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orm **990** 

332001 10-29-13

Department of the Treasury Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public.

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

2013

Open to Public Inspection

			inding	1	
<b>B</b> C	heck if oplicable	C Name of organization		D Employer identific	ation number
	Address change	OPEN SPACE INSTITUTE LAND TRUST, INC.			
X	Name change	Doing Business As		13-3	028060
	Initial return		Room/suite	E Telephone number	·
$\vdash$	Termin- ated		201	(212	290-8200
一	Amende			G Gross receipts \$	56,560,658.
	Applica			H(a) Is this a group re	
	pending	F Name and address of principal officer CHRISTOPHER J. ELLI	MAN	for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	
	27.070	mpt status X 501(c)(3)	r 527	1 ''	list. (see instructions)
		E: ► WWW.OSINY.ORG		H(c) Group exemption	
		organization; X Corporation Trust Association Other	I Year		State of legal domicile: NY
		Summary	L roui	or formation, 2500 [10	Clate or logar dormone. 242
		Briefly describe the organization's mission or most significant activities A SUE	PORTT	NG ORGANIZA	TON OF THE
Se		OPEN SPACE INSTITUTE, INC. THAT HOLDS LAN			
nar	_	Check this box Inf the organization discontinued its operations or dispos			•
Ver	1 -	Number of voting members of the governing body (Part VI, line 1a)	ea or more		26
Ĝ				3 4	25
త		Number of independent voting members of the governing body (Part VI, line 1b)		<del>- 1</del>	0
ţį		Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	0
Activities & Governance		Total number of volunteers (estimate if necessary)		6	19,421.
Ą		Total unrelated business revenue from Part VIII, column (C), line 12		7a	19,421.
	p i	Net unrelated business taxable income from Form 990-T, line 34		7b	
			$\vdash$	Prior Year 5,091,149.	Current Year 9,747,805.
ne	1	Contributions and grants (Part VIII, line 1h)		0.	
Revenue		Program service revenue (Part VIII, line 2g)	-		150,233.
æ	10	nvestment income (Part VIII, column (A) lines (3, 4; and 7d) 20:	_	478,057.	4,904,056.
		Other revenue (Part VIII, column (A), line\$ 5, 6d, 8c, 9c, 10c, and 11e)	_	114,909.	107,981.
		Total revenue - add lines 8 through 11 (must-equal-Part-VIII-column-(A), line 12)		5,684,115.	14,910,075.
	l	Grants and similar amounts paid (Part [X, column.(A), lines 1,3)		4,107,406.	5,962,533.
		Benefits paid to or for members (Part IX, column (A), line 4)	-	0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	$\vdash$	3,955,768.	4,833,832.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Š		Fotal fundraising expenses (Part IX, column (D), line 25)   291,27	<del>//•</del>	4 406 450	
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	_	4,486,472.	5,524,123.
	18 7	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		12,549,646.	16,320,488.
	19 F	Revenue less expenses. Subtract line 18 from line 12		-6,865,531.	<u>-1,410,413.</u>
Net Assets or Fund Balances				ginning of Current Year	End of Year
aset	20 1	Total assets (Part X, line 16)	2	251,658,149.	277,340,023.
ĕĘ.	21 7	Total liabilities (Part X, line 26)		11,647,888.	21,009,167.
컐	22 1	Net assets or fund balances Subtract line 21 from line 20	2	<u>240,010,261.</u>	256,330,856.
	art II	Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true,	correct	, and complete. Declaration of preparer (other than officer) is based on all information of wh	iich preparei	r has any knowledge.	
		My K. Andum		18/10/1	<u>ゲ</u>
Sig	n	Signature of officer		Date	
Her	e		ERAL C	COUNSEL	
	_	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	ւ ի	ROBERT LYONS / Man Myro		if self-employe	
Prep	oarer [	Firm's name MARKS PANETH LLP		/ / Firm's EIN	11-3518842
Use	Only	Firm's address 685 THIRD AVENUE			
		NEW YORK, NY 10017		Phone no.21	<u>2 503-8800</u>
May	the in	S discuss this return with the preparer shown above? (see instructions)	<del></del>		X Yes No

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

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	ļ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			l
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		<b>.</b>
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7	х	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7		-
8	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	0		
9	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		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	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.	٤		.^
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			· .
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401	v	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13		X
	Did the organization maintain an onice, employees, or agents outside or the ornited states?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a	-	
D	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,			<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1

Note. All Form 990 filers are required to complete Schedule O

Pa	TT 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			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			ŀ
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J .	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$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	ļ	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c	ļ	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) 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		X
b				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		_ X
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 so,			
	complete Schedule L, Part II	26		X
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			l
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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).	-		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
þ		28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1		
	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	1		,,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		3,7	ŀ
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33_	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		3,5	
	Part V, line 1	34	X	
35a		35a	X	
b	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		X
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		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	1	1	1

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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

Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

 $\mathbf{X}$ 

Sec	tion A. Governing Body and Management								
					Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year .	1a	26	5					
	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	1b	25	5					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	np with	any other						
	officer, director, trustee, or key employee?			2		X			
3	Did the organization delegate control over management duties customanly performed by or under t	he dire	ct supervision						
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form		as filed?	4	X	<u> </u>			
5	Did the organization become aware during the year of a significant diversion of the organization's a	ssets?		5		X			
6	Did the organization have members or stockholders?			6	X	-			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoin	t one or						
	more members of the governing body?			7a	X	-			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockr	nolders, or	l		٠,,			
_	persons other than the governing body?		h - f - II	7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by t	ne tollowing:			-			
a	The governing body?			8a	X	<del> </del>			
D	Each committee with authority to act on behalf of the governing body?	aabad	at the	8b	Λ	<del> </del>			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re organization's mailing address? If "Yes," provide the names and addresses in Schedule O	acileu	at tile	9		x			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal is	Revenu	re Code )						
	Total Description of the second of the secon	1010114			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a		X			
	If "Yes," did the organization have written policies and procedures governing the activities of such	chapte	rs, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	•		10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy bef	ore filing the form?	11a	Х				
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990								
12a	12a Did the organization have a written conflict of interest policy? If "No," go to line 13								
b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?								
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," c	lescribe						
	ın Schedule O how this was done			12c	Х				
13	Did the organization have a written whistleblower policy?			13	X	ऻ			
14	Did the organization have a written document retention and destruction policy?			14	X	<u> </u>			
15	Did the process for determining compensation of the following persons include a review and appro-	val by ı	ndependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?							
а	The organization's CEO, Executive Director, or top management official			15a	X	-			
b	Other officers or key employees of the organization			15b	X	<del></del>			
	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 arrange	ement	with a	40	-				
	taxable entity during the year?	ata .ta		16a		<u> </u>			
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluating in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization.		•	-					
	exempt status with respect to such arrangements?	ailizali	JII S	16b					
Sec	tion C. Disclosure		<del>.</del>	1 100	L				
17	List the states with which a copy of this Form 990 is required to be filed ▶NY, CA, CT, GA,	MA , N	Æ, NC, NJ, NI	I, PA	SC	TN.			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990					,			
	for public inspection. Indicate how you made these available. Check all that apply	, -							
	Own website Another's website X Upon request Other (explain	ın ın Sc	hedule O)						
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or		· ·	nd finar	ncial				
	statements available to the public during the tax year.		-						
20	State the name, physical address, and telephone number of the person who possesses the books	and red	cords of the organiza	ation:	·				
	JOSEPH HOLLAND - (212) 290-8200	_							
	1350 BROADWAY, SUITE 201, NEW YORK, NY 10018-779	_							
	CPP CCHPDIILE O FOR FILL, LICT OF CTATES			Fore	, gan	/2013\			

OPEN	SPACE	INSTITUTE	LAND	TRUST	INC.	<u> </u>	Page 7
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#### Form 990 (2013) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See 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.

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

List persons in the following order: individual trustees or directors; institutional trustees, officers; key employees, highest compensated employees; and former such persons

(A) Name and Title	(B) Average hours per week	box,	not ci , unlea cer an	Pos heck ss pe	more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JOHN H. ADAMS CHAIRMAN	3.00	X		X				0.	0.	0.
(2) PETER A. BIENSTOCK VICE-CHAIR	3.00	x		х				0.	0.	0.
(3) CAROLINE NIEMCZYK VICE-CHAIR	3.00			х				0.	0.	0.
(4) ELIZABETH BORDEN TREASURER	3.00			х				0.	0.	0.
(5) EDWARD A. AMES SECRETARY	3.00			х				0.	0.	0.
(6) CAROL ASH TRUSTEE	3.00							0.	0.	0.
(7) SUSAN BABCOCK TRUSTEE	3.00	x						0.	0.	0.
(8) DALE S. BRYK TRUSTEE	3.00	x						0.	0.	0.
(9) GILMAN S. BURKE TRUSTEE	3.00	x						0.	0.	0.
(10) JOHN CAHILL TRUSTEE	3.00	x						0.	0.	0.
(11) STEPHEN J. CLEARMAN TRUSTEE	3.00	X						0.	0.	0.
(12) T. JEFFERSON CUNNINGHAM III TRUSTEE	3.00	Х						0.	0.	0.
(13) J. MATTHEW DAVIDSON TRUSTEE	3.00	x						0.	0.	0.
(14) PAUL J. ELSTON TRUSTEE	3.00	x						0.	0.	0.
(15) JOHN ERNST TRUSTEE	3.00							0.	0.	0.
(16) JOSHUA GINSBERG TRUSTEE	3.00	X						0.	0.	0.
(17) JEREMY GUTH TRUSTEE	3.00							0.	0.	0.

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from

the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
PRIME BUCHHOLZ & ASSOCIATES	INVESTMENT	
273 CORPORATE DR, PORTSMOUTH, NH 03801	CONSULTANT	143,030.
WORKING LANDS		
775 BLOOMFIELD AVENUE, WINDSOR, CT 06095	CONSULTING	108,329.
BROOKS AND BROOKS P.C.	SURVEYOR OF REAL	
11 MAIN STREET , HIGHLAND, NY 12528	ESTATE	102,030.
2 Total number of independent contractors (including but not limited to those lister \$100,000 of compensation from the organization ▶ 3	d above) who received more than	,

	•	Check if Schedule O conta	ains a response	or note to any lir				
			-		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<u>इ इ</u>	1 a	Federated campaigns	1a	•			.2	-
اع تا	b		1b				~ { ~	
P, E	С	Fundraising events	1c			_	Supplied to the	
	d	Related organizations	1d	3,356,855.			38 1. July	
S.E	е	Government grants (contribute	ions) 1e	989,638.	•		11,7,37	*
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grant	ts, and	•			ر بر پر همورور	
불		similar amounts not included above	ve . 1f	5,401,312.	. , ,	,	The self of the Confession	
달의	g	Noncash contributions included in lines	1a-1f \$	331,024.	5. 5.	3.7		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
<u>රි ම</u>	h	Total. Add lines 1a-1f		<b>&gt;</b>	9,747,805.	- 1 1 1 1 1 1 2 1 2 1 2 2 2 2 2 2 2 2 2	All Marie Contractions of	
				Business Code		1. m. 1. 18	The same of the sa	" - 1 2x 1 3/1/2
ဗ္ဗ	2 a	SERVICE INCOME	· · · · · ·	900099	150,233.	150,233.		
او ڇَ	b							
Program Service Revenue	С							<u></u>
e a	d					··· - · · · · · · · · · · · · · · · · ·		
5	е							
۱ ۵	f	All other program service reve	nue				,	, , , , ,
$\dashv$	g			<u> </u>	150,233.	ite, of the	( A	*
	3	Investment income (including	dıvıdends, ıntere	st, and				
		other similar amounts)			617,617.		19,421.	598,196.
	4	Income from investment of tax	k-exempt bond p	roceeds				
	5	Royalties		<u> </u>				
			(ı) Real	(II) Personal	, ,		*	× ·
	6 a		77,699.		. ~		,	**
	b	•	0.		_	, ,		,
	С	Rental income or (loss)	77,699.			" " "	* .	- 2v
		Net rental income or (loss)			77,699.			77,699.
	7 a	Gross amount from sales of	(i) Securities	(II) Other		•	1 ~	,
		assets other than inventory	35,937,191.	9,999,831.				
	b	Less: cost or other basis						,
		and sales expenses	34,633,634.	7,016,949.				
	C	` '	1,303,557.	2,982,882.		*	. '.'	<u> </u>
		Net gain or (loss)			4,286,439.			4,286,439.
e n	8 a	Gross income from fundraising	-			<b>4</b> ,		΄ -
Ven		including \$	of					
Other Reven		contributions reported on line	•					
Je		Part IV, line 18	а.	<u> </u>			•	,
ਰ		Less: direct expenses	b				-	-
		Net income or (loss) from fund	-					
	9 a	Gross income from gaming ac Part IV, line 19					; ,	^
	L	Less. direct expenses	a b	-				
		Net income or (loss) from gam	_		-	-	• "	
		Gross sales of inventory, less	_					
	IV a	and allowances						
	h	Less: cost of goods sold	a b					
		Net income or (loss) from sale:			-			^
		Miscellaneous Revenu	_	Business Code				<del> </del>
	11 ^	MISCELLANEOUS	<u> </u>	900099	30,282,			30,282.
ļ	ıı a			200033	30,202,			30,202.
	c					<del></del>		
	4	All other revenue		<del></del>		<del></del>		<del></del>
	u P	Total, Add lines 11a-11d		<b>•</b>	30,282.		,	
	12	Total revenue. See instructions.			14,910,075.	150 233.	19.421.	4.992.616.
33200		. J. S. 10 volley, Ovo mod dodollo.			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	130,433,	17,761.	- 000 (00)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising expenses (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b, Program service expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to governments and 5,806,428. 5,806,428. organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 156,105. 156,105. Benefits paid to or for members Compensation of current officers, directors, <u>2,199,</u>396. 1,621,155. 465,765. 112,476. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 79,246. 1,549,607. 1,142,201. 328,160. Other salaries and wages Pension plan accruals and contributions (include 258,397. 190,462. 54,721. 13,214. section 401(k) and 403(b) employer contributions) 369,367. 177,708. 29,485. 576,560. Other employee benefits 184,179. 249,872. 52,915. 12,778. Payroll taxes 10 Fees for services (non-employees): Management 23,230. 42,344. 19,114. **b** Legal 17,179. 66,936. 49,757. c Accounting 62,141. 62,141. d Lobbying Professional fundraising services. See Part IV, line 17 484,390. 484,390. Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 479,895. 479,895. 49,393. 49,393. Advertising and promotion 12 251. 17,961. 17,710. 13 Office expenses 14 Information technology 15 Royalties 611,718. 178,370. 41,238. 831,326. Occupancy 16 117,864. 1,645. 119,690. 181. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 64,158. 64,158. 20 Interest Payments to affiliates 21 194,114. 194,114. Depreciation, depletion, and amortization 22 133,229. 133,229. Insurance 23 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.) 1,666,635. 1,666,635. a COST OF EASEMENTS ь LOSS ON SALE/TRANSFER 726,252. 726,252. 355,141. 355,141. c REAL ESTATE TAXES d PROPERTY MAINTENANCE <u>195,362.</u> 195,362. 35,156. 6,581. 25,916. 2,659. e All other expenses 16,320,488. 14,242,412. 1,786,799. 291,277. Total functional expenses Add lines 1 through 24e 25 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

ıf following SOP 98-2 (ASC 958-720)

Par	t X	Balance Sheet			
	•	Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	30,141,967.	2	40,232,935.
	3	Pledges and grants receivable, net	846,845.	3	2,382,932.
	4	Accounts receivable, net	450,450.	4	278,168.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
i		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			·
		employers and sponsoring organizations of section 501(c)(9) voluntary		,	
ts		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	3,666,347.	7	4,706,188.
₹	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	849,236.	9	421,164.
	10a	Land, buildings, and equipment cost or other	,		
		basis. Complete Part VI of Schedule D 10a 29,116,206.	<u> </u>	,	
	b	Less: accumulated depreciation 1,898,271.	34,390,141.	10c	27,217,935.
	11	Investments - publicly traded securities	36,147,595.	11	42,905,160.
	12	Investments - other securities. See Part IV, line 11	142,114,987.	12	151,326,988.
i	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	3,050,581.	15	7,868,553.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	251,658,149.	16	277,340,023.
	17	Accounts payable and accrued expenses	805,764.	17	1,252,288.
	18	Grants payable		18	
	19	Deferred revenue	2,500,000.	19	11,092,580.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
မွ	22	Loans and other payables to current and former officers, directors, trustees,			
≝		key employees, highest compensated employees, and disqualified persons.	 		
Liabilities		Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties	5,785,775.	23	5,149,019.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D	2,556,349.	25	3,515,280.
	26	Total liabilities, Add lines 17 through 25	11,647,888.	26	21,009,167.
		Organizations that follow SFAS 117 (ASC 958), check here ▶			
S S		complete lines 27 through 29, and lines 33 and 34.			
au	27	Unrestricted net assets	70,829,821.	27	74,570,739.
Bal	28	Temporarily restricted net assets	169,180,440.	28	181,760,117.
Net Assets or Fund Balances	29	Permanently restricted net assets		29	
교		Organizations that do not follow SFAS 117 (ASC 958), check here			
Ď		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	240,010,261.	33	256,330,856.
	34	Total liabilities and net assets/fund balances	251,658,149.	34	277,340,023.

	990 (2013) OPEN SPACE INSTITUTE LAND TRUST, INC.	13-	3028060	Page <b>12</b>
Pai	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI		_ •	X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,910	
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,320	
3	Revenue less expenses. Subtract line 2 from line 1	3		,413.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	240,010	
5	Net unrealized gains (losses) on investments	5	24,266	,026.
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	-6,535	,018.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B)) .	10	256,330	,856.
Pai	rt XII Financial Statements and Reporting		-	
	Check if Schedule O contains a response or note to any line in this Part XII			
				res 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 C	<b>)</b> .		, i.,
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	Ţ•;	, ,, (
	separate basis, consolidated basis, or both:			ه ورد ای د کاران
	Separate basis Consolidated basis Both consolidated and separate basis		ك الشَّهُ تُعْمَدُكُ	ۇ ئا دىرىنىلارللاسى
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	3. 13	" , , , , , , , , , , , , , , , , , , ,
	consolidated basis, or both:		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	Separate basis X Consolidated basis Both consolidated and separate basis			F 4
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain in Scher	dule O		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Auc	dit   '	
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed aud	lit	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь	
			Form 9	90 (2013)

#### **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.

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.

2013
Open to Public Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

		OPEN SP	ACE INSTITUT	E LAN	D TRU	ST, I	NC		1	3-30280	60	
Part I	Reason	for Public Char	ty Status (All organiz	ations mus	st complet	e this part	) See inst	ructions.				
he organ	zation is not a	a private foundation I	pecause it is. (For lines 1	through 1	1, check of	only one b	ox )				· · ·	
1 🗀			s, or association of churc					-				
2	A school des	cribed in section 17	<b>0(b)(1)(A)(ii).</b> (Attach Sc	hedule E)								
з 🔲	A hospital or	a cooperative hospit	tal service organization o	described i	n section	170(b)(1)(	(A)(iii).					
4 🔲	A medical res	search organization o	perated in conjunction	with a hos	pıtal descr	ribed in se	ction 170	(b)(1)(A)(ii	i), Enter i	the hospital's	name,	
	city, and stat	e:						•				
5	An organizati	on operated for the	benefit of a college or ur	niversity ov	vned or op	erated by	a governr	nental uni	t descnb	ed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6	A federal, sta	ite, or local governme	ent or governmental unit	t described	in sectio	n 170(b)(1	I)(A)(v).					
7	An organizati	on that normally rec	eives a substantial part (	of its supp	ort from a	governme	ntal unit o	r from the	general	public descrit	bed in	
	section 170(	<b>b)(1)(A)(vi).</b> (Comple	te Part II)									
8 🔲			ection 170(b)(1)(A)(vi).									
9 🔲	-	-	eives: (1) more than 33 1									
			octions - subject to certa									nt
	income and i	unrelated business to	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınızatıon	after June 30	, 1975.	
<u></u>		<b>509(a)(2).</b> (Complete			_							
10	•	•	perated exclusively to te							_		
11 X			perated exclusively for the									
		•	itions described in section				2) See sec	tion 509(	a)(3). Ch	eck the box ti	nat	
			organization and comple				_	, — <del>,</del>	III . N :	n-functionally	ınto ara	٠,٠
. —	a X Type	-		ype III - Fur						,	•	.ea
e			t the organization is not han one or more publicly									
		-	nan one or more publicly ten determination from t						o(a)(1) UI	36011011303(5	4/(4)	
f					шизату	he i, i àhe	ii, oi Type	, III			Γ	$\neg$
•		rganization, check th	rganization accepted ar	ny aift or co	ontribution	from any	of the follo	owing ner	sons?			
g			rectly controls, either al								Yes N	ło
			upported organization?	J. 10g				() (	, , = 5.5	11g(i)		
	•	• •	n described in (i) above?		•					11g(ii)	7	X X
	` ,	•	person described in (i) of		?					11g(iii)	7	X
h		•	about the supported or									
(i) Name	of supported	(ii) EIN	(iii) Type of organization		rganization			(vi) ls	the	(vii) Amount o	of moneta	ary
٠,	anization	(, 2	(described on lines 1-9		sted in your		ion in col.	organization (i) organiz	ed in the	suppo		•
·			above or IRC section (see instructions))	governing				U.S	5.7			
			(ace manuchona))	Yes	No	Yes	No	Yes	No			
	SPACE		_			_	1					_
INSTI	TUTE	52-1053406	7	X		Х	ļ	X				0.
					ļ			<b></b>	-			
	<del></del>							-	<b></b>			—
								1				
							1		<del> </del>			—
				1				10.5				—
Γotal	1	1.	,					(			(	0.

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

Schedule A (Form 990 or 990-EZ) 2013

### Schedule A (Form 990 or 990-EZ) 2013 Part II Support Schedule for Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
Ŭ	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)		•				
6	Public support. Subtract line 5 from line 4					· · · · · · · · · · · · · · · · · · ·	
	etion B. Total Support				1	l—	
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	(4) 2000	(2) 2010	(0) 20 / /	(0, = 0 : =	(9) = 0.10	(1)
8	Gross income from interest,						
Ū	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain					<del></del>	
10	or loss from the sale of capital						
	assets (Explain in Part IV)						
44	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	oto (coo instructi	ens)		L	12	
	First five years. If the Form 990 is for	•	•	d fourth or fifth t	av voar as a soctio		
13	organization, check this box and stop	=	3 m3t, 3000ma, tm	a, loaren, or mar a	ax year as a sectio	11 30 1(0)(0)	▶□
Sec	tion C. Computation of Publi	ic Support Pe	rcentage				
	Public support percentage for 2013 (I			column (fl)		14	
	Public support percentage from 2012	, ,,,	•	(4)		15	<u> </u>
	33 1/3% support test - 2013. If the o			n line 13. and line	14 is 33 1/3% or n		
	stop here. The organization qualifies			•		• • • • • • • • • • • • • • • • • • • •	▶□
b	33 1/3% support test - 2012. If the o		•		l line 15 is 33 1/3%	or more, check th	nis box
_	and stop here. The organization quali	-					▶□
17a	10% -facts-and-circumstances test	•	•		e 13, 16a. or 16b. a	and line 14 is 10%	or more.
	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"			-			▶□
h	10% -facts-and-circumstances test	-	•		-	17a, and line 15 is	10% or
	more, and if the organization meets the	•				•	
	organization meets the "facts-and-circ				•		<b>.</b>
18	Private foundation. If the organization		=				
<u>.                                    </u>					., uno DOA U	00000000001	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below please complete Part II.)

Se	ction A. Public Support	siow, piease com	piete Fait II.)	····-	<del></del>		
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5		-		-		
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)			<u> </u>		;	
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12)			<u> </u>	<u></u>		
14	First five years. If the Form 990 is for	the organization'	's fırst, second, thu	d, fourth, or fifth t	ax year as a sect	on 501(c)(3) organiz	zation,
	check this box and stop here			<del></del>			<u> </u>
	ction C. Computation of Publi					1 1	
	Public support percentage for 2013 (li			column (f))		15	%
	Public support percentage from 2012					16	%
Se	ction D. Computation of Inves					<del></del>	
17	·			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
19	a 33 1/3% support tests - 2013. If the						17 is not
t	more than 33 1/3%, check this box ar 33 1/3% support tests - 2012. If the						<b>▶</b> ∟∟∫ and
	line 18 is not more than 33 1/3%, che						. —
20	Private foundation. If the organization						. ▶□

Part IV	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).
	Also complete this part for any additional information. (See instructions).
<u></u>	

#### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

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

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

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

OMB No 1545-0047

Open to Public Inspection

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

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

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

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

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

•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Nan	ne of organization			Empl	oyer identification number
	OPEN SP	ACE INSTITUTE L	AND TRUST, I	NC.	13-3028060
Pa	art I-A Complete if the org	janization is exempt un	der section 501(c)	or is a section 527 o	rganization.
2	Provide a description of the organiz Political expenditures Volunteer hours	ration's direct and indirect polit	ical campaign activities		
Pa	art I-B Complete if the org	janization is exempt un	der section 501(c)	(3).	
1	Enter the amount of any excise tax	incurred by the organization ur	nder section 4955	. ▶\$	
2	Enter the amount of any excise tax	incurred by organization manage	gers under section 495	5 ▶\$	
3	If the organization incurred a section	n 4955 tax, did it file Form 4720	O for this year?		Yes No
48	a Was a correction made?				Yes No
	If "Yes," describe in Part IV.		1 1 504( )		1/0)
		anization is exempt un		• • •	
	Enter the amount directly expended		•		
2	Enter the amount of the filing organ	ization's funds contributed to c	other organizations for s	_	
_	exempt function activities			▶\$	
3	Total exempt function expenditures	s. Add lines 1 and 2. Enter here	and on Form 1120-POL	-, • •	
	line 17b	4400 DOL 6004his 11000		<b>&gt;</b> \$	Yes No
	Did the filing organization file Form	<u>.</u>	TINN of all control EO7 m	aldical avancementians to indica	
Э	Enter the names, addresses and er made payments For each organiza			<del>-</del>	
	contributions received that were pr	·			•
	political action committee (PAC). If	• •		•	<b>3 3</b>
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Namo	(2) / (33.000	(0) 2	filing organization's	contributions received and
				funds If none, enter -0	promptly and directly delivered to a separate
					political organization
					If none, enter -0
	<del></del>				

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

Schedule C (Form 990 or 990-EZ) 2013

LHA

Schedule C (Form 990 or 990-EZ) 2013 (Part II-A   Complete if the org	OPEN S	SPACE on is exer	INSTITUTE L.	AND TRUST, n 501(c)(3) and fil		028060 Page 2
(election under sec			•			
A Check ► X If the filing organizate expenses, and share	tion belong	gs to an affil		Part IV each affiliated	group member's nam	e, address, EIN,
Check  if the filing organization	tion check	ed box A an	d "limited control" pro	visions apply		<u>.</u>
		ying Exper eans amou	nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence pub	lic opinion (	arass roots lobbying)		42,348.	171,046.
b Total lobbying expenditures to influ					19,793.	124,723.
c Total lobbying expenditures (add li					62,141.	295,769.
d Other exempt purpose expenditure		•	•		16,258,347.	22,837,317.
e Total exempt purpose expenditure	s (add line	s 1c and 1d	)			23,133,086.
f Lobbying nontaxable amount Ente	er the amo	unt from the	following table in both	n columns.	966,024.	
If the amount on line 1e, column (a) o	r (b) is:	The lobi	bying nontaxable amo	ount is:		
Not over \$500,000		20% of t	the amount on line 1e		,	
Over \$500,000 but not over \$1,000	0,000	\$100,00	0 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000	\$175,00	0 plus 10% of the exc	ess over \$1,000,000.		,
Over \$1,500,000 but not over \$17,	000,000	\$225,00	0 plus 5% of the exce	ss over \$1,500,000		
Over \$17,000,000		\$1,000,0	000.			
g Grassroots nontaxable amount (en	ter 25% o	f line 1f)			241,506.	250,000.
h Subtract line 1g from line 1a If zero		0.	0.			
i Subtract line 1f from line 1c If zero	or less, e	nter -0-			_0.	0.
j If there is an amount other than ze	ro on eithe	r line 1h or l	line 1i, did the organiza	ation file Form 4720	<del></del>	
reporting section 4911 tax for this	year <sup>?</sup>					Yes No
, , , , , , , , , , , , , , , , , , , ,	ations tha	it made a s	eraging Period Under ection 501(h) election e instructions for line	do not have to com		
	Lobb	ying Exper	ditures During 4-Yea	r Averaging Period		<del></del>
Calendar year (or fiscal year beginning in)	(a) 2	2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount	89	2,949.	. 1,000,000. 1,000,000.		1,000,000.	3,892,949.
b Lobbying ceiling amount (150% of line 2a, column(e))						5,839,424.
c Total lobbying expenditures	58	0,820.	394,248.	242,187.	295,769.	1,513,024.
d Grassroots nontaxable amount	22	3,237.	250,000.	250,000.	250,000.	973,237.
e Grassroots ceiling amount		_ , , .	223,000.			2.3,23,4
(150% of line 2d, column (e))						1,459,856.
f Grassroots lobbying expenditures	<u>1</u> 7	6,819.	122,278.	121,227.	171,046.	591,370.

Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990-EZ) 2013 OPEN SPACE INSTITUTE LAND TRUST, INC. 13-3028060 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

(election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a) (t		)		
of the lobbying activity.	Yes	No	No Amou		
During the year, did the filing organization attempt to influence foreign, national, state or	+	_			
local legislation, including any attempt to influence public opinion on a legislative matter					
or referendum, through the use of:					
a Volunteers?	-				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			-		
c Media advertisements?					
d Mailings to members, legislators, or the public?			•		
e Publications, or published or broadcast statements?				_	
f Grants to other organizations for lobbying purposes?				·	
g Direct contact with legislators, their staffs, government officials, or a legislative body?			-	_	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total. Add lines 1c through 1i				_	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), se	ction 501(c)	(5), or se	ection		
501(c)(6).					
			Yes	No	
1 Were substantially all (90% or more) dues received nondeductible by members?		1_1_			
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2			
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		3			
Part III-B Complete if the organization is exempt under section 501(c)(4), se 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answer answered "Yes."				ne 3, is	
Dues, assessments and similar amounts from members		1	<del></del>		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	olitical				
expenses for which the section 527(f) tax was paid).					
a Current year		2a			
b Carryover from last year		2b			
c Total		2c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	excess				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying a	nd political				
expenditure next year?					
5 Taxable amount of lobbying and political expenditures (see instructions)		5			
Part IV Supplemental Information					
Provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated gi	roup list); Part l	II-A, line 2; a	ınd Part II-E	I, line 1	
Also, complete this part for any additional information					
PART II-B, AFFILIATED GROUP RETURN STATEMENT:					
EXPLANATION: PURSUANT TO REGULATIONS SECTION 56.491	1-8(B)	AND TR	C		
INI INIMITAL. I ONDOINT TO REGODATION DECITOR SULTY	<u> </u>				
SECTION 4911(F), AN AFFILIATED GROUP OF ORGANIZATIO	NS IS T	REATED	AS A		
SINGLE ORGANIZATION FOR THE PURPOSES OF THE TAX IMP	OSED BY	IRC S	ECTION	1	
4911(A). THEREFORE, SINCE THE AFFILIATED GROUP DID	NOT HAV	E ANY	EXCES	5	
LOBBYING EXPENDITURES OR EXCESS GRASSROOTS LOBBYING	EXPEND	ITURES	, THE		

Schedule C (Form 990 or 990 EZ) 2013 OPEN SPACE INSTITUTE LAND TRUST, INC. 13-3028060 Page 4  Part IV Supplemental Information (continued)
FILING ORGANIZATION IS DEEMED TO NOT HAVE EXCESS LOBBYING EXPENDITURES
OR EXCESS GRASSROOTS LOBBYING EXPENDITURES FOR THE PURPOSES OF THE
DISCLOSURE ON PART II-A, LINE 1(H) AND 1(I), COLUMN A.
AFFILIATED GROUP MEMBER:
OPEN SPACE INSTITUTE, INC. (EIN 52-1053406)
1350 BROADWAY, SUITE 201
NEW YORK, NY 10018

:	•						
Schedule C (Form 990 or 990-EZ) (Part IV   Supplemental Inform	OPEN SPACE : ation (continued)	INSTITUTE	LAND	TRUST,	INC.	13-3028060	Page 4
Schedule C	Affiliated	Group Lobbying E Part II -A	xpenditu	res			
Name of Affiliated Group Member OPEN SPACE INSTITUTE	INC.					Employer ID Numb	
Affiliated Group Member Address 1350 BROADWAY, SUITE NEW YORK, NY 10018	Electing Member NO						
Limits on Lobbying Expenditures:							Line
Total lobbying expenditures to influence p	oublic opinion (grassro	oots lobbying)				128,698.	1a
Total lobbying expenditures to influence a	a legislative body (dire	ect lobbying)				104,930.	b
Total lobbying expenditures (add lines 1a	and 1b)					233,628.	С
Other exempt purpose expenditures						233,628.	d
Total exempt purpose expenditures (add	lines 1c and 1d).					467,256.	е
Lobbying nontaxable amount Enter the amount from the following table	<sub>r</sub> .						

If the amount on line e is.	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
> 500,000 <= 1,000,000	100,000 + 15% > 500,000
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000
Over \$17,000,000	\$1,000,000
Grassroots nontaxable amount	(enter 25% of line 1f)
Subtract line 1g from line 1a (lir	mit to zero)
odbitaet mie 19 nom mie 14 (m	7.11. to 2010 <sub>j</sub>
Subtract line 1f from line 1c (lim	nit to zero)
Mambay's share of avecas labb	nung avpandituras
Member's share of excess lobb	lying expenditures

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

Employer identification number

	OPEN SPACE INSTITU	TE LAND TRUST, INC.		13-3028060			
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds of	or Accou	Ints. Complete if the			
	organization answered "Yes" to Form 990, Part IV, line	e 6.					
		(a) Donor advised funds	(b) Fun	ds and other accounts			
1	Total number at end of year						
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	d funds				
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No			
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be us	sed only				
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	onferring				
	impermissible private benefit?			Yes No			
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Par	t IV, line 7.				
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)					
	X Preservation of land for public use (e.g., recreation or e	education) X Preservation of an histo	ncally impo	ortant land area			
	X Protection of natural habitat	Preservation of a certific	ed historic	structure			
	X Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of	a conserva	ation easement on the last			
	day of the tax year.		· · · · ·				
				Held at the End of the Tax Year			
а	Total number of conservation easements		_2a	331			
b	Total acreage restricted by conservation easements		_2b	37,308.00			
С	Number of conservation easements on a certified historic str	ucture included in (a)	_2c				
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	∍				
	listed in the National Register						
3							
	year ▶33_						
4	Number of states where property subject to conservation ea						
5	Does the organization have a written policy regarding the per			X Yes No			
_	violations, and enforcement of the conservation easements i						
6	Staff and volunteer hours devoted to monitoring, inspecting,						
7							
8	Does each conservation easement reported on line 2(d) above	re satisfy the requirements of section 170(n)	)( <del>4</del> )(B)(I)	□vaa □Na			
_	and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and						
9	·	·		·			
	include, if applicable, the text of the footnote to the organization easements	tion's illiancial statements that describes th	e Organiza	don's accounting for			
Par	t III Organizations Maintaining Collections o	f Art. Historical Treasures. or Oth	er Simil	ar Assets.			
	Complete if the organization answered "Yes" to Form	· · · · · · · · · · · · · · · · · · ·					
1a	If the organization elected, as permitted under SFAS 116 (AS		nt and bala	ance sheet works of art.			
	historical treasures, or other similar assets held for public ext			·			
	the text of the footnote to its financial statements that descri	·					
ь	If the organization elected, as permitted under SFAS 116 (AS		nd balance	sheet works of art, historical			
_	treasures, or other similar assets held for public exhibition, e	• •		·			
	relating to these items:			• • • • • • • • • • • • • • • • • • •			
	(i) Revenues included in Form 990, Part VIII, line 1		<b>•</b>	\$			
	(ii) Assets included in Form 990, Part X	•	•	\$			
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial o					
•	the following amounts required to be reported under SFAS 1						
а	Revenues included in Form 990, Part VIII, line 1		<b>•</b>	\$			
b	Assets included in Form 990, Part X		<b>•</b>	\$			

	t III   Organizations Maintaining C	Collections of A					er S			0 <u>2 0 0 0 0</u> <b>ets</b> /contin		1ge <b>Z</b>	
	, ,												
3	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 or exchange programs												
a													
	b Scholarly research e Other												
C	Preservation for future generations	-114		المسمالين كاروسا	h				ID	VIII			
4	Provide a description of the organization's co			-	=				ise in Pa	art Alli.			
5	During the year, did the organization solicit o					er sımıla	ır ass	eis	_	¬		٦.,	
Par	to be sold to raise funds rather than to be made tive. Escrow and Custodial Arran					"Voo" to	. Corr	- 000	Port IV	Yes		<u>No</u>	
rai	reported an amount on Form 990, Pai	-	ete ii trie	organizatio	n answered	res to	PON	11 990	, rantiv	, iii le 9, 0i			
	Is the organization an agent, trustee, custodi		lian, for	contribution	o or other or	cote no	t incl	udod				——	
ıa	on Form 990, Part X?	an or other intermet	nary ioi	CONTINUUTION	is or other as	55612 110	LIIICI	uu <del>c</del> u	Г	Yes		No	
L	•	and assessed the fo	llownoat	table:					_	res	_	) IAO	
D	If "Yes," explain the arrangement in Part XIII	and complete the lo	illowing	labie			Г	Τ		Amount			
	Resument halance						ŀ	4-		Amount		—	
	Beginning balance						ŀ	1c					
	Additions during the year						ŀ	1d				—	
e	Distributions during the year						. }	1e					
7	Ending balance  Did the organization include an amount on Fe	orm 000 Port V line	212				L	1f	Г	Yes	$\top$	No	
	If "Yes," explain the arrangement in Part XIII.			an han haan	provided in	Dort VIII			_	162	$\vdash$	] NO	
Par													
L:		(a) Current year		nor year	(c) Two yea		1	Three v	ears bacl	k (e) Four	vears	hack	
10	Beginning of year balance	155,092,616.		.803.316.	144,82				20,698			276.	
1a	Contributions	155,092,010.	141	,003,310.	144,02	5,400.	_	133,3	20,090	110,	4/5,	270.	
0								161					
ن	Net investment earnings, gains, and losses Grants or scholarships	21,719,924,	21	817,706.	1,43	4,134.		10,0	03,191	· 20,	109,	101.	
	Other expenditures for facilities												
E	and programs	8,634,227.		.528.406.	1 47	6.304.		4 7	78,409	78,409. 3,723,739.			
	Administrative expenses	6,634,227.		,320,400,	4,4/	0,304.		4,/	10,403	•	123,	133,	
'	End of year balance	168,178,313,	155	.092.616.	141.80	2 216	-	111 0	25.486	122	F 2 0	698.	
9 2	Provide the estimated percentage of the curi					3,310.		144,0	23,400	.1 133,	<u>520,</u>	030.	
	Board designated or quasi-endowment	ent year end balanc	%	y, coluitii (e	iji rielu as								
a	Permanent endowment	%	_′°										
	Temporarily restricted endowment ▶ 10												
C	The percentages in lines 2a, 2b, and 2c shou	·											
32	Are there endowment funds not in the posse	-	ation the	at are held a	nd administe	ered for t	the o	raaniz	ation				
Ja	by	oolon of the organiza	40011 4110	at are more a		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		· gu.	allon	Г	Yes	No	
										3a(i)	103	X	
	(i) unrelated organizations												
h	b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  3b X												
4	Describe in Part XIII the intended uses of the	•								<u> </u>			
	t VI Land, Buildings, and Equipm		7471101110	141146							-		
	Complete if the organization answere		. Part IV	/. line 11a. S	ee Form 990	). Part X.	. line	10.					
	Description of property	(a) Cost or o		1	or other			nulate	d	(d) Book	valu	<u></u>	
	bescription of property	basis (investr		1	(other)	` '		ation	.	(4) 2001	· valu	•	
10	Land		,		8,058.					24,138	3 . 0	58.	
	Buildings				5,764.	1	18	2,0		$\frac{24,150}{2,453}$			
	Leasehold improvements			<del></del>	3,153.			7,3				06.	
	Equipment				8,900.			8,9			. <u>,                                   </u>	0.	
	Other				331.			- , -			3	31.	
	I. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part	X, colur	nn (B), line 1	10(c))				▶	27,217			

Schedule D (Form 990) 2013

(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

3,515,280.

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2013

<u>Sche</u>	dule D (Form 990) 2013 OPEN SPACE INSTITUTE LAND			Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With F	Revenue per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		4.5.	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	(* ^\)-	
h	Other (Describe in Part XIII.)	4b	á Liv	
c	Add lines 4a and 4b	<del>- 10</del>	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	•	5	
Par	t XII Reconciliation of Expenses per Audited Financial Statem	ents With	<u> </u>	
1 41	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		Expenses per rietarn.	
		_	1 . 1	
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	1 - 1	[%]	
a	Donated services and use of facilities	2a	<del></del>	
b	Prior year adjustments	2b	* ·	
С	Other losses	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		. 2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	_4b		
C	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
	t XIII Supplemental Information.	<del></del>		
Provi	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part	IV, lines 1b ar	nd 2b, Part V, line 4; Part X, line 2; Part X	XI,
lines	2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any add	litional informa	ation.	
PAF	T II, LINE 9:			<del></del>
EXE	LANATION: PURCHASED EASEMENTS THAT HAVE A	RESALE	VALUE ARE RECORDED	AT
			_	
THE	LOWER OF COST OR MARKET. DONATED EASEMEN	TS THAT	HAVE A RESALE VALUE	<u> </u>
ARE	RECORDED AT THE LOWER OF THE DONATED VAL	<u>UE OR M</u>	ARKET. CONSERVATION	
EAS	SEMENTS DETERMINED BY OSI TO HAVE NO RESAL	E VALUE	ARE WRITTEN DOWN TO	) <u>A</u>
<u>\$1</u>	CARRYING VALUE.			
PAF	T V, LINE 4:		_	
EXE	LANATION: THE WALLACE ENDOWMENT IS INTEND	ED TO B	E USED FOR THE PURPO	OSE
OF	ACQUIRING AND/OR HOLDING LAND IN THE HUDS	ON RIVE	R VALLEY. CATSKILLS	AND
				<del></del> _
AD1	RONDACKS IN ORDER TO PRESERVE AND PROTECT	SUCH L	AND FOR THE BENEFIT	OF
		~~~~ <del>=</del>		
тнь	PUBLIC, AND SECONDARILY FOR OTHER PURPOS	ES THAT	ARE IN FURTHERANCE	OF
332054 09-25-			Schedule D (Form 9	
J-2J-	••		Solicadic B (i Oilli S	, 10

Schedule D (Form 990) 2013 OPEN SPACE INSTITUTE LAND TRUST, INC. 13-3028060 Page 5 Part XIII Supplemental Information (continued)
THE CONSERVATION OF THE SCENIC BEAUTY, HISTORIC VALUES AND RESOURCES OF
THE REGIONS.
THE MALCOLM GORDON CHARITABLE TRUST (THE "TRUST") ENDOWMENT FUNDS WERE
CLASSIFIED AS TEMPORARILY RESTRICTED BECAUSE THE GRANTOR WHO ESTABLISHED
THE TRUST REQUIRED THAT THE FUNDS BE DEVOTED TO ENVIRONMENTAL EDUCATION
GRANTS. AFTER THE TRUST WAS DISSOLVED IN AUGUST 2012, THE ORGANIZATION
CONTINUED TO CONSIDER THESE FUNDS TO BE TEMPORARILY RESTRICTED.
PART X, LINE 2:
EXPLANATION: THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS AS OF
DECEMBER 31, 2013 AND 2012 IN ACCORDANCE WITH ACCOUNTING STANDARDS
CODIFICATION ("ASC") TOPIC 740, "INCOME TAXES," WHICH PROVIDES STANDARDS
FOR ESTABLISHING AND CLASSIFYING ANY TAX PROVISIONS FOR UNCERTAIN TAX
POSITIONS. WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO
FEDERAL OR STATE AND LOCAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR
THE YEAR ENDED DECEMBER 31, 2010 AND PRIOR YEARS.

## SCHEDULE F (Form 990)

**Statement of Activities Outside the United States** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990. ➤ See separate instructions.

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

2013
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

OPI	EN SPACE INST				13-30280	
Pai	t I General Infor	rmation on A	ctivities Out	tside the United States. Compl	ete if the organization answered	"Yes" on
	Form 990, Part IV					<del> </del>
1		_		ds to substantiate the amount of its gr		Yes No
	the grantees' eligibility to	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance?	∐ Yes ∟ No
2	For grantmakers. Desc United States.	nbe in Part V the	organization's	procedures for monitoring the use of it	s grants and other assistance or	utside the
3	Activities per Region (Tr	ne following Part	I, line 3 table ca	an be duplicated if additional space is	needed )	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
NORI	H AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN TRANSBORDER CANADA	LAND ACQUISITION AND STEWARDSHIP	156,105.
NORT	H AMERICA	0	0	PASSIVE FOREIGN INVESTMENTS	N/A	3,213,292.
	Sub-total	0	0			3,369,397.
b	Total from continuation					
	sheets to Part I	0	00			0.
С	Totals (add lines 3a and 3b)	0	0			3,369,397.
	4,,4 00/			<del>'</del>	1	3,303,331,

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

Schedule F (Form 990) 2013

Page 2

Schedule F (Form 990) 2013 OPEN SPACE INSTITUTE LAND TRUST, INC. 13-3028060

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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(i) Method of valuation (book, FMV, appraisal, other)	N/A	N/A								Schedule F (Form 990) 2013
(h) Description of non-cash assistance	N/A	N/A								Sched
(g) Amount of non-cash assistance	0	0							empt by	
(f) Manner of cash disbursement	WIRE TRANSFER	WIRE TRANSFER							recognized as tax-e.	
(e) Amount of cash grant	5.000.	151,105,							foreign country,	
(d) Purpose of grant	TRANSBORDER GRANT	TRANSBORDER GRANT							Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	
(c) Region	NORTH AMERICA	NORTH AMERICA							is listed above that are in has provided a section	r entities
(b) IRS code section and EIN (if applicable)				-					recipient organization he grantee or counse	other organizations o
1 (a) Name of organization									2 Enter total number of r the IRS, or for which the	3 Enter total number of other organizations or entities

13-3028060

OPEN SPACE INSTITUTE LAND TRUST, INC.

Page 3

Part III / Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

Schedule F (Form 990) 2013

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance

Schedule F (Form 990) 2013

ched	ule F (Form 990) 2013 OPEN SPACE INSTITUTE LAND TRUST, INC.	13-3028060	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes [	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	. Yes [	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes [	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	X Yes [	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes [	<b>X</b> No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes [	X No

Part V   Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
(estimated number of recipients), as applicable. Also complete this part to provide any additional information
SCHEDULE F PART 1,LINE 2:
EXPLANATION: GRANTEES EXECUTE A WRITTEN AGREEMENT WHICH REQUIRES THEM
TO SUBMIT WRITTEN REPORTS TO OSILT FOR THE PERIOD OF THE AGREEMENT.

# SCHEDULE I (Form 990)

Name of the organization

Department of the Treasury

Internal Revenue Service

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

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

► Attach to Form 990.

2013	Open to Public	Inspection

OMB No 1545-0047

Employer identification number

:

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

29. Schedule I (Form 990) (2013) Š 13-3028060 NJ BAYSHORE/PA HIGHLANDS CHAMPLAIN VALLEY SUPPORT COMMUNITY FOREST GRANT COMMUNITY FOREST GRANT (h) Purpose of grant or assistance RESILIENT LANDSCAPES RESILIENT LANDSCAPES X Yes NITIATIVE GRANT INITIATIVE GRANT Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any SRANT **3RANT** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) N/A N/A ς. ٠. Ö ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ecipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 7.500. 102,500 300,000 210,000, (d) Amount of 20,000 25,000 OPEN SPACE INSTITUTE LAND TRUST, INC. cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable .HA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) Enter total number of other organizations listed in the line 1 table 02-6121209 04-6001677 22-1731073 01-0452701 04-3340659 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? INC. - 351 N. BACK CREEK RD - HIGH 1 (a) Name and address of organization CACAPON & LOST RIVER LAND TRUST, AMMONOOSUC CONSERVATION TRUST BEAR PAW REGIONAL GREEWAYS APPALACHIAN MOUNTAIN CLUB AMERICAN LITTORAL SOCIETY or government ANDROSCOGGIN LAND TRUST 86 MAIN ST, STE 201 BETHLEHEM NH 03574 HIGHLANDS, NJ 07732 DEERFIELD, NH 03037 18 HARTSHORNE DR. AUBURN, ME 04210 BOSTON, MA 02108 107 GLESSNER RD VIEW, WV 26808 P.O. BOX 19 5 JOY ST Part Part

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Schedule I (Form 990) OPEN SPACE	E INSTITUTE LAND	TE LAND TRUST	ST, INC.			1	13-3028060 Page 1
Jo L	Assistance to Go	vernments and Organ	izations in the Ur	nited States (Sche	dule I (Form 990), Par	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ESF COLLEGE FOUNDATION, INC. 1 FORESTRY DR, 214 BRAY HALL SYRACUSE, NY 13210	15-6023443	501(C)(3)	586,531,	0	N/A	N/A	SUPPORT NORTHERN FOREST INSTITUTE
D&R GREENWAY LAND TRUST, INC. ONE PRESERVATION PL. PRINCETON, NJ 08540	22-3035836	501(C)(3)	72,428.	0	N/A	N/A	NJ BAYSHORE/PA HIGHLANDS GRANT
HERITAGE CONSERVANCY 85 OLD DUBLIN PIKE DOYLESTOWN, PA 18901	23-6296515	501(C)(3)	122,500.	0	N/A	N/A	NJ BAYSHORE/PA HIGHLANDS GRANT
DOWNEAST COASTAL CONSERVANCY 6 COLONIAL WAY, SUITE 3 MACHIAS, ME 04654	01-0430078	501(C)(3)	150,000,	0	N/A	N/A	COMMUNITY FOREST GRANT
FRENCH & PICKERING CREEKS CONSERVATION TRUST, INC - 511 KIMBERTON RD - PHOENIXVILLE, PA 19460	23-6429095	501(C)(3)	106,000	0	N/A	N/A	NJ BAYSHORE/PA HIGHLANDS GRANT
HIGHSTEAD FOUNDATION, INC. P.O. BOX 1097 REDDING CTR, CT 06875	06-1108612	501(C)(3)	10,000.	0	N/A	N/A	RESILIENT LANDSCAPES INITIATIVE GRANT
LANCASTER COUNTY CONSERVANCY P.O. BOX 716 LANCASTER, PA 17608	23-7046908	501(C)(3)	75,000.	0	N/A	N/A	NJ BAYSHORE/PA HIGHLANDS GRANT

Schedule I (Form 990)

NJ BAYSHORE/PA HIGHLANDS GRANT

RESILIENT LANDSCAPES INITIATIVE GRANT

117,138,

20-4233446 501(C)(3)

10,000

501(C)(3)

22-6065456

LANCASTER FARMLAND TRUST

STRASBURG, PA 17579 125 LANCASTER AV.

FAR HILLS, NJ 07931

170 LONGVIEW RD

NEW JERSEY CONSERVATION FOUNDATION

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Page 1

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	ıt II)	(a) Description of
	Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	(f) Method of
	nited States (Sche	(c) IRC section (d) Amount of (e) Amount of
ACE INSTITUTE LAND TRUST, INC.	tions in the U	) Amount of
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FIA	nments	(c) IRC
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INST	stance t	(b) EIN
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OPEN	Grants a	(a) Name and address of
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schedule I (Form 990)	ontinua	) Name
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Sche	Par	

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOON ECHO LAND TRUST 8 DEPOT ST, SUITE 4 BRIDGTON, ME 04009	22-2966924	501(C)(3)	200,000,	0	N/A	N/A	COMMUNITY FOREST GRANT
MASSACHUSETTS AUDUBON SOCIETY 208 SOUTH GREAT RD LINCOLN, MA 17730	04-2104702	501(C)(3)	10,000,	0	N/A	N/A	RESILIENT LANDSCAPES INITIATIVE GRANT
NATURAL HERITAGE TRUST 625 BROADWAY ALBANY, NY 12207	16-1019635	501(C)(3)	1,748,250,	0	N/A	N/A	SUPPORT FOR MINNEWASKA STATE PARK
THE NATURE CONSERVANCY 4525 N. FAIRFAX DR ARLINGTON, VA 22203	53-0242652	501(C)(3)	102,662,	0	N/A	N/A	NJ BAYSHORE/PA HIGHLANDS GRANT
PEW CHARITABLE TRUST 2005 MARKET ST PHILADELPHIA, PA 19103	56-2307147	501(C)(3)	69,700,	0	N/A	N/A	ACQUISITION GRANT
NATURAL LANDS TRUST, INC. 1031 PALMERS MILL RD MEDIA, PA 19063	23-6272818	501(C)(3)	202,327,	0	N/A	N/A	NJ BAYSHORE/PA HIGHLANDS GRANT
TRUST FOR PUBLIC LAND 116 NEW MONTGOMERY ST SAN FRANCISCO, CA 94105	23-7222333	501(C)(3)	200,000	0	N/A	N/A	COMMUNITY FOREST GRANT
TRUST FOR PUBLIC LAND 116 NEW MONTGOMERY ST SAN FRANCISCO, CA 94105	23-7222333	501(C)(3)	27,000,	0	N/A	N/A	SMART GROWTH GRANT
TRUST FOR PUBLIC LAND 116 NEW MONTGOMERY ST SAN FRANCISCO, CA 94105	23-7222333	501(C)(3)	200,000,	0	N/A	N/A	TRANSBORDER FUND GRANT
***************************************							Schedule I (Form 990)

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orm 990)	

Schedule I (Form 990) OPEN SPACE INSTITUTE LAND TRUST, INC.    Part II   Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	E INSTITU	TE LAND TRUST,	ST, INC.	nited States (Sche	dule I (Form 990), Pa		13-3028060 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WALLKILL VALLEY LAND TRUST P.O. BOX 208 NEW PALTZ, NY 12561	22-2867070	501(C)(3)	191,400,	0	N/A	N/A	RAIL TRAIL - TRESTLE RESTORATION
NYS OFFICE OF PARKS & HISTORIC PRESERVATION - 9 OLD POST RD - STAATSBURG, NY 12580		501(C)(3)	324,368.	0	N/A	N/A	SUPPORT FOR NYS PARKS
OTSEGO LAND TRUST, INC. P.O. BOX 173 COOPERSTOWN, NY 13326	13-3499394	501(C)(3)	7,500.	0	N/A	N/A	STEWARDSHIP GRANT
PALISADES PARKS CONSERVANCY, INC. 3006 SEVEN LAKES DR. BEAR MOUNTAIN, NY 10911	13-4138370	501(c)(3)	475,000,	0	N/A	N/A	HAMILTON POINT CARRIAGE TRAIL RESTORATION
REGIONAL PLAN ASSOCIATION, INC. 4 IRVING PL, 7TH FLOOR NEW YORK, NY 10003	13-1624154	501(C)(3)	45,563,	o	N/A	N/A	SMART GROWTH GRANT
SCENIC HUDSON, INC. 1 CIVIC CENTER PLAZA, SUITE 200 POUGHKEEPSIE, NY 12601	13-2898799	501(C)(3)	13,920,	0	N/A	N/A	SMART GROWTH GRANT
WESTERN FOOTHILLS LAND TRUST PO BOX 107 NORWAY, ME 04268	01-6083123	501(c)(3)	20,000,	0	N/A	N/A	COMMUNITY FOREST GRANT
							Schedule I (Form 990)

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) EXPLANATION: GRANTEES EXECUTE A WRITTEN AGREEMENT WHICH REQUIRES THEM TO Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information SUBMIT WRITTEN REPORTS TO OSILT FOR THE PERIOD OF THE AGREEMENT (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance PART I, LINE 2:

Schedule I (Form 990) (2013)

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Page 2

13-3028060

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

OPEN SPACE INSTITUTE LAND TRUST, INC.

Schedule I (Form 990) (2013)

Part III

### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990. ➤ See separate instructions.

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

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Part I Questions Regarding Compensation

OPEN SPACE INSTITUTE LAND TRUST, INC.

Employer identification number 13-3028060

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		1	
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			<i>*-</i>
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			ر پر
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization.	ļ		
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of	_		
а	The organization?	5a		_X_
b	Any related organization?	_5b		<u>X</u>
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			_
	not described in lines 5 and 67 If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8_		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		1

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

Schedule J (Form 990) 2013

Page 2

OPEN SPACE INSTITUTE LAND TRUST, INC.

Schedule J (Form 990) 2013

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 an		d/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(c).(n/a)	in prior Form 990
(1) CHRISTOPHER J. RILLINAN	8	390,668.	0	0	31,801.	27,388.	449.857.	0
SIDENT & CEO	: ≘	•	0	0.	1	1	10,482.	0
LL	Ξ	204,292.	0	0	16,856.	17,499.	238,647.	0
CUTIVE VP CONSERVATION CAPITAL	<b>E</b>	8,049.	0	0	. 664.	.069	9,403.	0
	Ξ		0	0	14,505.	18,346.		0
GENERAL COUNSEL	(ii)	15,483.	0.	0.	_	1,581.		0
ALICE GLEASON	Ξ		0	0.	11,243.	1	177,793.	0
OR VP, FINANCE AND CFO	(ii)	7	0.	0.	157.	229.	2,478.	0
	(i)	165,409.	0.	0	13,374.	19,208.	7	0
& ASSOCIATE GENERAL COUNSEL	(ii)	_	0	0.	273.		4,047.	• 0
TALLY BLUMBERG	(i)	172,220.	0.	0.	8,067.	25,976.	206,263.	0.
IOR VP OF PROGRAMS	€	13,594.	0	.0	* 489	2,050.	16,281.	0
	(i)	176,849.	0.	.0	14,343.	28,026.	219,218.	0
OR NYS PARKS	(ii)	0.	0.	0.	0.	.0	0	0.
RENCE NOLAN	(i)	173,304.	0.	0.	13,251.	28,026.	214,581.	0
SENIOR VP, CONSERVATION	(ii)	0.	0.	0	0	0	0.	0
(9) EILEEN LARRABEE	ε	124,308.	0.	0.	9,147.	26,135.	159,590.	0.
ASS, DIR, ALLIANCE FOR NYS PARKS	(ii)	0	0	0.	0	0.	0	0
	Ξ							
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#### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Transactions With Interested Persons** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

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

OMB No 1545-0047

2013

Open To Public Inspection

Name	of the	organization	ŀ
IVALLIE	01 1110	Organization	,

Employer identification number

							ND TRUST,			13	<u>-30</u>	280	60		
							section 501(c)(4) org								
Co	mplete if the c	organization a	nswere	d "Yes" on	Form 9	990, Pa	art IV, line 25a or 25	o, or	Form 990-EZ, P	art V,	line 40	)b			
1 (a) Name of	disqualified p	person (I		ionship bet			lified	a) De	scription of tran	sactio	'n		<u>(d)</u>	Corre	cted?
		5010011	pe	erson and o	rganiza	ation							Y	es	No
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<u> </u>															
													-		
		_											+	$\rightarrow$	
2 Enter the a section 495 3 Enter the a	8						qualified persons du	ring 1	he year under		► \$ ► \$				
Part II Lo	ans to and	d/or From	Intere	sted Per	sons										
							, Part V, line 38a or	Form	990 Part IV lin	ne 26	or if th	ne oras	nizati	on	
	•	ount on Form 9					, i ait v, mie ooa oi	01111	550, 1 alt 14, iii	10 20,	01 11 11	ic orge	unzan	J11	
(a) Nar		(b) Relations		) Purpose	(d) Lo	an to or	(e) Original	(f)	Balance due	(g)	) In	(h) Ap	proved ard or	(i) W	/ritten
ınterested	person	with organizat		of loan		n the zation?	principal amount	``			ault?	comm	nttee?	agree	ment?
					То	From				Yes	No	Yes	No	Yes	No
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	_	organization a						1	(d) Tuno	of.			\ Durn		<b>.</b>
(a) Name	of interested p	person	ìnt	Relationship erested pers the organiza	son an		(c) Amount of assistance		( <b>d)</b> Type assistan				e) Purp assista		T
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2013

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Shanng of (a) Name of interested person (b) Relationship between interested (c) Amount of (d) Description of organization's person and the organization transaction transaction revenues? Yes No STEPHEN CLEARMAN SEE PART V 193,089.SEE PART X **Supplemental Information** Provide additional information for responses to questions on Schedule L (see instructions). SCHEDULE L, PART IV: STEPHEN CLEARMAN, AN OSI/OSILT BOARD MEMBER, IS ALSO A MANAGING PARTNER OF KINDERHOOK, L.P. IN WHICH OSI/OSILT IS AN INVESTOR. MANAGEMENT FEES PAID BY OSI/OSILT TO KINDERHOOK, L.P. DURING THE YEAR ENDED DECEMBER 31, 2013 AMOUNTED TO \$193,089.

INC.

13-3028060 Page 2

Schedule L (Form 990 or 990-EZ) 2013 OPEN SPACE INSTITUTE LAND TRUST,

# **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

	OPEN SPACE I	NSTITU	TE LAND T	RUST, INC	C	13-3	028	060	
Pai	t I Types of Property			·			-		
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash cont amounts repo Form 990, Part \	rted on	Method of de noncash contribu	etermin		s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded					"			
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other	X	1	130	,109.	APPRAISAL			
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (SEE SCH. O)	Х	1	200	,915.	NET BOOK VA	LUE		
26	Other	·							
27	Other ( )								
28	Other ( )								
29	Number of Forms 8283 received by the organ	zation durin	g the tax year for o	contributions		•			
	for which the organization completed Form 82				29				
	•			-				Yes	No
30a	During the year, did the organization receive b	y contribution	on any property re	oorted in Part I, lir	nes 1 - 28, 1	that it must hold for			
	at least three years from the date of the initial	contribution	, and which is not	required to be us	ed for exer	npt purposes for			
	the entire holding period?						30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance	policy that re	equires the review	of any non-stand	ard contrib	utions?	31		X
	Does the organization hire or use third parties								
	contributions?		-				32a		X
b	If "Yes," describe in Part II.			•					
33	If the organization did not report an amount in	column (c)	for a type of prope	rty for which colu	mn (a) is ch	necked,			
_	describe in Part II			<u> </u>		·			

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

Schedule M (Form 990) (2013)

<u>Schedule M</u>	(Form 990) (2013)	<u>OPEN SP</u>	ACE ]	LNSTITUTE	LAND	TRUST,	<u>INC.</u>	13-3028060	Page 2
Part II	Supplemental is reporting in Part this part for any ad	Informatio	<b>n.</b> Provid	le the information er of contribution	required b s, the num	ber of items i	s 30b, 32b, a received, or	and 33, and whether the organ a combination of both. Also co	ization implete
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### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

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. OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

OPEN SPACE INSTITUTE LAND TRUST, INC.

Employer identification number <u>13-</u>3028060

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: OSILT AND OSI'S PUBLIC POLICY PROGRAM INCLUDES BOTH THE OUTDOORS AMERICA CAMPAIGN AND THE ALLIANCE FOR NEW YORK STATE PARKS. OUTDOORS AMERICA WAS FORMED TO EDUCATE AND ADVOCATE FOR INCREASED SUPPORT FOR THE FEDERAL LAND AND WATER CONSERVATION FUND. THE ALLIANCE FOR NEW YORK STATE PARKS ADVOCATES FOR GREATER PUBLIC SUPPORT FOR THE NEW YORK STATE PARKS SYSTEM, AND WORKS TO MARSHAL PRIVATE DOLLARS IN SUPPORT OF IMPROVED NEW YORK STATE PARKS MAINTENANCE AND DEVELOPMENT. ALL PROGRAM ACTIVITIES ARE SUPPORTED BY CONTRIBUTIONS AND INCOME AS DISCLOSED IN PART I. EXPENSES \$ 1,582,141. INCLUDING GRANTS OF \$ 600,200. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 4: EXPLANATION: THE ORGANIZATION CHANGED ITS NAME FROM OPEN SPACE CONSERVANCY, INC. TO OPEN SPACE INSTITUTE LAND TRUST, INC. DURING 2013. FORM 990, PART VI, SECTION A, LINE 6: EXPLANATION: THE SOLE MEMBER OF OPEN SPACE INSTITUTE LAND TRUST, INC. IS OPEN SPACE INSTITUTE, INC. FORM 990, PART VI, SECTION A, LINE 7A: EXPLANATION: THE TRUSTEES OF OPEN SPACE INSTITUTE LAND TRUST, INC. SHALL BE ELECTED AT THE ANNUAL MEETING OF THE BOARD OF TRUSTEES OF THE SOLE MEMBER

(OPEN SPACE INSTITUTE, INC.) AND ANY TRUSTEE MAY BE REMOVED, WITH OR

Employer identification number 13-3028060

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

EXPLANATION: OUR 990 IS PREPARED BY AN OUTSIDE INDEPENDENT ACCOUNTING FIRM.

THE DRAFT FORM 990 IS REVIEWED BY THE CONTROLLER, CHIEF FINANCIAL OFFICER &
GENERAL COUNSEL. AFTER THE STAFF REVIEW THE RETURN, IT IS THEN REVIEWED BY

THE AUDIT COMMITTEE. THE REVIEWED AND CORRECTED 990 FORM IS THEN SENT OUT

TO ALL THE BOARD MEMBERS OF THE ORGANIZATION FOR THEIR REVIEW AND COMMENTS.

THE RETURN IS FILED ONCE ALL PARTIES HAVE COMPLETED THEIR REVIEW AND

REQUIRED EDITS HAVE BEEN MADE.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: OPEN SPACE INSTITUTE LAND TRUST, INC. HAS A CONFLICT OF

INTEREST POLICY WHICH REQUIRES ALL INTERESTED PERSONS TO DISCLOSE CONFLICTS

AND POTENTIAL CONFLICTS AS SOON AS THEY ARISE. ONCE A CONFLICT OR POTENTIAL

CONFLICT HAS BEEN DISCLOSED, THE INTERESTED PERSON MAY NOT DISCUSS THE

TRANSACTION THAT IS THE BASIS OF SUCH CONFLICT, AND MUST RECUSE HIMSELF OR

HERSELF FROM ANY VOTE ON SUCH TRANSACTION. THE PRESIDENT EACH YEAR REPORTS

TO THE BOARD OF TRUSTEES ALL CONFLICT TRANSACTIONS AND HOW THEY WERE

HANDLED. THE BOARD OF OPEN SPACE INSTITUTE LAND TRUST, INC. HAS THE POWER

TO TAKE REMEDIAL ACTION IF THE CONFLICT POLICY IS VIOLATED.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: THE PROCESS OF DETERMINING COMPENSATION FOR TOP MANAGEMENT AND KEY EMPLOYEES INVOLVES OUR COMPENSATION COMMITTEE WORKING WITH AN INDEPENDENT COMPENSATION CONSULTANT. THE COMMITTEE PERFORMS AN ANNUAL ASSESSMENT OF THE RESPONSIBILITIES AND PERFORMANCE OF THE CEO/PRESIDENT (OTHER TOP MANAGEMENT AND KEY EMPLOYEES ARE REVIEWED AT LEAST ANNUALLY BY THE CEO/PRESIDENT). THE COMMITTEE ALSO UTILIZES COMPENSATION SURVEYS AND

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization OPEN SPACE INSTITUTE LAND TRUST, INC.	Employer identification number 13-3028060
INFORMATION GLEANED FROM FORM 990S OF COMPARABLE ORGANIZA	TIONS TO DETERMINE
APPLICABLE COMPENSATION RATES. ONCE REASONABLE AND COMPET	TITIVE COMPENSATION
RATES ARE ESTABLISHED, THEY ARE APPROVED BY THE COMPENSAT	CION COMMITTEE.
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
NY, CA, CT, GA, MA, ME, NC, NJ, NH, PA, SC, TN, WA	
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: OPEN SPACE INSTITUTE, INC. MAKES ITS GOVERNI	NG DOCUMENTS,
CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POLICY, DOCUME	NT RETENTION AND
DESTRUCTION POLICY AND FINANCIAL STATEMENTS AVAILABLE TO	THE GENERAL
PUBLIC. THESE DOCUMENTS ARE SENT TO ANYONE WHO CONTACTS O	UR ORGANIZATION
AND REQUESTS SUCH INFORMATION.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
LOSS ON IMPAIRMENT OF REAL ESTATE	-6,016,876.
IN-KIND INTEREST INCOME	13,853.
IN-KIND INTEREST EXPENSE	-63,656.
DISCOUNT INCOME ON LOANS PAYABLE	4,060.
PROGRAM-RELATED LOANS AT LESS THAN MARKET INTEREST RATE	-328,613.
LOAN LOSS RESERVE	-143,786.
TOTAL TO FORM 990, PART XI, LINE 9	-6,535,018.
PART XI, LINE 9 - EXPLANATION FOR OTHER CHANGES IN NET AS	SETS:
EXPLANATION: THE ORGANIZATION HAS ADOPTED A WRITTEN POLICE	Y ON THE
IMPAIRMENT OF LAND ASSETS. IN ACCORDANCE WITH THIS POLICY	, EACH YEAR
THE ORGANIZATION CONDUCTS A REVIEW OF ITS PROPERTY HOLDIN	GS TO
	HE VALUE OF A dule O (Form 990 or 990-EZ) (2013)
54	

THE CRITERIA CONSIDERED INCLUDE DETERMINING IF THE INDEPENDENT

ACCOUNTANT POSSESSES A HIGH LEVEL OF KNOWLEDGE OF ACCOUNTING STANDARDS

AND PRINCIPLES, GENERALLY, AND NOT FOR PROFIT ACCOUNTING KNOWLEDGE,

SPECIFICALLY, AND IF THEY CAN COMPLETE THE REQUIRED WORK IN A TIMELY

Name of the organization  OPEN SPACE INSTITUTE LAND TRUST, INC.	Employer identification number 13-3028060
MANNER AT A COMPETITIVE PRICE.	
SCHEDULE M, PART I, LINE 25:	
EXPLANATION: DESCRIPTION OF NONCASH CONTRIBUTIONS	
THE NONCASH CONTRIBUTIONS OF \$200,915 REPRESENT THE NET	BOOK VALUE OF
THE NATURAL LAND AREAS AND IMPROVEMENTS, CONSERVATION EX	ASEMENTS, LOANS
RECEIVABLE AND LOANS PAYABLE TRANSFERRED BY OSI TO OSIL	r in 2013. REFER
TO SCHEDULE R, PART VII FOR DETAILS OF THE ASSETS TRANSI	FERRED.
	<del></del>
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► See separate instructions. ▶ Attach to Form 990.

INC.

TRUST

OPEN SPACE INSTITUTE LAND

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

2013

Employer identification number Open to Public Inspection 13-3028060

(g) Section 512(b)(13) controlled ž × × OPEN SPACE INSTITUTE entity? Direct controlling LAND TRUST, INC entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year Direct controlling INSTITUTE, INC OPEN SPACE End-of-year assets **e** status (if section Public charity 501(c)(3)) -169,878 Total income Exempt Code € section 501(C)(3) 501(C)(3) Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) foreign country) NEW YORK NEW YORK NEW YORK Primary activity Primary activity INVESTMENT VEHICLE <u>a</u> LAND PROTECTION LAND PROTECTION NEW 52-1053406 13-3545322, 1350 BROADWAY, NEW YORK, NY Name, address, and EIN (if applicable) 13-3028060, 1350 BROADWAY, SUITE 201 BEAVERKILL VALLEY LAND TRUST, INC. -OSI CONSERVATION INVESTMENTS LLC Name, address, and EIN of related organization of disregarded entity SPACE INSTITUTE, INC. YORK, NY 10018-7799 10018 1350 BROADWAY NEW YORK NY Part 10018 Part

Schedule R (Form 990) 2013

13-3028060

Page 2

Schedule R (Form 990) 2013 OPEN SPACE INSTITUTE LAND TRUST, INC.

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year Part III

General or Percentage managing ownership 3 Yes No 6 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Disproportionate Yes No allocations? Ξ Share of end-of-year assets **(6**) Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> (d) | Direct controlling | entity (c)
Legal
domicile
(state or
foreign
country) Primary activity Name, address, and EIN of related organization

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year Part IV

(a)	(p)	(၁)	(p)	(e)	<b>(£)</b>		(£)	Ξ,	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled entity?	7 gg)
		country)		OI tidat)		doodio		Yes	No
JOHNSON HILL ASSOCIATES, INC 14-1644926		U	OPEN SPACE						
			INSTITUTE LAND						
H	HOLDING LAND	NY		c corp	321,854.	0.	100%		×
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332162 09-12-13

Schedule R (Form 990) 2013

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.  1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more r	elated organizations listed	in Parts II-IV?	Ves No
a Receipt of (i) interest (ii) annuties (iii) royalties or (iv) rent from a controlled entity		•		ta X
b Gift, grant, or capital contribution to related organization(s)				1b X
c Gift, grant, or capital contribution from related organization(s)				1c X
d Loans or loan guarantees to or for related organization(s)				1d X
e Loans or loan guarantees by related organization(s)				1e X
f Dividends from related organization(s)				×
b Purchase of assets from related organization(s)				
			•	
j Lease of facilities, equipment, or other assets to related organization(s)				1j X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)				1k X
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			-
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			tn X
o Sharing of paid employees with related organization(s)				ot X
A Reimhilisement haid to related organization(s) for exhanses				×
d Reimbursement baid by related organization(s) for expenses				╀
				-
r Other transfer of cash or property to related organization(s)				<del>ار</del> ۲
				1s X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete t	his line, including covered	relationships and transaction thresholds	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved
(1) JOHNSON HILL ASSOCIATES, INC.	В	321,843.	321,843.LOSS ON INVESTMENT	
(2) OPEN SPACE INSTITUTE, INC.	တ	3,356,855.	.NET BOOK VALUE	
(3)				
(4)				
(9)				
(9)				
332163 09-12-13	59		Schedule	Schedule R (Form 990) 2013

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

<b>9</b> 0	l	I	I	1	1	I			<u>က</u>
(h)									Schedule R (Form 990) 2013
or Perc									66 E
(j) General or managing partner? Yes No			_	_					Fo
31 G X 20 F K-1 F 5) Y					_			_	tule F
(i) e V-UE t in bor edule i									Schec
Code mount of Sch									0,
opor- ate ale									
(h) Disproportionate allocations?									
ar ar									
(g) Share of end-of-year assets									
S. enc									
ll II									
(f) Share of total income									
Predominant income pariers sec (related, unrelated, excluded from tax under section 512-514) Yes No									
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ncom elated, m tax 12-51									
(d) mant i d, unre ed fro stion 5									
redom related exclud									
- Pl		-							
(c) Legal domicile (state or foreign country)									
(c) gal domic tte or fore country)								:	
Leg (stat									
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(b) Primary activity									
(b) lary a									
Prim									
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Schedule R (Form 990) 2013 OPEN SPACE INSTITUTE LAND TRUST, INC. 13-3028060 Page 5 Part VII   Supplemental Information
Provide additional information for responses to questions on Schedule R (see instructions).
DURING THE YEAR ENDED DECEMBER 31, 2013, THE BEAVERKILL VALLEY LAND
TRUST TRANSFERRED TWO PARCELS TOTALING 13.26 ACRES AND WITH A BOOK
VALUE OF \$30,560 TO OPEN SPACE INSTITUTE LAND TRUST, A RELATED
ORGANIZATION. BOTH ORGANIZATIONS ARE SUPPORTING ORGANIZATIONS OF OPEN
SPACE INSTITUTE, INC.
·

# N. Y. S. DEPARTMENT OF STATE DIVISION OF CORPORATIONS AND STATE RECORDS

ALBANY, NY 12231-0001

COUNTY: NEWY

#### FILING RECEIPT

ENTITY NAME: OPEN SPACE INSTITUTE LAND TRUST, INC.

DOCUMENT TYPE: AMENDMENT (DOMESTIC NFP)

PROCESS NAME

FILED:03/12/2014 DURATION:\*\*\*\*\*\*\* CASH#:140312000492 FILM #:140312000461

FILER:

PATTERSON BELKNAP WEBB & TYLER LLP 1133 AVENUE OF THE AMERICAS NEW YORK, NY 10036-6710

ADDRESS FOR PROCESS:

THE CORPORATION
1350 BROADWAY ROOM 201
NEW YORK, NY 10018

REGISTERED AGENT:

\_\_\_\_\_

SERVICE COMPANY: CORPORATION SERVICE COMPANY - 45 SERVICE CODE: 45

FEES	65.00	PAYMENTS	65.00
FILING	30.00	CASH	0.00
TAX	0.00	CHECK	0.00
CERT	0.00	CHARGE	0.00
COPIES	10.00	DRAWDOWN	65.00
HANDLING	25.00	OPAL	0.00
		REFUND	0.00

992418KXK DOS-1025 (04/2007)

# STATE OF NEW YORK DEPARTMENT OF STATE

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on March 13, 2014.

Anthony Giardina

**Executive Deputy Secretary of State** 

Outing Sicidina

Certificate of Amendment of the Certificate of Incorporation of

Open Space Conservancy, Inc.

Under Section 803 of the Not-for-Profit Corporation Law

It is hereby certified that:

FIRST: The name of the corporation is Open Space Conservancy, Inc. The corporation was formed under the name "Beaverkill Conservancy, Inc."

SECOND: The Certificate of Incorporation of the corporation was filed by the Department of State on April 3, 1980.

THIRD: The corporation was formed under the Not-for-Profit Corporation Law.

FOURTH: The corporation is a corporation as defined in subparagraph (a)(5) of Section 102 of the Not-for-Profit Corporation Law.

FIFTH: The corporation is a Type B corporation under Section 201 of the Not-for-Profit Corporation Law.

SIXTH: The amendment of the Certificate of Incorporation of the corporation effected by this Certificate of Amendment is to change the name of the corporation.

SEVENTH: To accomplish the foregoing amendment:

(i) Article FIRST of the Certificate of Incorporation of the corporation, relating to the name of the corporation, is hereby amended to read in its entirety as follows:

"FIRST: The name of the corporation is OPEN SPACE INSTITUTE LAND TRUST, INC. (hereinafter called the "Corporation")."

(ii) There being no members of the corporation, the foregoing amendment to the Certificate of Incorporation was authorized by the vote of a majority of the entire Board of Trustees of the corporation at a duly called meeting of the Board held on June 7, 2013.

EIGHTH: The Secretary of State is designated as the agent of the corporation appon whom process against the corporation may be served. The address to which the Secretary of State shall forward copies of process accepted on behalf of the corporation is: Open Space Institute Land Trust, Inc., 1350 Broadway, Room 201, New York, NY 10018.

Signed on December 23, 2013

By: Chrord a. Uma

Edward A. Ames Secretary

# STATE OF NEW YORK THE STATE EDUCATION DEPARTMENT Albany, New York

# CONSENT TO FILING WITH THE DEPARTMENT OF STATE (Certificate of Amendment with Name Change)

Consent is hereby given to the filing by

# OPEN SPACE CONSERVANCY, INC.

name of entity)

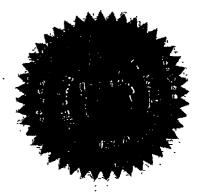
of the annexed certificate of amendment, including a change of name to

# OPEN SPACE INSTITUTE LAND TRUST, INC.

[new name]

pursuant to the applicable provisions of the Education Law, the Not-for-Profit Corporation Law, the Business Corporation Law, the Limited Liability Company Law or any other applicable statute.

This consent is issued solely for purposes of filing the annexed document by the Department of State and shall not be construed as approval by the Board of Regents, the Commissioner of Education or the State Education Department of the purposes or objects of such entity, nor shall it be construed as giving the officers or agents of such entity the right to use the name of the Board of Regents, the Commissioner of Education, the University of the State of New York or the State Education Department in its publications or advertising matter.



IN WITNESS WHEREOF this instrument is executed and the seal of the State Education Department is affixed.

JOHN B. KING, JR. Commissioner of Education

By:

Seth D. Gilboord

Commissioner's authorized designee

44N 2 8 2014

Date

THIS DOCUMENT IS NOT VALID WITHOUT THE SIGNATURE OF THE COMMISSIONER'S AUTHORIZED DESIGNEE AND THE OFFICIAL SEAL OF THE STATE EDUCATION DEPARTMENT.

# New York State Department of Financial Services

I, Gene Brooks, First Assistant Counsel for Banking, New York State Department of Financial Services, hereby approve, pursuant to the New York Not-for-Profit Corporation Law Section 301(a)(5)(B), as amended, the use of the word or a derivative of the word "trust" in the name of OPEN SPACE INSTITUTE LAND TRUST, INC.

THE APPROVAL GRANTED HEREIN DOES NOT CONSTITUTE A LICENSE TO ENGAGE IN ANY PARTICULAR ACTIVITY OR INDICATE A DETERMINATION THAT NO SUCH LICENSE IS NECESSARY. IT DOES NOT ITSELF OPERATE TO RESERVE THE NAME WITH THE SECRETARY OF STATE.

In Witness Whereof, I have hereunto set my hand and affixed the official seal of the Department this 28th day of February 2014.

Gene Brooks

First Assistant Counsel

# CSC 45 Drawdown

461

CERTIFICATE OF AMENDMENT

**OF** 

THE CERTIFICATE OF INCORPORATION

OF

OPEN SPACE CONSERVANCY, INC.

Under Section 803 of the Not-for-Profit Corporation Law

THE SE NEW YORK ENT OF STATE FILED

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2014 F

Filed by: Patterson Belknap Webb & Tyler LLP

1133 Avenue of the Americas New York, NY 10036-6710

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Form 88	68 (Rev. 1-2014)					Page 2
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	ctension, c	complete only Part II and check the	s box		$\mathbf{x}$
Note. O	nly complete Part II if you have already been granted an	automatic	3-month extension on a previously f	iled Form	8868.	
<ul><li>If you</li></ul>	are filing for an Automatic 3-Month Extension, comple					
Part I	Additional (Not Automatic) 3-Month E	xtensio	<b>n of Time.</b> Only file the origin	al (no c	opies needed).	
			Enter filer's	identifyii	ng number, see ins	tructions
Type or	Name of exempt organization or other filer, see instru	Employe	Employer identification number (EIN) o			
print						
File by the	OPEN SPACE INSTITUTE LAND T		13-3028060			
due date fo		Social se	Social security number (SSN)			
filing your return See	1250 DD03DW3W 370 201					•
instructions		oreign add	ress, see instructions.		_	
	NEW YORK, NY 10018-7799					
Enter the	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
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Applicat	tion	Return	Application			Return
Is For		Code	Is For			Code
	0 or Form 990-EZ	01				1
Form 99		02	Form 1041-A			08
	20 (individual)	03	Form 4720 (other than individual)			09
Form 99		04	Form 5227			10
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11	
Form 990-T (trust other than above)			Form 8870		12	
	Do not complete Part II if you were not already granted	06		iouely file	d Form 8868	
<u>010111</u>	JOSEPH HOLLAND		tatio o month extension on a prov	roughy inc	<u></u>	
• The b	books are in the care of > 1350 BROADWAY,		E 201 - NEW YORK	NTY 10	018-7799	
	hone No. ► (212) 290-8200	<u> </u>	Fax No.	.,	010 1195	
	organization does not have an office or place of business	e in the l lr	· ————————————————————————————————————	· · · · · · ·		
	is for a Group Return, enter the organization's four digit			f this is fo	 r the whole group o	hack this
box ►	. If it is for part of the group, check this box	_	· · · · · · · · · · · · · · · · · · ·			
			BER 15, 2014.	an memb	ers trie exterision is	107.
	or calendar year 2013, or other tax year beginning	MO A PIWI		~		
	the tax year entered in line 5 is for less than 12 months, c	bock rose	nn: Initial return	Final r	etum	<del></del> .
6 Ift	Change in accounting period	HIBCK IBAS	onmindarretum		etam	
	ate in detail why you need the extension					
7 St	ate in detail wity you need the extension					
					·· ·· · · · · · · · · · · · · · · · ·	
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0 - 164	this application is for Forms 990-BL, 990-PF, 990-T, 4720,		antar the tentative toy less ony			
	••	, 01 0009, 1	enter the tentative tax, less any	0-	•	0.
	nrefundable credits. See instructions.	\		8a	\$	<u> </u>
	this application is for Forms 990-PF, 990-T, 4720, or 6069					
	x payments made. Include any prior year overpayment all	lowed as a	credit and any amount paid	-	•	0
	reviously with Form 8868.			8b	\$	0.
	lance due. Subtract line 8b from line 8a. Include your pa	-	n this form, it required, by using	1 _ 1		•
EF	TPS (Electronic Federal Tax Payment System). See instru		the completed for Dort II a	8c		0.
	_		t be completed for Part II o	-	dan dan andre de corre	-14
	nalties of perjury, I declare that I have examined this form, includ correct, and complete, and that I am authorized to prepare this fo		anying schedules and statements, and to	the best o	t my knowledge and be	aliet,
•	, , ,			_	_	
Signature	Title ▶ (	CPA		Date	<u> </u>	

Form 8868 (Rev. 1-2014)

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# OPEN SPACE INSTITUTE LAND TRUST, INC. 13-3028060

Part VII Section A. Officers, Directors, Tre		nplo	oyee			ligh	est			
(A)	(B) (C)							(D)	(E)	(F)
Name and title	Average hours						.1. ()	Reportable compensation	Reportable	Estimated
	per	(check all that apply)						from	compensation from related	amount of other
	week					, a		the	organizations	compensation
	(list any	director				월		organization	(W-2/1099-MISC)	from the
	hours for	or dir	يو			age		(W-2/1099-MISC)		organization
	related	nstee	truste		ا پر	pens				and related
	organizations below	lual tr	tronal		yoldr	t con	_			organizations
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) CHRISTOPHER J. ELLIMAN	34.70								_	
PRESIDENT & CEO	0.30			X				390,668.	9,102.	60,569
(28) PETER HOWELL	33.50									
EXECUTIVE VP, CONSERVATION CAPITAL	1.50			Х	_			204,292.	8,049.	35,709
(29) ROBERT K. ANDERBERG	32.30			,,				170 770	15 402	25 602
VP & GENERAL COUNSEL	2.70			X			-	179,772.	15,483.	35,682
(30) ALICE GLEASON	7.00			x				150,136.	2,092.	28,043
SENIOR VP, FINANCE AND CFO (31) ANTONIA BOWRING (LEFT 6/20/13)	17.90			^				150,130.	2,092.	20,043
VP CHIEF OPERATING OFFICER	17.10			x				52,618.	35,315.	21,122
(32) JOSEPH G. HOLLAND	34.40									
ASSISTANT TREASURER & CONTROLLER	0.60			X				106,863.	0.	10,352.
(33) SAMAYLA DEUTCH	34.20									
VP & ASSOCIATE GENERAL COUNSEL	0.80			X				165,409.	3,381.	33,248.
(34) TALLY BLUMBERG	32.30									
SENIOR VP OF PROGRAMS	2.70			X				172,220.	13,594.	36,730.
(35) ERIK KULLESEID	35.00			x			l	176 040	^	40 360
VP_ DIR. ALLIANCE FOR NYS PARKS	35.00			Λ				176,849.	0.	42,369
(36) TERRENCE NOLAN SENIOR VP CONSERVATION	0.00			x				173,304.	0.	41,277
(37) JENNIFER MELVILLE	34.70									
VP_ CONSERVATION GRANTS & LOANS	0.30			x				91,140.	764.	30,338
(38) NATE BERRY	35.00									
VICE PRESIDENT	0.00			X				90,181.	0.	35,460
(39) JEAN CHEN	28.80									
ASST. SECRETARY & ASSOCIATE COUNSEL	6.20			X				88,991.	26,284.	26,569.
(40) SUSAN BARBARISI	34.70		}	3.5				00 067	254	16 074
ASST. SECRETARY & DIR. OF ADMIN.	0.30			X				89,067.	354.	16,974.
(41) EILEEN LARRABEE	35.00					x		124,308.	0.	35 202
ASS, DIR. ALLIANCE FOR NYS PARKS	0.00							124,300.	0.	35,282
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	1		<u> </u>				<u></u>		· · · · · · · · · · · · · · · · · · ·	
otal to Part VII, Section A, line 1c						2,255,818.	114,418.	489,724		