sheet works of bublic service, provide,
	b If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	r public exhibition, education, or rese	earch in furtherance of publi	c service, provide the
	(i) Revenue included in Form 990, Part VIII, I			
=	(ii) Assets included in Form 990, Part X			
	If the organization received or held works of art, hamounts required to be reported under SFAS	116 (ASC 958) relating to these ite	ms:	
	a Revenue included in Form 990, Part VIII, line b Assets included in Form 990, Part X	I		•\$
	n accuse inclinan in Form 9911 Part X			F 3

Part III Organizations Mainta	ining Colle	ections	or Art, Histo	rica	i ireasures, or	Other Sim	ılar Asse	ets (C	ontinu	ea)
3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):										
a Public exhibition			d Loan o	or exc	change programs					
b Scholarly research			e Other							
c Preservation for future gener	ations									
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.										
1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?										
b If 'Yes,' explain the arrangement	in Part XIII a	and com	plete the following	ng tal	ole:				L	_
							P	moun	t	
c Beginning balance						1с				
d Additions during the year						1 d				
e Distributions during the year										
f Ending balance										
2a Did the organization include an a							ity?	Yes		No
b If 'Yes,' explain the arrangement										
Part V Endowment Funds. C	omplete if	the or	ganization an	swer	red 'Yes' to For	m 990, Pa	rt IV, Iine	10.		
	(a) Current	year	(b) Prior year		(c) Two years back	(d) Three	years back	(e)	our years	s back
1 a Beginning of year balance		600.		0.).	0.			0.
b Contributions	3,	,000.			600).				
c Net investment earnings, gains, and losses		2.								
d Grants or scholarships										
e Other expenditures for facilities and programs							0.			-
f Administrative expenses					**************************************					
g End of year balance	3.	,602.		0.	600) .	0.			0.
2 Provide the estimated percentage			end balance (line	e 1q.	column (a)) held	as:				
a Board designated or quasi-endowm		,	% %	51	(-),					
b Permanent endowment ►	100.00%									
c Temporarily restricted endowmer			٥							
The percentages in lines 2a, 2b,	-	d ogual	0							
The percentages in lines 2a, 2b,	and 20 Should	u equai	100 %.							
3 a Are there endowment funds not in t	he possession	of the o	rganization that a	re hel	d and administered	for the		Г	V	NI.
organization by:							1	2 (1)	Yes	No
(i) unrelated organizations								3a(i)		<u>X</u>
(ii) related organizations										X
b If 'Yes' to 3a(ii), are the related of								3b		
4 Describe in Part XIII the intended			ation's endowme	nt fur	nds.					
Part VI Land, Buildings, and Complete if the organi			'Yes' to Form	1 990), Part IV, line	11a. See F	orm 990	, Part	X, lin	e 10.
Description of property		(a) Cost	or other basis vestment)	(b)	Cost or other casis (other)	(c) Accumi	ulated	(d)	Book va	lue
1 a Land		\			526,183.	7,130		-	526	183.
b Buildings					220,200.				2201	
c Leasehold improvements										
d Equipment					2 722		777			956.
e Other					3,733.		,777.			930.
Total. Add lines 1a through 1e. (Column		rual For	m 990 Part Y	olum	n (R) line 10c \		>		E27	120
BAA	iii (u) iiiusi et	quai FUI	in JJU, Falt A, C	Juli	11 (<i>D)</i> , IIII C 100. <i>)</i>		Schedul	e D (F		139.
							Jonedul	C D (1 (טכב ווווכ	, 2014

Part VII	Investments –			N/A	
		×), Part IV, line 11b. See For	
(a) Desc	cription of security or cate	gory (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
` '					
	y-held equity interes	its			
(3) Other					
$\frac{(A)}{(B)}$					
(C)					
(D)					
(E)					
(F)					
$\frac{(G)}{(G)}$					
$\frac{(H)}{(1)}$					
(l) Tabal (0)					
		90, Part X, column (B) line 12.) Program Related.	. 1	N/A	
Part VIII	Complete if the	e organization answe	red 'Yes' to Form 990), Part IV, line 11c. See For	m 990, Part X, line 13.
	(a) Description of		(b) Book value	(c) Method of valuation: Cost or	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
		90, Part X, column (B) line 13.) .			
Part IX	Other Assets.		N/A	A N Part IV line 11d See For	m 990 Part X line 15
	Other Assets.	e organization answe	N/I red 'Yes' to Form 990	A), Part IV, line 11d. See For	
Part IX	Other Assets.	e organization answe	N/A	A D, Part IV, line 11d. See For	m 990, Part X, line 15. (b) Book value
	Other Assets.	e organization answe	N/I red 'Yes' to Form 990	A D, Part IV, line 11d. See For	
Part IX	Other Assets.	e organization answe	N/I red 'Yes' to Form 990	A D, Part IV, line 11d. See For	
(1) (2) (3) (4)	Other Assets.	e organization answe	N/I red 'Yes' to Form 990	A D, Part IV, line 11d. See For	
(1) (2) (3) (4) (5)	Other Assets.	e organization answe	N/I red 'Yes' to Form 990	A D, Part IV, line 11d. See For	
(1) (2) (3) (4) (5) (6)	Other Assets.	e organization answe	N/I red 'Yes' to Form 990	A D, Part IV, line 11d. See For	
(1) (2) (3) (4) (5) (6) (7)	Other Assets.	e organization answe	N/I red 'Yes' to Form 990	A D, Part IV, line 11d. See For	
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets.	e organization answe	N/I red 'Yes' to Form 990	A Part IV, line 11d. See For	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets.	e organization answe	N/I red 'Yes' to Form 990	A D, Part IV, line 11d. See For	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets. Complete if the	e organization answe (a)	red 'Yes' to Form 990 Description), Part IV, line 11d. See For	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co	Other Assets. Complete if the	e organization answe (a)	red 'Yes' to Form 990 Description	A D, Part IV, line 11d. See For	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets. Complete if the	e organization answe (a) al Form 990, Part X, colum	red 'Yes' to Form 990 Description nn (B), line 15.)), Part IV, line 11d. See For	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co	Other Assets. Complete if the column (b) must equal Other Liabilitie Complete if the organization (a) Descrip	e organization answe (a) al Form 990, Part X, colum	red 'Yes' to Form 990 Description nn (B), line 15.)	1e or 11f. See Form 990, Part X, Iin	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Called Part X	Other Assets. Complete if the column (b) must equal Other Liabilitie Complete if the organization of the complete if t	e organization answe (a) al Form 990, Part X, columes. ganization answered 'Yes' t	red 'Yes' to Form 990 Description nn (B), line 15.)	1e or 11f. See Form 990, Part X, Iin	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Colored X (2) (2)	Other Assets. Complete if the column (b) must equal Other Liabilitie Complete if the organization (a) Descrip	e organization answe (a) al Form 990, Part X, columes. ganization answered 'Yes' t	red 'Yes' to Form 990 Description nn (B), line 15.)	1e or 11f. See Form 990, Part X, Iin	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (C) (2) (3)	Other Assets. Complete if the column (b) must equal Other Liabilitie Complete if the organization (a) Descrip	e organization answe (a) al Form 990, Part X, columes. ganization answered 'Yes' t	red 'Yes' to Form 990 Description nn (B), line 15.)	1e or 11f. See Form 990, Part X, Iin	(b) Book value
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(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (7) (8) (9) (10) (7) (8) (9) (10) (11) (10) (10	Other Assets. Complete if the Other Liabilitie Complete if the org (a) Descrip eral income taxes oum (b) must equal Form 9 for uncertain tax positions.	e organization answe (a) al Form 990, Part X, columes. ganization answered 'Yes' thion of liability 190, Part X, column (B) line 25.). In Part XIII, provide the text of the second answered to the second a	nn (B), line 15.)	1e or 11f. See Form 990, Part X, Iin	e 25

Part XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per Ro	eturn N/A
Complete if the organization answered 'Yes' to Form 990,		5tarrii 11/11
1 Total revenue, gains, and other support per audited financial statements		T 1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.		2 e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)		-
c Add lines 4a and 4b.		4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.		
Part XII Reconciliation of Expenses per Audited Financial Statem		
Complete if the organization answered 'Yes' to Form 990,		
1 Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses.	2c	
d Other (Describe in Part XIII.)	. 2 d	1
e Add lines 2a through 2d		2 e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		4 c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3.)	5
Part XIII Supplemental Information.		

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

PART II, LINE 5 - SUMMARIZED POLICY

SEE NOTE 4

PART II, LINE 9 - ORGANIZATION REPORTING OF CONSERVATION EASEMENTS

NOTE 4 - LAND HELD FOR CONSERVATION AND EASEMENTS

CONSERVATION EASEMENTS

THE ORGANIZATION ACCOMPLISHES ITS LAND CONSERVATION OBJECTIVES, IN PART, BY ACCEPTING

BAA Schedule D (Form 990) 2014

Part XIII Supplemental Information (continued)

PART II, LINE 9 - ORGANIZATION REPORTING OF CONSERVATION EASEMENTS (CONTINUED)

DONATIONS OF INTERESTS IN REAL PROPERTY PRIMARILY IN THE FORM OF CONSERVATION EASEMENTS. CONSERVATION EASEMENTS ARE PERPETUAL AGREEMENTS BETWEEN THE ORGANIZATION AND PRIVATE LANDOWNERS THROUGH WHOM THE LANDOWNERS AGREE TO ABIDE BY CERTAIN RESTRICTIONS DESIGNED TO PRESERVE THE OPEN SPACE OR CONSERVATION VALUE OF THEIR LAND. THESE AGREEMENTS ARE BINDING ON ALL LANDOWNERS. CONTRIBUTIONS OR PURCHASES OF CONSERVATION EASEMENTS ARE RECORDED AS PROGRAM SERVICE EXPENSES UNDER THE EXPENSE CATEGORY CONSERVATION EASEMENTS WHEN ACQUIRED.

UPON ACCEPTING A CONSERVATION EASEMENT, THE ORGANIZATION ASSUMES A PERPETUAL OBLIGATION TO MONITOR, NORMALLY ON AN ANNUAL BASIS, THE AFFECTED PROPERTY TO ENSURE THAT THE LANDOWNERS COMPLY WITH THE RESTRICTIONS IN THE EASEMENT. FURTHER, THE ORGANIZATION IS PERPETUALLY OBLIGATED TO ENFORCE PROVISIONS OF THE EASEMENTS IN THE EVENT OF A VIOLATION TO THE TERMS OF THE EASEMENT. ENFORCING AN EASEMENT VIOLATION COULD INVOLVE COSTLY LEGAL OR OTHER EXPENSES. ALTHOUGH CONSERVATION EASEMENTS ARE REAL PROPERTY RIGHTS, THEY POSSESS LITTLE OR NO MARKET VALUE DUE TO A RESALE MARKET THAT IS ESSENTIALLY LIMITED TO THE OWNER OF THE FEE TITLE OF THE RESTRICTED PROPERTY. BECAUSE OF THIS LIMITED MARKET AND DUE TO THE OBLIGATIONS INHERENT IN EASEMENT OWNERSHIP, THE ORGANIZATIONS EASEMENT HOLDINGS ARE RECORDED AT \$1 EACH IN PERMANENTLY RESTRICTED NET ASSETS. THE ORGANIZATION HAS 14 CONSERVATION EASEMENTS IN RENSSELAER COUNTY PROTECTED IN PERPETUITY TOTALING 790 ACRES OF LAND.

LAND HELD FOR CONSERVATION

THE ORGANIZATION CAPITALIZES CONSERVED LAND AT COST, IF PURCHASED, OR AT ITS APPRAISED FAIR MARKET VALUE IF RECEIVED AS A CONTRIBUTION. IN ADDITION TO ACCEPTING CONSERVATION EASEMENTS, THE ORGANIZATION ACCEPTS FEE TITLE TO CONSERVATION PROPERTIES

THAT ARE HELD BY THE ORGANIZATION IN FURTHERANCE OF ITS MISSION.

ALL PROPERTIES HAVE

Part XIII Supplemental Information (continued)

PART II, LINE 9 - ORGANIZATION REPORTING OF CONSERVATION EASEMENTS (CONTINUED)

BEEN DONATED FREE OF RESTRICTIONS ON THEIR USE OR DISPOSITION. THE DONORS OF SUCH PROPERTY HAVE ESTABLISHED THE FAIR MARKET VALUE THROUGH AN INDEPENDENT APPRAISAL OF THOSE PROPERTIES. THE ORGANIZATION HAS EIGHT FEE OWNED LAND PRESERVES TOTALING 347.67 ACRES OF LAND.

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047 2014

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number RENSSELAER LAND TRUST, INC. 14-1708890 Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Metho noncash	(cod of contrib	letermir	iing mounts
1	Art — Works of art							
2	Art — Historical treasures							
3	Art — Fractional interests							
4	Books and publications						,	
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	$\label{eq:Securities} \textbf{Partnership, LLC, or trust interests} \;.$							
12	Securities - Miscellaneous							
13	Qualified conservation contribution — Historic structures							
14	Qualified conservation contribution — Other	X	3	73,135.	APPRA]	SED	VALU	 Е
15	Real estate - Residential			,				
16	Real estate — Commercial							
17	Real estate — Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens	141						
24	Archeological artifacts							
25	Other ► ()							
26	Other • ()							
27	Other ► ()							
28	Other► ()							
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Done	luring the tax e Acknowle	year for contributions for definitions definitions for definitions definition	r which the	29			
							Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt								
purposes for the entire holding period?						30 a		Χ
b If 'Yes,' describe the arrangement in Part II.								
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?						31		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell								
noncash contributions?						32 a		X
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,								
describe in Part II.							A PER SE	

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

Schedule M (Form 990) (2014)

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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.

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.

2014

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

RENSSELAER LAND TRUST, INC.

Employer identification number

14-1708890

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

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 GRAFTON LAKES STATE PARK WINTERFEST AND OCTOBERFEST. MONTHLY ENEWS BLASTS AND SOCIAL MEDIA FACEBOOK AND MEETUP MESSAGES ARE SENT OUT TO OVER 800 HOUSEHOLDS ADVISING OF UPCOMING PROGRAM EVENTS, CONSERVATION AND ORGANIZATIONAL NEWS. THE ORGANIZATION'S WEBSITE, WHICH HAS 7,600 HITS PER MONTH, IS UPDATED REGULARLY WITH UPCOMING PROGRAM EVENTS, CONSERVATION AND ORGANIZATIONAL NEWS.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE EXECUTIVE DIRECTOR, TREASURER AND VICE PRESIDENT REVIEW THE TAX RETURNS AND FINANCIAL STATEMENTS BEFORE ISSUING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

RENSSELAER LAND TRUST'S CONFLICT OF INTEREST POLICY REQUIRES FULL DISCLOSURE TO THE

BOARD OF DIRECTORS OF THE EXISTENCE OF ANY REAL OR POTENTIAL CONFLICT OF INTEREST,

WHETHER KNOWN OR SUSPECTED AND WHETHER EXISTING WITH THAT INDIVIDUAL OR WITH A

CONTRACTOR, EMPLOYEE, VOLUNTEER, ADVISOR, PERSON OF INFLUENCE OR SUBSTANTIAL

CONTRIBUTOR, INCLUDING SPOUSE, SIBLINGS, PARENTS OR CHILDREN OF A BOARD OR EMPLOYEE.

UPON REVIEW OF THE CONFLICT OR POTENTIAL CONFLICT THE BOARD OF DIRECTORS MAY

REQUIRE THE INDIVIDUAL WITH THE CONFLICT TO ABSTAIN FROM DISCUSSING AND/OR VOTING,

AND/OR TAKING A TEMPORARY LEAVE OF ABSENCE FROM THE BOARD OF DIRECTORS UNTIL SUCH

TIME AS THE MATTER GIVING RISE TO THE CONFLICT OF INTEREST HAS BEEN RESOLVED.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE
NO DOCUMENTS AVAILABLE TO THE PUBLIC.