## Form **990**

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 <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2015

Open to Public Inspection

A F	or the	2015 ca	endar year, or tax year b	peginning 01-01-2015 $$ , and ending 12-31-20	15			
<b>B</b> Che	eck if a	applicable	C Name of organization	AID TOLICT THE		D Emplo	yer iden	tification number
	Iress ch		OPEN SPACE INSTITUTE LAI	ND TRUST INC		13-30	28060	
_ _ Nar	ne cha	ange	Doing business as			_	720000	
	ıal retu	_	Doing business as					
		1111	Number and street (or P.O.	box if mail is not delivered to street address) Room/si	uite	E Telepho	one numb	per
Final retu	aı ırn/terr	mınated	1350 BROADWAY NO 201	Too II Hall is not delivered to street dadless, itsolings	ance	(212)	290-8	200
_	ended		City or town state or provi	ince, country, and ZIP or foreign postal code				
		n pending	NEW YORK, NY 100187799			<b>G</b> Gross r	eceıpts \$	90,022,397
i Abt	nication	n penaing			,			
			F Name and address CHRISTOPHER JELI	•		hıs a group	return	
			1350 BROADWAY N			ordinates?		「Yes ▼No
			NEWYORK, NY 100	187799		all subordı uded?	nates	□Yes □No
					If"	No," attach	a list (	(see instructions)
I Ta	x-exem	npt status	501(c)(3) 501(c)	( ) ◀ (insert no )	<b>H(c)</b> Gro	oup exempt	ion num	nber ►
J W	ebsite	e:► WW	W O SINY ORG					
V 5			Corporation Trust A	Association C Other b	l Vaan af	former trees 10	,,,,, M	Charles of least demonstrate. NIV
	n or org rt I	_		Association   Other -	L Year of	formation 19	80 M	State of legal domicile NY
Pa			mary					
				mission or most significant activities I OF THE OPEN SPACE INSTITUTE, INC T	H V T H O I D C	1 A N D & C (	ONSED	VATION
		ASEMEN		OF THE OPEN SPACE INSTITUTE, INC. T	HAT HOLDS	LAND & C	ONSER	VATION
<u>ల</u>								
匝	_							
Governance	]	C h = = 1, +h			- f + b	250/ -5:5-		
<u> </u>	2 (	Check th	is box 🞮 if the organiza	ition discontinued its operations or disposed	or more than	25% OF ITS	net ass	ets
	3 1	Number	of voting members of the	governing body (Part VI, line 1a)		. 1	з	28
Activities &			_	mbers of the governing body (Part VI, line 1b			4	27
乬			· -	yed in calendar year 2015 (Part V, line 2a)		· · }	5	0
ទ្ធ				nate if necessary)		· · · · ·	6	27
٠.				from Part VIII, column (C), line 12		· · ·	7a	247,164
				ome from Form 990-T, line 34		· · · · · · ·	7b	32,444
	D	ec amera	ted business taxable inc	tome nomination and a second s	<u> </u>	• •	76	32,777
					D.	ior Voor		Current Vear
		Contri	hutions and grants (Part	VIII line 1h)		ior Year	0.0.7	Current Year
<u> </u>	8			VIII, line 1h)		16,823,0	-	12,966,568
enne	9	Progra	m service revenue (Part	VIII, line 2g)		16,823,0 566,6	692	12,966,568 118,695
Revenue	9 10	Progra Invest	m service revenue (Part ment income (Part VIII,	VIII, line 2g)		16,823,0 566,6 1,246,3	692 305	12,966,568 118,695 20,244,394
Revenue	9 10 11	Progra Invest Other	m service revenue (Part ment income (Part VIII, revenue (Part VIII, colui	VIII, line 2g)		16,823,0 566,0 1,246,0 171,4	692 305 459	12,966,568 118,695 20,244,394 78,900
Rayenue	9 10	Progra Invest Other	m service revenue (Part ment income (Part VIII, revenue (Part VIII, colui	VIII, line 2g)		16,823,0 566,6 1,246,3	692 305 459	12,966,568 118,695 20,244,394
Revenue	9 10 11	Progra Invest Other Totalr 12)	m service revenue (Part ment income (Part VIII, revenue (Part VIII, colur evenue—add lines 8 thro	VIII, line 2g)	ne	16,823,0 566,0 1,246,1 171,4 18,807,4	692 305 459 463	12,966,568 118,695 20,244,394 78,900 33,408,557
Revenue	9 10 11 12	Progra Invest Other Total r 12)	m service revenue (Part ment income (Part VIII, revenue (Part VIII, colui revenue—add lines 8 thro and similar amounts pai	VIII, line 2g)	ne	16,823,0 566,0 1,246,0 171,4	692 305 459 463	12,966,568 118,695 20,244,394 78,900
	9 10 11 12 13 14	Progra Invest Other Total r 12) Grants Benefi	m service revenue (Part ment income (Part VIII, revenue (Part VIII, colur revenue—add lines 8 thro and similar amounts pai ts paid to or for members	VIII, line 2g)	ne	16,823,0 566,6 1,246,3 171,6 18,807,4	692 305 459 463 110	12,966,568 118,695 20,244,394 78,900 33,408,557 5,514,149
	9 10 11 12	Progra Invest Other Total r 12) Grants Benefi	m service revenue (Part ment income (Part VIII, revenue (Part VIII, colur revenue—add lines 8 thro and similar amounts pai ts paid to or for members es, other compensation, e	VIII, line 2g)	ne	16,823,0 566,0 1,246,1 171,4 18,807,4	692 305 459 463 110	12,966,568 118,695 20,244,394 78,900 33,408,557
	9 10 11 12 13 14	Progra Invest Other Total r 12) Grants Benefi Salarie 5-10)	m service revenue (Part ment income (Part VIII, revenue (Part VIII, colur revenue—add lines 8 thrown and similar amounts paids paid to or for members es, other compensation, es	VIII, line 2g)	ne .	16,823,0 566,6 1,246,3 171,6 18,807,4	692 305 459 463 110	12,966,568 118,695 20,244,394 78,900 33,408,557 5,514,149
	9 10 11 12 13 14 15	Progra Invest Other Total r 12) Grants Benefi Salarie 5-10) Profes	m service revenue (Part ment income (Part VIII, revenue (Part VIII, colur revenue—add lines 8 thrown and similar amounts paids paid to or for members es, other compensation, es	VIII, line 2g)	ne .	16,823,0 566,6 1,246,3 171,6 18,807,4	692 305 459 463 110 0	12,966,568 118,695 20,244,394 78,900 33,408,557 5,514,149 0 6,146,941
Expenses Revenue	9 10 11 12 13 14 15	Progra Invest Other Total r 12) Grants Benefi Salarie 5-10) Profes	m service revenue (Part III), ment income (Part VIII), revenue (Part VIII), colur revenue—add lines 8 thrown and similar amounts paids paid to or for members es, other compensation, es, sional fundraising fees (Fart IX, conditions)	VIII, line 2g)	ne .	16,823,0 566,6 1,246,3 171,6 18,807,4	692 305 459 463 110 0	12,966,568 118,695 20,244,394 78,900 33,408,557 5,514,149 0 6,146,941
	9 10 11 12 13 14 15 16a b	Progra Invest Other Total r 12) Grants Benefi Salarie 5-10) Profes Total fu	m service revenue (Part Iment income (Part VIII, revenue (Part VIII, colui revenue—add lines 8 thrown and similar amounts paids paid to or for members es, other compensation, es, other compensation, es, other compensation, es, coluin fundraising expenses (Part IX, coluin expens	VIII, line 2g)	ne .	16,823,0 566,6 1,246,3 171,6 18,807,4 6,009,3	692 305 459 463 110 0 475 0	12,966,568 118,695 20,244,394 78,900 33,408,557 5,514,149 0 6,146,941
	9 10 11 12 13 14 15 16a b	Progra Invest Other Total r 12) Grants Benefi Salarie 5-10) Profes Total fu Other	m service revenue (Part III, ment income (Part VIII, colur revenue (Part VIII, colur revenue—add lines 8 thrown and similar amounts paids paid to or for members es, other compensation, es, colur fundraising expenses (Part IX, colur expenses (Part IX, colur expenses Add lines 13—2)	VIII, line 2g)		16,823,4 566,6 1,246,3 171,4 18,807,4 6,009,3 5,565,4	692 305 459 463 110 0 475 0	12,966,568 118,695 20,244,394 78,900 33,408,557 5,514,149 0 6,146,941 0 7,774,466
Expenses	9 10 11 12 13 14 15 16a b	Progra Invest Other Total r 12) Grants Benefi Salarie 5-10) Profes Total fu Other	m service revenue (Part III, ment income (Part VIII, colur revenue (Part VIII, colur revenue—add lines 8 thrown and similar amounts paids paid to or for members es, other compensation, es, colur fundraising expenses (Part IX, colur expenses (Part IX, colur expenses Add lines 13—2)	VIII, line 2g)		16,823,4 566,6 1,246,3 171,4 18,807,4 6,009,3 5,565,4 17,800,8 1,006,8	692 305 459 463 110 0 475 0	12,966,568 118,695 20,244,394 78,900 33,408,557 5,514,149 0 6,146,941 0 7,774,466 19,435,556 13,973,001
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total r 12) Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven	m service revenue (Part Iment income (Part VIII, revenue (Part VIII, colur revenue—add lines 8 thrown and similar amounts pairs paid to or for members es, other compensation, es, other compensation, expenses (Part IX, colum expenses (Part IX, colum expenses Add lines 13—aue less expenses Subtra	VIII, line 2g)		16,823,4 566,6 1,246,3 171,4 18,807,4 6,009,3 5,565,4 17,800,8 1,006,9	692 305 459 463 110 0 475 0 312 897 566 <b>Year</b>	12,966,568
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total r 12) Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven	m service revenue (Part Iment income (Part VIII, colur revenue (Part VIII, colur revenue—add lines 8 thrown and similar amounts paids paid to or for members es, other compensation, es, colur fermal fundraising fees (Fart IX, colur expenses (Part IX, colur expenses Add lines 13—aue less expenses Subtrainssets (Part X, line 16)	VIII, line 2g)	Beginning	16,823,4 566,6 1,246,3 171,4 18,807,4 6,009,3 5,565,4 17,800,8 1,006,8 of Current 1	692 305 459 463 110 0 475 0 312 897 566 <b>Year</b>	12,966,568  118,695  20,244,394  78,900  33,408,557  5,514,149  0  6,146,941  0  7,774,466  19,435,556  13,973,001  End of Year  271,406,737
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total r 12) Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven	m service revenue (Part Iment income (Part VIII, colur revenue (Part VIII, colur revenue—add lines 8 thrown and similar amounts paids paid to or for members as, other compensation, essional fundraising fees (Part IX, colur expenses (Part IX, colur expenses Add lines 13—aue less expenses Subtrainssets (Part X, line 16) is abilities (Part X, line 26).	VIII, line 2g)	Beginning	16,823,0 566,6 1,246,3 171,4 18,807,4 6,009,3 5,565,4 17,800,8 1,006,8 of Current \$2,24,981,0	692 305 459 463 110 0 475 0 312 897 566 <b>Year</b> 135	12,966,568  118,695  20,244,394  78,900  33,408,557  5,514,149  0  6,146,941  0  7,774,466  19,435,556  13,973,001  End of Year  271,406,737  21,238,219
Net Assets or Expenses Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total r 12) Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven  Total I	m service revenue (Part Iment income (Part VIII, colur revenue (Part VIII, colur revenue—add lines 8 thrown and similar amounts pairts paid to or for members es, other compensation, es, other compensation, expenses (Part IX, colum expenses (Part IX, colum expenses Add lines 13—aue less expenses Subtrative less expenses Subtrative less expenses Subtrative less (Part X, line 16) is abilities (Part X, line 26) sets or fund balances Su	VIII, line 2g)	Beginning	16,823,4 566,6 1,246,3 171,4 18,807,4 6,009,3 5,565,4 17,800,8 1,006,8 of Current 1	692 305 459 463 110 0 475 0 312 897 566 <b>Year</b> 135	12,966,568  118,695  20,244,394  78,900  33,408,557  5,514,149  0  6,146,941  0  7,774,466  19,435,556  13,973,001  End of Year  271,406,737
Not Assets or Expenses Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total r 12) Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven  Total a Total I Net as	m service revenue (Part Iment income (Part VIII, colur revenue (Part VIII, colur revenue—add lines 8 thrown and similar amounts paids paid to or for members es, other compensation, essional fundraising fees (Fart IX, colum expenses (Part IX, colum expenses Add lines 13—aue less expenses Subtrainssets (Part X, line 16) inabilities (Part X, line 26 sets or fund balances Suature Block	VIII, line 2g)	Beginning	16,823,4 566,6 1,246,3 171,4 18,807,4 6,009,3 5,565,4 17,800,8 1,006,3 of Current N 282,769,3 24,981,4 257,788,4	692 305 459 463 110 0 475 0 312 897 566 <b>Year</b> 135 059	12,966,568  118,695 20,244,394 78,900 33,408,557 5,514,149 0 6,146,941 0 7,774,466 19,435,556 13,973,001 End of Year 271,406,737 21,238,219 250,168,518
Net Assets or Expenses end Balances	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total r 12) Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven  Total I Net as  Sign alties of p	m service revenue (Part Iment income (Part VIII, colur revenue (Part VIII, colur revenue—add lines 8 thrown and similar amounts paids paid to or for members es, other compensation, essional fundraising fees (Fart IX, colum expenses (Part IX, colum expenses Add lines 13—aue less expenses Subtraines (Part X, line 16) inabilities (Part X, line 26) sets or fund balances Subtrainer Block perjury, I declare that I h	VIII, line 2g)	Beginning .	16,823,4 566,6 1,246,3 171,4 18,807,4 6,009,3 5,565,4 17,800,8 1,006,9 0f Current N 282,769,3 24,981,4 257,788,4	692 305 459 463 110 0 475 0 312 897 566 <b>Year</b> 135 059 076	12,966,568  118,695 20,244,394 78,900 33,408,557 5,514,149 0 6,146,941 0 7,774,466 19,435,556 13,973,001 End of Year 271,406,737 21,238,219 250,168,518 s, and to the best of
Met Assets of As	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total r 12) Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven  Total I Net as  Sign alties of p	m service revenue (Part Iment income (Part VIII, colur revenue (Part VIII, colur revenue—add lines 8 thrown and similar amounts paids paid to or for members es, other compensation, essional fundraising fees (Fart IX, colur expenses (Part IX, colur expenses Add lines 13—expenses Add lines 13—expenses Subtrained less expenses Subtrained less expenses Subtrained less or fund balances Subtrained less expenses Subtrained les expenses Subtrained les expenses expenses Subtrained les expenses Subtrained les expenses Subtrained les expenses expenses Subtrained les expenses expenses Subtrained les expenses expenses Subtrained les expenses expenses expenses Subtrained les expenses expe	VIII, line 2g)	Beginning .	16,823,4 566,6 1,246,3 171,4 18,807,4 6,009,3 5,565,4 17,800,8 1,006,9 0f Current N 282,769,3 24,981,4 257,788,4	692 305 459 463 110 0 475 0 312 897 566 <b>Year</b> 135 059 076	12,966,568  118,695 20,244,394 78,900 33,408,557 5,514,149 0 6,146,941 0 7,774,466 19,435,556 13,973,001 End of Year 271,406,737 21,238,219 250,168,518 s, and to the best of
Met Assets of A band Balances Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total r 12) Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven  Total a Total I Net as  Sign alties of p dge and b	m service revenue (Part Iment income (Part VIII, colur revenue (Part VIII, colur revenue—add lines 8 thrown and similar amounts paids paid to or for members es, other compensation, essional fundraising fees (Fart IX, colur expenses (Part IX, colur expenses Add lines 13—expenses Add lines 13—expenses Subtrained less expenses Subtrained less expenses Subtrained less or fund balances Subtrained less expenses Subtrained les expenses Subtrained les expenses expenses Subtrained les expenses Subtrained les expenses Subtrained les expenses expenses Subtrained les expenses expenses Subtrained les expenses expenses Subtrained les expenses expenses expenses Subtrained les expenses expe	VIII, line 2g)	Beginning .	16,823,4 566,6 1,246,3 171,4 18,807,4 6,009,3 5,565,4 17,800,8 1,006,9 0f Current N 282,769,3 24,981,4 257,788,4	692 305 459 463 110 0 475 0 312 897 566 <b>Year</b> 135 059 076	12,966,568  118,695 20,244,394 78,900 33,408,557 5,514,149 0 6,146,941 0 7,774,466 19,435,556 13,973,001 End of Year 271,406,737 21,238,219 250,168,518 s, and to the best of
m Met Assets or Expenses but by Assets or Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total r 12) Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven  Total a Total I Net as  Sign alties of p dge and h as any kr	m service revenue (Part Iment income (Part VIII, colur revenue (Part VIII, colur revenue—add lines 8 thrown and similar amounts paids paid to or for members es, other compensation, es, other compensation, es, colur fundraising expenses (Part IX, colur expenses (Part IX, colur expenses Add lines 13—sexpenses Subtraines expenses Subtraines (Part X, line 16) is abilities (Part X, line 26) sets or fund balances Subtraines expenses fund balances Subtraines (Part X, line 26) sets or fund balances Subtraines (Part X,	VIII, line 2g)	Beginning  .  nying scheduhan officer) i	16,823,0 566,6 1,246,3 171,4 18,807,4 6,009,3 5,565,4 17,800,8 1,006,8 1,006,8 282,769,3 24,981,0 257,788,0 0 of Current States and states based on	692 305 459 463 110 0 475 0 312 897 566 <b>Year</b> 135 059 076	12,966,568  118,695 20,244,394 78,900 33,408,557 5,514,149 0 6,146,941 0 7,774,466 19,435,556 13,973,001 End of Year 271,406,737 21,238,219 250,168,518 s, and to the best of
Signature State St	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total r 12) Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven  Total a Total I Net as  Sign alties of p dge and b as any kr	m service revenue (Part Iment income (Part VIII, colur revenue (Part VIII, colur revenue—add lines 8 thrown and similar amounts paids paid to or for members es, other compensation, es, other compensation, es, colur fermal fundraising fees (Part IX, colur expenses (Part IX, colur expenses Add lines 13—expenses Subtrate less expenses Subtrate less expenses Subtrate for fund balances Subtrate for fu	VIII, line 2g)	Beginning  .  nying scheduhan officer) i	16,823,0 566,6 1,246,3 171,4 18,807,4 6,009,3 5,565,4 17,800,8 1,006,8 1,006,8 282,769,3 24,981,0 257,788,0 as based on	692 305 459 463 110 0 475 0 312 897 566 <b>Year</b> 135 059 076	12,966,568  118,695 20,244,394 78,900 33,408,557 5,514,149 0 6,146,941 0 7,774,466 19,435,556 13,973,001 End of Year 271,406,737 21,238,219 250,168,518 s, and to the best of
Met Assets of And Balances Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total r 12) Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven  Total I Net as Sign alties of p dge and b as any kr	m service revenue (Part Iment income (Part VIII, colur ment income (Part VIII, colur revenue (Part VIII, colur revenue—add lines 8 thrown and similar amounts paires paid to or for members es, other compensation, essional fundraising fees (Fart IX, colur expenses (Part IX, colur expenses (Part IX, colur expenses Add lines 13—expenses Add lines 13—expenses Add lines 13—expenses Subtrained less expenses Subtrained les expenses Subtrained les expenses expenses Subtrained less expenses Subtrained les expenses expenses Subtrained les expenses expenses Subtrained les expenses exp	VIII, line 2g)	Beginning  .  nying scheduhan officer) i	16,823,0 566,6 1,246,3 171,4 18,807,4 6,009,3 5,565,4 17,800,8 1,006,8 1,006,8 282,769,3 24,981,0 257,788,0 0 of Current States and states based on	692 305 459 463 110 0 475 0 312 897 566 <b>Year</b> 135 059 076	12,966,568  118,695 20,244,394 78,900 33,408,557 5,514,149 0 6,146,941 0 7,774,466 19,435,556 13,973,001 End of Year 271,406,737 21,238,219 250,168,518 s, and to the best of
Signature State St	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total r 12) Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven  Total a Total I Net as Sign alties of p dge and b as any kr	m service revenue (Part Iment income (Part VIII, colur revenue (Part VIII, colur revenue — add lines 8 thrown and similar amounts paids paid to or for members es, other compensation, essional fundraising fees (Part IX, colum expenses (Part IX, colum expenses (Part IX, colum expenses Subtrained Essex expenses Subtrained Essex expenses Subtrained Essex or fund balances Subtrained Essex expenses Essex expenses Essex expenses Essex expenses Subtrained Essex expenses expenses Essex expenses Essex expenses expenses Essex exp	Column (A), lines 3, 4, and 7d)	Beginning  nying scheduhan officer) i	16,823,0 566,6 1,246,3 171,4 18,807,4 6,009,3 5,565,4 6,226,3 17,800,8 1,006,8 1,006,8 282,769,3 24,981,0 257,788,0 0 description of the control of the contr	692 305 459 463 110 0 475 0 312 897 566 Year 135 059 076 tement all infor	12,966,568  118,695 20,244,394 78,900 33,408,557 5,514,149 0 6,146,941 0 7,774,466 19,435,556 13,973,001 End of Year 271,406,737 21,238,219 250,168,518 s, and to the best of
Signature State St	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 11 r pena	Progra Invest Other Total r 12) Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven  Total a Total I Net as  Sign alties of p dge and b as any kr	m service revenue (Part Iment income (Part VIII, colur ment income (Part VIII, colur revenue (Part VIII, colur revenue—add lines 8 thrown and similar amounts paires paid to or for members es, other compensation, essional fundraising fees (Fart IX, colur expenses (Part IX, colur expenses (Part IX, colur expenses Add lines 13—expenses Add lines 13—expenses Add lines 13—expenses Subtrained less expenses Subtrained les expenses Subtrained les expenses expenses Subtrained less expenses Subtrained les expenses expenses Subtrained les expenses expenses Subtrained les expenses exp	Column (A), lines 3, 4, and 7d)	Beginning  Beginning  Date  Column	16,823,0 566,6 1,246,3 171,4 18,807,4 6,009,3 5,565,4 17,800,8 1,006,8 1,006,8 282,769,3 24,981,0 257,788,0 0 of Current States and states based on	692 305 459 463 110 0 475 0 312 897 566 <b>Year</b> 135 059 076	12,966,568  118,695 20,244,394 78,900 33,408,557 5,514,149 0 6,146,941 0 7,774,466 19,435,556 13,973,001 End of Year 271,406,737 21,238,219 250,168,518 s, and to the best of rmation of which

Firm's address > 685 THIRD AVENUE

NEW YORK, NY 10017
May the IRS discuss this return with the preparer shown above? (see instructions)

Preparer

**Use Only** 

Phone no (212) 503-8800

. ✓ Yes ☐ No

	990 (2013)			Page
Par	t IV Checklist of Required Schedules		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	Yes	140
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I$	3		No
	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	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5		No
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	Yes	
	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
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	Yes	
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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
	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	Yes	
	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		No
	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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
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	Yes	
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? <i>If</i> " <i>Yes," complete Schedule F, Parts III and IV</i>	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^{7}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
	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		No
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		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
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		No
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
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		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$ .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part $I$ .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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		No
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

	990 (2013)					Page
Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		V			
	<u> </u>				Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable	1a	0			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
	Did the organization comply with backup withholding rules for reportable payments t gaming (gambling) winnings to prize winners?		dors and reportable	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employer. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file			2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more durin	g the	year <sup>?</sup>	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation $I(S) = I(S) + I(S)$	on in S	Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a si over, a financial account in a foreign country (such as a bank account, securities acaccount)? $\cdot$ .			4a		No
Ь	If "Yes," enter the name of the foreign country ►	k and	Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	ng the	tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	elter transaction?	5b		Νo
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?					
6a	Does the organization have annual gross receipts that are normally greater than \$10 organization solicit any contributions that were not tax deductible as charitable contributions.			5c 6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	hat su		6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribute services provided to the payor?			7a		Νo
	If "Yes," did the organization notify the donor of the value of the goods or services p			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal properfile Form 8282?	rty for	which it was required to	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	<u> </u>	, c		110
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a p	oerson	al benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a person	onal b	enefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization required?		zation file Form 8899 as	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles Form 1098-C?			7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess buduring the year?	ısınes:	s holdings at any time	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966	?.		9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or rela			9b		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				-
11	Section 501(c)(12) organizations. Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	) in lie	u of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state? No additional information the organization must report on Schedule O	lote. S	See the instructions for	13a		
ь	Enter the amount of reserves the organization is required to maintain by the states					
	In which the organization is licensed to issue qualified health plans	13b 13c				
	Did the organization receive any payments for indoor tanning services during the tax		·	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explana			14b		

ĊЦ	990 (2015)  t VI Governance, Management, and Disclosure			Page
	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8i	b. or 10	Ob belo	w.
	describe the circumstances, processes, or changes in Schedule O. See instructions.	, 0, 10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
_	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		<u></u>
<u>Se</u>	ection 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 2	. 8		
	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 2	.7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	. 7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders or persons other than the governing body?			No
3	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
,	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	. 8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			No
_	ection B. Policies (This Section B requests information about policies not required by the Internal		ue Cod	
<u>,                                    </u>	ction b. Foncies (This Section & requests information about policies not required by the Internal	Revent	Yes	No
а	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		110
a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fillr the form?	ng <b>11a</b>	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
а	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describ		Yes	
b c	ın Schedule O how this was done	12c	Y es Y es	
b c	In Schedule O how this was done	12c 13	Yes	
b C	In Schedule O how this was done	12c 13 14		
b E	In Schedule O how this was done	12c 13 14	Yes	
b c	In Schedule O how this was done	12c 13 14	Yes Yes	
b c a	In Schedule O how this was done	12c 13 14 15a	Yes Yes Yes	
b c a b	In Schedule O how this was done	12c 13 14 15a 15b	Yes Yes Yes	No
b c a b	In Schedule O how this was done	12c 13 14 15a 15b	Yes Yes Yes	No
b c ; a b	In Schedule O how this was done	12c 13 14 15a 15b	Yes Yes Yes	No

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you made these available. Check all that apply Own website Another's website V Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, address, and telephone number of the person who possesses the organization's books and records 

  JOSEPH HOLLAND 1350 BROADWAY SUITE 201 NEW YORK, NY 100187799 (212) 290-8200

### 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

- 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A)	(B)			(C)				(D)	(E)	(F)
Name and Title	Average hours per week (list any hours	more t	tion ( han ( on is	(do r one l both ector	box, an d	heck unless officer stee)		Reportable compensation from the organization (W-	Reportable compensation from related organizations	Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										
						<u> </u>				Form <b>990</b> (2015)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	_									1	
(A) Name and Title	(B) A verage hours per week (list any hours	more t	han o	one both	not o box, n an	check unless officer istee)	5	(I Repor comper from organiza	table nsation the tion (W-		(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)	organization and related organizations
			ê			SE PC					
See Additional Data Table											
				$\vdash$							
1b Sub-Total				•		. <u> </u>					
c Total from continuation sheet d Total (add lines 1b and 1c).	s to Part VII, S			٠.	٠.			2,67	9,681	20,275	513,978
2 Total number of individuals (in	-					d abov	e) w	ho receive	d more t	than	
\$100,000 of reportable compe	ensation from th	e organ	ızatıd	on 🟲	14						
										_	Yes No
3 Did the organization list any <b>f</b> on line 1a? <i>If "Yes," complete S</i>					key •	emplo	yee,	or highes	t compe	nsated employee	3 No
4 For any individual listed on line					mpe	nsatioi	n and	d other co	mpensat	ion from the	3 No
organization and related organ	ızatıons greater	than \$	150,0	000	? <i>If</i>	"Yes," o	comp	lete Sched	ule J for	such	<b>4</b> Yes
5 Did any person listed on line 1	a receive or acc	rue cor	npen	satı	on fr	om any	unr/	elated org	anızatıo	n or individual for	4 res
services rendered to the organ	nızatıon? <i>If "Yes,</i>	" comple	ete Sc	hedu	ule J	for suc	h pe	rson .		[	<b>5</b> No
Section B. Independent Co	ntractors										
Complete this table for your five compensation from the organization.	/e highest comp										
	(A)	-	acion	101	cire (	carenae	ar ye	ar enamy		(B)	(C)
MOMBACCUS EXCAVATING INC	ame and business	address								escription of services  NSTRUCTION	Compensation 696,276
710 CHERRYTOWN ROAD KERHONKSON, NY 12446											
BARTON & LOGUIDICE									PROJECT	ADMIN & DESIGN	195,808
290 ELWOOD DAVIS ROAD SYRACUSE, NY 13220											
PRIME BUCHHOLZ & ASSOCIATES									INVESTME	ENT CONSULTANT	148,930
273 CORPORATE DRIVE PORTSMOUTH, NH 03801											
THOMAS LENNON FILMS INC									FILM PRO	DUCTION	122,601
419 WEST 22ND STREET 4											

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization  $\blacktriangleright$  4

Part V	1111	Statement o						
		Check if Schedu	ıle O contaıns a respoi	nse or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections
	1a	Federated camp	paigns 1a					512-514
nts nts		Membership du	_					
irai 10u								
s, G An	C	Fundraising eve						
Giffs, iilar A	d	Related organiz	ations 1d					
im.	e	Government grants	s (contributions) <b>1e</b>	348,890				
tior sr S	f	All other contribution	ons, gifts, grants, and <b>1f</b>	12,617,678				
ibu			ons included in lines	6,563,659				
ntr d C	9	1a-1f \$		0,363,639				
ದ ಕ	h	Total. Add lines	31a-1f	•	12,966,568			
e.	Ta Fed b Men c Fun d Relation of All of Service Banks and All of Servic			Business Code				
ven	2a	INTEREST ON LOAN	IS	900099	108,665	108,665		
æ	Ь	SERVICE INCOME		900099	10,030	10,030		
ИСе	С							
Ser	d							
E	e							
a Do	f	All other progra	m service revenue					
<u>ራ</u>	g	Total. Add lines	32a-2f	+	118,695			
	3		ome (including dividen		691,468		247,164	444,30
	4		ar amounts) tment of tax-exempt bond	_	,		•	,
	_			· · · · · . ⊢				
			(ı) Real	(II) Personal				
	6a	Gross rents	70,189					
	<sub> </sub>	Less rental	0					
		expenses	-					
	C	Rental income or (loss)	70,189					
	d	Net rental incor	me or (loss)		70,189			70,189
	7-	Gross amount	(ı) Securities	(II) O ther				
	/a	from sales of assets other than inventory	76,166,766					
	ь	Less cost or	E6 612 940					
		other basis and sales expenses	56,613,840					
		Gain or (loss)	19,552,926		10 552 026			10 552 024
enne		Gross income fi			19,552,926			19,552,920
Other Revenue			reported on line 1c) e 18					
₹	ь	Less direct ex	penses <b>b</b>					
			loss) from fundraising	events 🛌				
	9a	Gross income fi See Part IV, lin	rom gaming activities					
		occi aitīv, iili	a					
	b	Less direct ex	penses <b>b</b>					
	С		loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo	• •					
			а					
			oods sold <b>b</b>					
	С		loss) from sales of inv					
		Miscellaneous		Business Code	0.744			0.74
		MISCELLANEC	US	900099	8,711			8,71
	_							
	d		ie					
	e	<b>Total.</b> Add lines		•	8,711			
	12	Total revenue.	See Instructions .		33,408,557	118,695	247,164	20,076,130

# Form 990 (2015) Part IX Statement of Functional Expenses

Part					
Section	n 501(c)(3) and 501(c)(4) organizations must complete all columns				
	Check if Schedule O contains a response or note to any line in		 (B)		<u></u> (D)
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	5,431,369	5,431,369		
2	Grants and other assistance to domestic individuals See Part IV, line 22	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2, ,		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15				
_	and 16	82,780	82,780		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,233,503	1,232,208	941,348	59,947
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				- 1
7	Other salaries and wages	2,598,449	2,199,091	337,814	61,544
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	350,216	249,114	92,333	8,769
9	Other employee benefits	636,578	452,808	167,830	15,940
10	Payroll taxes	328,195	233,450	86,527	8,218
11	Fees for services (non-employees)				
а	Management				
b	Legal	60,111	35,253	24,858	
С	Accounting	95,735	80,975	14,760	
d	Lobbying	352,575	352,575		
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	579,382		579,382	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,300,584	2,224,752	75,832	
12	Advertising and promotion				
13	Office expenses	127,628	42,001	84,777	850
14	Information technology				
15	Royalties				
16	Occupancy	928,720	646,598	260,441	21,681
17	Travel	174,774	131,712	41,751	1,311
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	55,051	15,521	39,530	
20	Interest	63,626	63,626		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	86,136	86,136		
23	Insurance	161,364	133,592	27,772	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	LOSS ON REAL ESTATE	1,864,102	1,864,102		
b	REAL ESTATE TAXES	488,435	488,435		
c	OTHER EXPENSES	167,256	92,983	65,906	8,367
d	COST OF EASEMENTS	164,984	164,984		
e	All other expenses	104,003	30,609	64,153	9,241
25	Total functional expenses. Add lines 1 through 24e	19,435,556	16,334,674	2,905,014	195,868
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . . . . . . . . . . . . . . . . . . (A) (B) Beginning of year End of year 1 1 Cash-non-interest-bearing . . . . . 2 Savings and temporary cash investments . . 43,463,828 2 49,903,543 800,433 3 3 806,393 Pledges and grants receivable, net . . . 188,510 243,450 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete 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 employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7,202,694 7 6,113,933 7 Notes and loans receivable, net . . . . . . 8 8 Inventories for sale or use . . . . 9 835,361 9 966,614 Prepaid expenses and deferred charges . . . . Land, buildings, and equipment cost or other basis 10a 24,286,738 Complete Part VI of Schedule D 10a 10b 1.417.656 24,704,260 10c 22.869.082 b Less accumulated depreciation . 54.333.697 56.935.484 11 11 147,240,352 129,545,626 12 12 Investments—other securities See Part IV, line 11 . . . . . . 13 13 Investments—program-related See Part IV, line 11 . 14 14 4.000.000 4.022.612 15 15 Other assets See Part IV, line 11 . . . . . . 282,769,135 16 271,406,737 16 **Total assets.**Add lines 1 through 15 (must equal line 34) . . 659.624 **17** 192.377 **17** Accounts payable and accrued expenses . 929,325 413,368 18 18 Grants payable 15,703,846 14,598,331 19 19 20 Tax-exempt bond liabilities . . . . 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . \_iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 7,029,231 23 5,572,063 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 659,033 25 462,080 24.981.059 21.238.219 26 26 **Total liabilities.**Add lines 17 through 25 . . . . Organizations that follow SFAS 117 (ASC 958), check here ► 🔽 and complete **Fund Balances** lines 27 through 29, and lines 33 and 34. 27 74,062,386 72,365,964 27 Unrestricted net assets . . . . . . 28 183,725,690 28 177,802,554 Temporarily restricted net assets . . . . . . 29 29 Permanently restricted net assets . . . . . . . Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 

and complete lines 30 through 34. Net Assets or 30 30 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds 33 257,788,076 250,168,518 Total net assets or fund balances 33 Total liabilities and net assets/fund balances . . . . . . . . . . . 282,769,135 34 271,406,737

Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				ে
1	Total revenue (must equal Part VIII, column (A), line 12)				
-	Total revenue (mast equal varie viii, column (A), mie 12)	1		33,4	108,557
2	Total expenses (must equal Part IX, column (A), line 25)	2		19,4	135,556
3	Revenue less expenses Subtract line 2 from line 1	3		13,9	973,001
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		257.7	788,076
5	Net unrealized gains (losses) on investments	5			59,982
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			-32,577
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			168,518
Par	t XII Financial Statements and Reporting				,
	Check if Schedule O contains a response or note to any line in this Part XII				. 🔽
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

### **Additional Data**

Software ID: Software Version:

**EIN:** 13-3028060

Name: OPEN SPACE INSTITUTE LAND TRUST INC

### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code ) (Expenses \$ 1,364,439 including grants of \$ ) (Revenue \$ )
OSILT ADMINISTERS A STEWARDSHIP PROGRAM THAT MONITORS AND ENFORCES MORE THAN 330 CONSERVATION
EASEMENTS, IMPLEMENTING COMPLEX DISPOSITION PLANS, OVERSEEING THE MANAGEMENT OF DOZENS OF
CONSERVATION PROPERTIES BY THIRD-PARTY PARTNERS AND PROVIDING INTERIM MANAGEMENT FOR PROPERTIES THAT
ARE BEING CONVEYED TO THIRD PARTIES, SUCH AS THE STATE OF NEW YORK THIS PROGRAM ALSO INCLUDES THE
ACTIVITIES OF THE BEAVERKILL VALLEY LAND TRUST, INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Inde	ependent Coi	ntracto	rs			,	,	ı	I	1 1
(A) Name and Title	(B) Average hours per	Posit more tl	ion (d han o	ne b	ox, ι	unless	<b>.</b>	<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	(F) Estimated amount of other
	week (list any hours	perso and a						from the organization (W-	from related organizations (W-	compensation from the
	for related						Т	2/1099-MISC)	2/1099-MISC)	organization and
	organizations below	Individual trustee or director	Institutional	Office	Ke) emplojee	문항	Former			related organizations
	dotted line)	[요리  왔다	ΩE	-		) 1980 1980	<u> </u>			
		<u></u>	<u>  13   1</u>		9,0					
		Special Section	Trustee		w	l sea				
			ě.			Highest compensated employee				
JOHN H ADAMS	3 00					<del>                                     </del>				
CHAIR	3 00	X		Х				0	0	0
CAROLINE NIEMCZYK	3 00									
VICE-CHAIR	3 00	X		Х				0	0	0
AMELIA SALZMAN	3 00									
VICE-CHAIR	2.00	X		х				0	0	0
T JEFFERSON CUNNINGHAM III	3 00									
TREASURER	2.00	X		х				0	0	0
EDWARD A AMES	3 00									
SECRETARY	3 00	×		х				0	0	0
CAROL ASH	3 00									
TRUSTEE	3.00	×						0	0	0
SUSAN BABCOCK	3 00									
TRUSTEE	3.00	X						0	0	0
DOUGLAS BATESON	3 00									
TRUSTEE	2.00	Х						0	0	0
PETER A BIENSTOCK	3 00									
TRUSTEE	2.00	X						0	0	0
ELIZABETH BORDEN	3 00									
TRUSTEE	2.00	X						0	0	О
DALE S BRYK	3 00									
TRUSTEE	2.00	X						0	0	0
GILMAN S BURKE	3 00					+				
TRUSTEE	3 00	X						0	0	0
JOHN CAHILL	3 00									
TRUSTEE	3 00	X						0	0	0
STEPHEN J CLEARMAN	3 00									
TRUSTEE	3 00	X						0	0	0
J MATTHEW DAVIDSON	3 00									
TRUSTEE (RESIGNED 5/13/16)	3 00	X						0	0	0
PAUL J ELSTON	3 00									
TRUSTEE	3 00	X						0	0	0
JOHN ERNST	3 00									
TRUSTEE	3 00	X						0	0	0
JOSHUA GINSBERG	3 00									
TRUSTEE	3 00	X						0	0	0
HOLLY HEGENER	3 00									
TRUSTEE	3 00	X						0	0	0
SAMUEL G HUBER	3 00							_	_	_
TRUSTEE	3 00	X						0	0	0
SAMUEL W LAMBERT III	3 00							_	_	_
TRUSTEE	3 00	×						0	0	0
YUKI MOORE LAURENTI	3 00							_	_	
TRUSTEE	3 00	X						0	0	0
W BARNABAS MCHENRY	3 00									
TRUSTEE	3 00	×						0	0	0
KATHERINE O ROBERTS	3 00									
TRUSTEE	3 00	×						0	0	0
ELIZABETH SMITH	3 00									
TRUSTEE	3 00	×						0	0	0
		•				1			•	<u> </u>

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Inde (A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Positi Pore the more a Individual trustae or director	ion (d nan o n is b	ne be oth a tor/	ox, u an of trus	ınless fficer tee)	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	<b>(F)</b> Estimated amount of other compensation from the organization and related organizations
HUME R STEYER TRUSTEE	3 00	х						0	0	0
PATRICIA F SULLIVAN TRUSTEE	3 00	х						0	0	0
THOMAS WRIGHT TRUSTEE	3 00	х						0	0	0
CHRISTOPHER J ELLIMAN PRESIDENT & CEO	34 70			х				437,621	0	62,892
PETER HOWELL  EXECUTIVE VP, CONSERVATION CAPITAL	33 50 1 50			х				234,017	0	36,098
ROBERT K ANDERBERG  VP & GENERAL COUNSEL	32 30 2 70			x				206,610	4,764	36,717
ALICE GLEASON SENIOR VP FINANCE AND CFO (RESIGNED 6/15/16)	28 00 7 00			х				195,700	0	35,457
JOSEPH G HOLLAND ASSISTANT TREASURER & CONTROLLER	34 40  0 60			х				115,568	348	11,065
SAMAYLA DEUTCH  VP & ASSOCIATE GENERAL COUNSEL	34 20  0 80			X				183,171	3,509	34,339
TALLY BLUMBERG SENIOR VP OF PROGRAMS	32 30 2 70			х				192,642	9,038	42,774
ERIK KULLESEID SENIOR VP, ALLIANCE FOR NYS PARKS	35 00			х				191,580	0	43,215
TERRENCE NOLAN SENIOR VP, CONSERVATION TRANSACTIONS	35 00			х				193,260	0	43,350
JENNIFER MELVILLE VP, CONSERVATION GRANTS & LOANS	34 70  0 30			х				110,416	0	30,986
NATE BERRY VICE PRESIDENT	35 00			x				104,264	736	32,982
JEAN CHEN ASST SEC & ASSOCIATE COUNSEL (LEFT 3/2/15)	28 80			X				68,655	1,494	8,755
LESLIE KANE SZYNAL DIRECTOR, OUTDOORS AMERICA	35 00					х		204,434	0	44,380
EILEEN LARRABEE  ASS DIR , ALLIANCE FOR NYS PARKS	35 00					х		138,714	0	38,876
LORIJEANNE MOODY DIRECTOR, DEVELOPMENT	35 00					х		103,029	386	12,092

### SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total1

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

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

Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

Open to Public Inspection

		ne organization	_				Employer identifica	tion number		
OPEN	SPACE	INSTITUTE LAND TRUST IN	C				13-3028060			
Da	rt I	Peacon for Pub	lic Charity Sta	tue (All organizati	one must cor	nnlete this n	art.) See instructio	nc		
		zation is not a private		` -		· · · · · ·	•			
	orgain									
1			ch, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i).</b> bol described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990 or 990-EZ))							
2	<u> </u>									
3	Г	A hospital or a coope	erative hospital se	ervice organization de	scribed in <b>sect</b>	ion 170(b)(1)	(A)(iii).			
4	Γ	A medical research of hospital's name, city	-	ated in conjunction wit	th a hospital de	scribed in <b>sec</b>	tion 170(b)(1)(A)(iii)	. Enter the		
5	Γ		rated for the bene		ersity owned o	r operated by	a governmental unit d	escribed in <b>section</b>		
6	$\Gamma$	A federal, state, or lo	cal government o	or governmental unit d	lescribed in <b>sec</b>	tion 170(b)(1	)(A)(v).			
7	Γ				its support fro	m a governme	ntal unit or from the g	eneral public		
8	Γ	described in <b>section</b> A community trust de		on 170(b)(1)(A)(vi) (	Complete Part	II)				
9	F	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).						31/3% of its support		
11	Ţ.	5	·	,	•	•	. , . ,	it the nurnege of		
a	<u> </u>	one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See <b>section 509(a)(3).</b> Che the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g					<b>n 509(a)(3).</b> Check 1f, and 11g y by giving the			
b	Γ	<b>Type II.</b> A supporting management of the s	g organization sup upporting organiz	ation vested in the sa	ın connection		rted organization(s), b nanage the supported			
	_	must complete Part	•				<b>4 6 k</b> 11 <b>k</b>			
С	ļ			pporting organization :tions) <b>You must com</b>			and functionally integ	rated with, its		
d	$\vdash$						with its supported orga	anization(s) that is		
u	'						ement and an attentive			
				Part IV, Sections A						
e	$\vdash$						s a Type I, Type II, Ty	pe III functionally		
				ly integrated supporti						
f	Ente	r the number of suppor	rted organizations				<u>1</u>			
g		Provide the following	ınformatıon abou	t the supported organ	ızatıon(s)					
	N a	ame of supported	(ii)EIN	(iii)	(iv)	<u> </u>	(v)	(vi)		
		organization	(11)=211	Type of Organization (described on lines 1- 9 above (see Instructions))	Is the orga listed in your docum	nızatıon governıng	A mount of monetary support (see instructions)	A mount of other support (see instructions)		
					Yes	No				
(A) (	OPEN SF	PACE INSTITUTE INC	521053406		Yes		0	0		

	rt II Support Schedule for (Complete only if you Part III. If the organization	checked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiz	ation failed to c	ualify under
S	ection A. Public Support						
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	<b>(d)</b> 2014	<b>(e)</b> 2015	(f)Total
	fiscal year beginning in) F Gifts, grants, contributions, and membership fees received (Do	(-,	(-,===	(9,2323	(4,232)	(3,2323	(1)/1000
2	not include any unusual grants ) Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
6	(f) <b>Public support.</b> Subtract line 5  from line 4						
Se	ection B. Total Support		Γ	1	T		Γ
(or	Calendar year fiscal year beginning in) 🕨	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> ⊤otal
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activit	ies, etc (see inst	ructions)			12	
13	First five years.If the Form 990 is check this box and stop here	<u> </u>	<u> </u>				
	ection C. Computation of Pul			4 4 1 700			
14	Public support percentage for 201			e 11, column (f))		14	
15	Public support percentage for 201	•	*			15	
	33 1/3% support test—2015. If the and stop here. The organization quasiant 33 1/3% support test—2014. If the box and stop here. The organization	alıfıes as a publıc organızatıon dıd	ly supported orgonot check a box	anızatıon on lıne 13 or 16a			<b>▶</b> ┌
	10%-facts-and-circumstances test is 10% or more, and if the organization Part VI how the organization me organization	— <b>2015.</b> If the organtion meets the facts the "facts-an	anization did not icts-and-circums d-circumstances	check a box on lii tances test, chec " test The organ	ck this box and <b>st</b> ization qualifies a	op here. Explain is a publicly supp	. ,
18	10%-facts-and-circumstances test 15 is 10% or more, and if the orga Explain in Part VI how the organiza supported organization Private foundation. If the organizations	nization meets th ition meets the "f	e "facts-and-circ acts-and-circum	umstances" test stances" test Th	c, check this box ane organization qu	and <b>stop here.</b> Jalifies as a public	:ly ▶┌

Schedule A (Form 990 or 990-EZ) 2015 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (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.) Section A. Public Support Calendar vear (a)2011 (d)2014 **(b)**2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning in) 🕨 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt nurnose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2014 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2014 Schedule A, Part III, line 17

18

►ſ

17

18

### Part IV Supporting Organizations

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

I, complete Sections A and D, and complete Part V )	
Section A. All Supporting Organizations	

	··		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)^{7}$ If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section	2		No
За	509(a)(1) or (2).  Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  If "Yes," answer (b) and (c) below.	3a		Νo
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$ , $(5)$ , or $(6)$ and satisfied the public support tests under section $509(a)(2)$ ?  If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes?	3с		
4a	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.  Was any supported organization not organized in the United States ("foreign supported organization")?  If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)$ ?  If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported	<b>4</b> c		
5a	organization was used exclusively for section 170(c)(2)(B) purposes.  Did the organization add, substitute, or remove any supported organizations during the tax year?  If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was	5a		No
b	accomplished (such as by amendment to the organizing document). <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6	Yes	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		No
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		No
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		No
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		No
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
L1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		No
b	A family member of a person described in (a) above?	11b		No
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		Νο

Pai	Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Yes	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		No
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?  If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?  If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b	The organization is the parent of each of its supported organizations Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
Ŀ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in?  If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			uct ions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
!	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
ı	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
1	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
<b>i</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting o	rganızatıon (see

Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp	pt purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval re	quired)		
6 Other distributions (describe in Part VI) See instru	uctions		
7 Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to details in Part VI) See instructions	to which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
<b>d</b> From 2013			
e From 2014			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<ul> <li>Carryover from 2010 not applied (see instructions)</li> </ul>			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
<b>c</b> Excess from 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			

### Part VI Supplemental Information.

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

Facts And Circumstances Test

Return Reference	Explanation
,	OSILT PROVIDES GRANTS AND LOANS, PRIMARILY TO OTHER LAND TRUSTS, TO PROTECT DIVERSE LANDSCAPES THAT INCLUDE PARKS AND PRESERVES AS WELL AS WORKING FARMS AND FORESTS IN THE EASTERN UNITED STATES AND CANADA

Schedule A (Form 990 or 990-EZ) 2015

Political Campaign and Lobbying Activities

DLN: 93493292008176

### OMB No 1545-0047

**Inspection** 

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

Department of the Treasury Internal Revenue Service

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. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** OPEN SPACE INSTITUTE LAND TRUST INC 13-3028060 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 ☐ Yes Was a correction made? If "Yes." describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from filing organization's contributions received funds If none, enter -0and promptly and directly delivered to a separate political organization If none, enter-0-

0

## Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

Check	🕨 🔽 if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,
	expenses, and share of excess lobbying expenditures)
Check	▶ ☐ If the filing organization checked box A and "limited control" provisions apply

		oying Expenditures means amounts paid or incurred.)	(a) Filing organizatio totals		(b) Affiliated group totals
1a	Total lobbying expenditures to influence public lobbying)	opinion (grass roots	193,24	8	193,248
b	Total lobbying expenditures to influence a legi	slative body (direct lobbying)	159,32	7	159,327
c	Total lobbying expenditures (add lines 1a and	1b)	352,57	5	352,575
d	Other exempt purpose expenditures		19,082,98	1	20,255,830
e	Total exempt purpose expenditures (add lines	1c and 1d)	19,435,55	6	20,608,405
f	Lobbying nontaxable amount Enter the amoun	t from the following table in both columns	1,000,00	0	1,000,000
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
	Not over \$500,000	20% of the amount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000			
	Over \$17,000,000	\$1,000,000			
	Grassroots nontaxable amount (enter 25% of	line 1f)	250,00		250.000
g			230,00	4	250,000
h	Subtract line 1g from line 1a If zero or less, ei	nter - 0 -		ol	0

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Subtract line 1f from line 1c If zero or less, enter -0-

	Υ	е	s		No
--	---	---	---	--	----

## 4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	(e) Total			
2a	Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000			
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000			
c	Total lobbying expenditures	242,187	295,769	311,195	352,575	1,201,726			
_d	Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000			
_e	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000			
f	Grassroots lobbying expenditures	121,227	171,046	, ,	193,248	603,458			

Return Reference

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N filed Form 5768 (election under section 501(h)).	ОТ				ige <b>S</b>
<i></i>	1	(	a)		(b)	
ror e activ	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ity.	Yes	No	A	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Tes				
а	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	O ther 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?					
Par	t III-A Complete if the organization is exempt under section $501(c)(4)$ , section $501(c)(6)$ .	01(c	)(5), o	r se	ctio	n
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
C	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
P:	art 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 group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

### TY 2015 AffiliatedGroupAttachment

Name: OPEN SPACE INSTITUTE LAND TRUST INC

**EIN:** 13-3028060

Explanation: PURSUANT TO REGULATIONS SECTION 56.4911-8(B) AND IRC

SECTION 4911(F), AN AFFILIATED GROUP OF ORGANIZATIONS IS TREATED AS A SINGLE ORGANIZATION FOR THE PURPOSES OF THE TAX IMPOSED BY IRC SECTION 4911(A). THEREFORE, SINCE THE

AFFILIATED GROUP DID NOT HAVE ANY EXCESS LOBBYING

EXPENDITURES OR EXCESS GRASSROOTS LOBBYING

EXPENDITURES, THE 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 201NEW YORK, NY 10018

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493292008176					
TY 2015 Affiliated Group Schedule							
	OPEN SPACE INSTITUTE LAND TRUST INC 13-3028060						
Affiliated Group Business Name:	OPEN SPACE INSTITUTE INC						
Address. Either US or Foreign Type:	1350 BROADWAY SUITE 201 NEW YORK, NY 10018						
EIN:	52-1053406						
Electing Organization Checkbox:	Γ						
Total Grassroots Lobbying:	0						
Total Direct Lobbying:	0						
Total Lobbying Expenditures:	0						
Other Exempt Purpose Expenditures:	1,172,849						
Total Exempt Purpose Expenditures:	1,172,849						
Lobbying Nontaxable Amount:	192,285						
Grassroots Nontaxable Amount:	48,071						

0

0

0

Tot Lobbying Grassroot Minus Non Tx:

Share Of Excess Lobbying:

Tot Lobby Expend Mns Lobbying Non Tx:

Affiliated Group Business Name:	OPEN SPACE INSTITUTE INC
Address. Either US or Foreign Type:	1350 BROADWAY SUITE 201 NEW YORK, NY 10018
EIN:	52-1053406
Electing Organization Checkbox:	Γ
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	1,172,849
Total Exempt Purpose Expenditures:	1,172,849
Lobbying Nontaxable Amount:	192,285
Grassroots Nontaxable Amount:	48,071
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493292008176

OMB No 1545-0047

### **SCHEDULE D**

(Form 990)

Department of the Treasury

### **Supplemental Financial Statements**

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

edule D (Form 990) and its instruction

Open to Public

	Trovolido dol vido	(Form 990) and its instructions is at <u>www.m</u>		
	me of the organization IN SPACE INSTITUTE LAND TRUST INC		13-302	er identification number
Pa		Advised Funds or Other Similar Fed "Yes" on Form 990, Part IV, line 6.		
	, ,	(a) Donor advised funds	<b>(b)</b> Fu	nds and other accounts
L	Total number at end of year	2	(-): -	
2	Aggregate value of contributions to (during year)	0		
3	Aggregate value of grants from (during year)	117,500		
1	Aggregate value at end of year	2,021,860		
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t		nor advised	∀ Yes
5	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?			urpose
Pa	rt III Conservation Easements. Comple	ete if the organization answered "Yes"	on Form 9	990, Part IV, line 7.
L 2	Purpose(s) of conservation easements held by th  Preservation of land for public use (e.g., recre  Protection of natural habitat  Preservation of open space  Complete lines 2a through 2d if the organization easement on the last day of the tax year	ation or education)  Preservation of a Preservation of a	certified h	istoric structure
	cassiment on the last aay of the tax year			Held at the End of the Year
а	Total number of conservation easements		2a	329
b	Total acreage restricted by conservation easeme	ents	2b	36,618 00
c	Number of conservation easements on a certified	historic structure included in (a)	2c	
d	Number of conservation easements included in (o historic structure listed in the National Register	e) acquired after 8/17/06, and not on a	2d	
3	Number of conservation easements modified, training tax year - 9		ted by the o	rganization during the
1	Number of states where property subject to cons			
5	Does the organization have a written policy regar violations, and enforcement of the conservation e	asements it holds?	-	✓ Yes
5	Staff and volunteer hours devoted to monitoring, year  4363 00	inspecting, handling of violations, and enforc	cing conser	vation easements during the
	<u> </u>			
7	A mount of expenses incurred in monitoring, insperience \$\) \\ \rightarrow\\$ \) \\ \	ecting, handling of violations, and enforcing (	conservatio	on easements during the year
3	Does each conservation easement reported on lin (B)(i) and section $170(h)(4)(B)(ii)$ ?	ne 2(d) above satisfy the requirements of se	ection 170(	h)(4)  Yes No
•	In Part XIII, describe how the organization repor balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financia		
ar		tions of Art, Historical Treasures, ed "Yes" on Form 990, Part IV, line 8.	, or Othe	r Similar Assets.
la	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi	assets held for public exhibition, education	, or researc	h in furtherance of public
b	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public exhibition, education		
(	i) Revenue included on Form 990, Part VIII, line 1	L	<b>►</b> \$	
(i	i) Assets included in Form 990, Part X		—- ► \$	_
2	If the organization received or held works of art, he following amounts required to be reported under S			gain, provide the
а	Revenue included on Form 990. Part VIII. line 1			<b>⊳</b> - \$

**b** Assets included in Form 990, Part X

Par	(continued)	Collections of Ar	t, His	storica	l Tre	easures, e	or Ot	her Similar A	ssets
3	Using the organization's acquisition, accollection items (check all that apply)	ession, and other reco	rds, ch	neck any	ofth	e following t	hat ar	e a significant us	e of its
а	Public exhibition		d		oan or	exchange p	orogra	ms	
ь	Scholarly research		e	Г о	ther				
c	Preservation for future generations								
4	Provide a description of the organization	's collections and expl	aın hov	w they fu	ırther	the organiza	atıon's	exempt purpose	ın
_	Part XIII								
5	During the year, did the organization sol assets to be sold to raise funds rather th								┌ No
Pa	Complete if the organization Part X, line 21.		Form	990, Pa	art IV	', line 9, oi	repo	orted an amoun	t on Form 990,
1a	Is the organization an agent, trustee, cu included on Form 990, Part X?	stodian or other interm	nediary	for con	trıbutı	ons or othe	rasset	ts not <b>Yes</b>	┌ No
b	If "Yes," explain the arrangement in P	art XIII and complete	the fol	lowing t	able			Am	ount
c	Beginning balance						1c		
d	Additions during the year						1d		
e	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount of	on Form 990, Part X, lir	ne 21,	for escr	owor	- custodial ad	count	liability? <b>Yes</b>	□ No
_									_
b	If "Yes," explain the arrangement in Par								
Pa	rt V Endowment Funds. Comple								
1a	Beginning of year balance	(a)Current year 161,209,214	<b>(b)</b> Prio	r year 54,204,032		)Two years ba	_+ <u>`</u>	)Three years back 141,803,316	(e)Four years back 144,825,486
14	· · · ·	101,203,211	10	71,201,032		133,032,0	310	111,005,510	111,023,100
b	Contributions								
c	Net investment earnings, gains, and losses	-1,665,319		4,533,638	3	21,719,9	924	21,817,706	1,454,134
d	Grants or scholarships								
e	Other expenditures for facilities and programs	7,930,261		7,528,456	5	12,608,	508	8,528,406	4,476,304
f	Administrative expenses								
g	End of year balance	151,613,634	16	51,209,214	1	164,204,0	)32	155,092,616	141,803,316
2	Provide the estimated percentage of the	current year end balar	nce (lın	ne 1g, co	lumn	(a)) held as			
а	Board designated or quasi-endowment <b>b</b>	-							
b	Permanent endowment ▶								
c	remporarily restricted endowment	100 000 %							
	The percentages on lines 2a, 2b, and 2c								
За	Are there endowment funds not in the po organization by	ssession of the organi	zatıon	that are	held a	and adminis	tered 1		Yes No
	(i) unrelated organizations				•			3a	
L	(ii) related organizations			• •		•		<del></del>	(ii) Yes
ь 4	If "Yes" on 3a(II), are the related organized Describe in Part XIII the intended uses								<b>b</b> Yes
	t VI Land, Buildings, and Equip		1140 11111	Terre rune					
	Complete if the organization		orm 9	90, Par	t IV,	line 11a.S	ee Fo	rm 990, Part X	
	Description of property			(a) st or othe (investme		(b) Cost or othe (other		Accumulated (c) depreciation	(d)Book value
1a	Land		<u>.                                     </u>	,	,	<del>                                     </del>	, 40,737		22,040,737
	Buildings							1 150 17	
•	Leasehold improvements					1,9	75,183	1,158,177	817,006
	Equipment		·			,	70,488	259,479	11,009
	Other		·			+	., 0, 700	239,475	11,009
-	o dici						330		330

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

22,869,082

(a) Description of security or catego (including name of security)	ry	( <b>b)</b> Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives			,
(2)Closely-held equity interests (3)O ther			
(A) PRIVATELY MANAGED INVESTMENTS		124,456,095	
(B) COMMON/COLLECTIVE TRUST FUND		5,089,531	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related.		129,545,626	
Complete if the organization answer	ed 'Yes' on Form 9		
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>+</b>		
Part IX Other Assets. Complete if the organiza  (a) Des	<u>tion answered 'Y es' o</u> scription	n Form 990, Part IV, line 1	1d See Form 990, Part X, line 15  (b) Book value
		ad Wasi an Farm 000 D	
Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25.	rganızatıon answer	ed 'Yes' on Form 990, P	
Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25.		ed 'Yes' on Form 990, P	
Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  1. (a) Description of liability	rganızatıon answer	ed 'Yes' on Form 990, P	
Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	rganization answer	ed 'Yes' on Form 990, P	
Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  DEPOSIT ON SALE	(b) Book valu	ed 'Yes' on Form 990, P	
Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  DEPOSIT ON SALE	(b) Book valu	ed 'Yes' on Form 990, P	
Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  DEPOSIT ON SALE	(b) Book valu	ed 'Yes' on Form 990, P	
Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  DEPOSIT ON SALE	(b) Book valu	ed 'Yes' on Form 990, P	
Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  DEPOSIT ON SALE	(b) Book valu	ed 'Yes' on Form 990, P	
See Form 990, Part X, line 25.	(b) Book valu	ed 'Yes' on Form 990, P	
Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  DEPOSIT ON SALE	(b) Book valu	ed 'Yes' on Form 990, P	
Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  DEPOSIT ON SALE	(b) Book valu	ed 'Yes' on Form 990, P	

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue   Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per R	eturn
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 (losses) on investments 2a		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII )		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
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		
а	Donated services and use of facilities		
ь	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIII )		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18 )	5	

### Part XIII Supplemental Information

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

Return Reference	Explanation
PART II, LINE 9	PURCHASED EASEMENTS THAT HAVE A RESALE VALUE ARE RECORDED AT THE LOWER OF COST OR FAIR MARKET VALUE DONATED EASEMENTS THAT HAVE A RESALE VALUE ARE RECORDED AT THE LOWER OF THE DONATED VALUE OR FAIR MARKET VALUE CONSERVATION EASEMENTS DETERMINED BY OSILT TO HAVE NO RESALE VALUE ARE WRITTEN DOWN TO A \$1 CARRYING VALUE
PART V, LINE 4	THE WALLACE ENDOWMENT IS USED FOR THE PURPOSE OF ACQUIRING AND/OR HOLDING LAND IN THE HUDSON RIVER VALLEY, CATSKILLS AND ADIRONDACKS IN ORDER TO PRESERVE AND PROTECT SUCH LAND FOR THE BENEFIT OF THE PUBLIC, AND SECONDARILY FOR OTHER PURPOSES THAT ARE IN FURTHERANCE OF THE CONSERVATION OF THE SCENIC BEAUTY, HISTORIC VALUES AND RESOURCES OF THE REGIONS THE MALCOLM GORDON CHARITABLE ENDOWMENT FUNDS ARE CLASSIFIED AS TEMPORARILY RESTRICTED BECAUSE THE GRANTOR REQUIRED THAT THE FUNDS BE DEVOTED TO ENVIRONMENTAL EDUCATION
PART X, LINE 2	THE ORGANIZATION BELIEVES IT HAD NO UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2015 AND 2014 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

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493292008176 OMB No 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2015 ► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. Department of the Treasury Open to Public ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. **Inspection** Internal Revenue Service Employer identification number Name of the organization OPEN SPACE INSTITUTE LAND TRUST INC 13-3028060 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eliqibility for the grants or assistance, and the selection criteria Yes No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (c) Number of (a) Region (b) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, region (by type) (e.g., program service, describe for and investments region agents, and fundraising, program services, specific type of in region independent investments, grants to service(s) in region contractors in recipients located in the region region) (1) NORTH AMERICA O GRANT TO RECIPIENT LAND ACQUISITION 82,780 0 OCATEDIN AND STEWARDSHIP TRANSBORDER CANADA (2) NORTH AMERICA N/A 3,908,585 0 PASSIVE FOREIGN INVESTMENT (3) CENTRAL AMERICA AND 0 IN/A 5,544,116 PASSIVE FOREIGN THE CARIBBEAN - ANTIGUA INVESTMENT & BARBUDA, ARUBA, BAHAMAS. (4) (5) 3a Sub-total 0 O 9,535,481 **b** Total from continuation sheets to Part I ol c Totals (add lines 3a and 3b) 9,535,481 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50082W Schedule F (Form 990) 2015

0

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	( <b>f)</b> Manner of cash disbursement	( <b>g)</b> A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, othe
(1)		NORTH AMERICA	TRANSBORDER GRANT	82,780	WIRE TRANSFER		ON/A	N/A
( 2)								
(3)								
(4)								

Schedule F (Form 990) 2015

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be	e duplicated if addit	tional space is no	<u>∍eded.</u>				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients		(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)					1		1
( 2)		+			†		† · · · · · · · · · · · · · · · · · · ·
(3)		+ +			†		
(4)		+			†		† · · · · · · · · · · · · · · · · · · ·
(5)		+ +			†		†
(6)		+ +			†		+
(7)		+ +			<del>                                     </del>		<del>                                     </del>
(8)					<del>                                     </del>		<del>                                     </del>
(9)		+ +			<del>                                     </del>		<del>                                     </del>
( 10)					<del>                                     </del>		<del>                                     </del>
(11)		+			<del>                                     </del>		<del>                                     </del>
( 12)					<del>                                     </del>		
( 13)		+			<del>                                     </del>		
( 14)		+ +			<del>                                     </del>		
( 15)		+ +			<del>                                     </del>		
( 16)	+	+ +			+		
( 17)		+			+	<u> </u>	
( 18)	<del>                                     </del>	+			+	<u> </u>	+

# 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)	<u> </u>	Yes	Г	Νo
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; do not file with Form 990)	Γ	Yes	দ	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)	Г	Yes	굣	Νo
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)	F	Yes	Γ	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)	<b>⊳</b>	Yes	Г	Νo
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; do not file with Form 990)	_	Yes	⊽	Νo

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015 Page **5** 

#### 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 (see instructions).

### 990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F PART 1,LINE 2	GRANTEES EXECUTE A WRITTEN AGREEMENT WHICH REQUIRES THEM TO SUBMIT WRITTEN REPORTS TO OSILT FOR THE PERIOD OF THE AGREEMENT

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - |
Schedule I

(Form 990)

Department of the

Internal Revenue Service

Name of the organization

Treasury

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

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

Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

**DLN: 93493292008176**OMB No 1545-0047

2015

Open to Public Inspection

**Employer identification number** 

OPEN SPACE INSTITUTE LAND TRU		13-3028060					
Part I General Information	n on Grants and	d Assistance					
<ul> <li>Does the organization maintain r</li> <li>the selection criteria used to awa</li> <li>Describe in Part IV the organization</li> <li>Part II Grants and Other Assista</li> </ul>	ard the grants or as tion's procedures f	ssistance? or monitoring the use	of grant funds in the Un	ited States			Yes N
that received more than \$							
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran
See Addıtıonal Data Table							
		1					

AGREEMENT

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

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

Schedule I (Form 990) 2015

## **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 13-3028060

Name: OPEN SPACE INSTITUTE LAND TRUST INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	( <b>d)</b> A mount of cash grant	1 ' '	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
ASHBURNHAM CONSERVATION TRUST PO BOX 354 ASHBURNHAM,MA 01430	04-3504474	501(C)(3)	11,000	0	N/A	N/A	MASSACHUSETTS ACCREDITATION
ADIRONDACK COUNCIL INC PO BOX D-2 ELIZABETHTOWN, NY 12932	14-1594386	501(C)(3)	25,000	0	N/A	N/A	LAND PRESERVATION
AGRICULTURAL STEWARDSHIP ASSOCIATION 2531 NY 40 GREENWICH,NY 12834	22-3084628	501(C)(3)	206,718	0	N/A	N/A	EASEMENT PURCHASE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	(d) A mount of cash grant	1	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
APPALACHIAN MOUNTAIN CLUB 5 JOY ST BOSTON, MA 02108	04-6001677	501(C)(3)	27,500	0	N/A	N/A	OUTDOORS AMERICA CAMPAIGN			
BEAR PAW REGIONAL GREENWAYS PO BOX 19 DEERFIELD,NH 03037	04-3340659	501(C)(3)	175,000	0	N/A	N/A	LAND ACQUISITION			
D&H CANAL HISTORICAL SOCIETY 23 MOHONK ROAD HIGH FALLS,NY 12440	14-6038874	501(C)(3)	150,000	0	N/A	N/A	LAND ACQUISITION			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance		
DELAWARE HIGHLANDS CONSERVANCY 508 RIVER STREET HAWLEY,PA 18428	23-2804664	501(C)(3)	59,565	0	N/A	N/A	LAND ACQUISITION		
FRENCH & PICKERING CREEKS CONSERVATION TRUST KIMBERTON ROAD PHOENIXVILLE,PA 19460	23-6429095	501(C)(3)	250,000	0	N/A	N/A	LAND ACQUISITION		
GREATER WORCESTER LAND TRUST 4 ASH STREET WORCESTER,MA 01604	22-2857318	501(C)(3)	11,000	0	N/A		MASSACHUSETTS ACCREDITATION		

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	, · ·	( <b>f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
BRANDYWINE CONSERVANCY & MUSEUM OF ART PO BOX 141 CHADDS FORD, PA 19317	51-6020908	501(C)(3)	275,949	0	N/A	N/A	LAND ACQUISITION			
HIGHSTEAD FOUNDATION 127 LONETOWN ROAD REDDING,CT 06896	06-1108612	501(C)(3)	34,000	0	N/A	N/A	LAND PRESERVATION			
NATURAL HERITAGE TRUST 625 BROADWAY ALBANY,NY 12207	16-1019635	501(C)(3)	512,500	0	N/A	N/A	PARKS PRESERVATION			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	• •	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NEW JERSEY CONSERVATION FOUNDATION 170 LONGVIEW ROAD FAR HILLS,NJ 07931	22-6065456	501(C)(3)	448,279	0	N/A	NA	LAND ACQUISITION			
TOWN OF BERNE PO BOX 57 BERNE,NY 12023			0	497,975	FAIR MARKET VALUE	358 ACRE TENZIN GYATSO PARCEL	LAND ACQUISITION			
QUEENSBURY LAND CONSERVANCY 169 HAVILAND ROAD QUEENSBURY,NY 12804	14-1828898	501(C)(3)	9,000, 9	285,157	BOOK VALUE	69 ACRE FAITH BIBLE PARCEL	LAND PRESERVATION			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	• •	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance		
SARATOGA PLAN 112 SPRING STREET 202 SARATOGA SPRINGS,NY 12866	14-1706013	501(C)(3)	260,000	0	N/A		EASEMENT ACQUISITION		
THE NATURE CONSERVANCY 322 8TH AVENUE 16 NEW YORK, NY 10001	53-0242652	501(C)(3)	450,000	0	N/A	N/A	LAND ACQUISITION		
TRUST FOR PUBLIC LAND 116 NEW MONTGOMERY ST SAN FRANCISCO,CA 94105	23-7222333	501(C)(3)	832,050	0	N/A	N/A	LAND ACQUISITION		

Form 990,Schedule I, Par	Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(h) Purpose of grant or assistance					
NATURAL LANDS TRUST 1031 PALMERS MILL ROAD MEDIA,PA 19063	23-6272818	501(C)(3)	217,800	0	N/A		PA HIGHLANDS/NJ BAYSHORE LAND GRANT					
JEWISH NATIONAL FUND 42 EAST 69TH STREET NEW YORK, NY 10021	13-1659627	501(C)(3)	25,000	0	N/A	N/A	LAND PRESERVATION					
THE LAND CONSERVANCY OF NEW JERSEY 19 BOONTON AVENUE BOONTON,NJ 07005	22-2378868	501(C)(3)	30,000	0	N/A		DUKE WILDLIFE CLIMATE ADAPTATION LAND GRANT					

Form 990, Schedule I, Part	t II, Grants and	Other Assistance	e to Domestic Org?	anizations and D	omestic Governme	∍nts.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	I	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
REGIONAL PLAN ASSOCIATION INC 4 IRVING PL 7TH FLOOR NEW YORK, NY 10003	13-1624154	501(C)(3)	9,990	0	N/A		LOWER HUDSON VALLEY SMART GROWTH GRANT
							SMART GROWTH GRANT
MOHONK PRESERVE INC PO BOX 715 NEW PALTZ,NY 12561	14-1609484	501(C)(3)	193,332	0	N/A		ROAD AND TRAIL RESTORATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.												
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance					
NORTH CAROLINA WILDLIFE FEDERATION 1024 WASHINGTON STREET RALEIGH, NC 27605	56-1564376	501(C)(3)	12,000	0	N/A	N/A	LAND PRESERVATION					
ORANGE COUNTY LAND TRUST INC 23 WHITE OAK DRIVE CHESTER,NY 10918	13-3692034	501(C)(3)	7,500	0	N/A	N/A	LAND PRESERVATION					
							LAND PRESERVATION					

Form 990,Schedule I, Par	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.												
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance						
SOUTH CAROLINA WILDLIFE FEDERATION 215 PICKENS STREET COLUMBIA, SC 29205	57-0602549	501(C)(3)	12,000	0	N/A	N/A	OUTDOORS AMERICA CAMPAIGN						
THE CONSERVATION FUND 1655 N FORT MYER DRIVE ARLINGTON,VA 22209	52-1388917	501(C)(3)	50,000	0	N/A	N/A	LAND ACQUISITION						
							LAND PRESERVATION						

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.												
(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1 1	(f) Method of valuation (book, FMV, appraisal, other)	1	(h) Purpose of grant or assistance						
03-0264836	501(C)(3)	60,765	0	N/A	N/A	LAND ACQUISITION						
01-6083123	501(C)(3)	200,000	0	N/A	N/A	LAND ACQUISITION						
						LAND PRESERVATION						
	<b>(b)</b> EIN	(b) EIN (c) IRC section if applicable (3-0264836) 501(C)(3)	(b) EIN (c) IRC section If applicable (d) Amount of cash grant (d) Amou	(b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of non-cash assistance  03-0264836 501(C)(3) 60,765 0	(b) EIN     (c) IRC section if applicable     (d) A mount of cash grant     (e) A mount of non-cash assistance     (f) Method of valuation (book, FMV, appraisal, other)       03-0264836     501(C)(3)     60,765     0 N/A	(b) EIN     (c) IRC section if applicable     (d) A mount of cash grant     (e) A mount of noncash assistance     (f) Method of valuation (book, FMV, appraisal, other)     (g) Description of non-cash assistance       03-0264836     501(C)(3)     60,765     0 N/A     N/A       01-6083123     501(C)(3)     200,000     0 N/A     N/A						

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

First-class or charter travel

Compensation committee

or a related organization

The organization?

The organization?

ın Part III

Any related organization?

Any related organization?

section 53 4958-6(c)?

Independent compensation consultant

Receive a severance payment or change-of-control payment?

Form 990 of other organizations

compensation contingent on the revenues of

If "Yes," on line 5a or 5b, describe in Part III

If "Yes," on line 6a or 6b, describe in Part III

compensation contingent on the net earnings of

Discretionary spending account

Travel for companions

**Questions Regarding Compensation** 

Tax idemnification and gross-up payments

DLN: 93493292008176

OMB No 1545-0047

#### Schedule J (Form 990)

Department of the Treasury

## 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.

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

Open to Public Inspection

Internal Revenue Service Name of the organization OPEN SPACE INSTITUTE LAND TRUST INC

**Employer identification number** 13-3028060 No Yes Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items Housing allowance or residence for personal use Payments for business use of personal residence Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef) If any of the boxes in 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 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 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 Written employment contract Compensation survey or study Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization Νo Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Νo Participate in, or receive payment from, an equity-based compensation arrangement? **4**c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 5a Νo 5b Νo For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 6a Νo 6b Νo For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 Νo

payments not described in lines 5 and 6? If "Yes," describe in Part III

Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was

subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

8

Νo

## 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 on 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

(A) Name and Title	(B) Breakdown of	fW-2 and/or 1099-MIS	SC compensation	(C) Retirement and	` '	(E) Total of columns	• •
	Base (i) compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred benefits compensation		(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2015

## Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference Explanation

Schedule J (Form 990) 2015

# Software ID: Software Version:

**EIN:** 13-3028060

Name: OPEN SPACE INSTITUTE LAND TRUST INC

(A) Name and Title	,	(B) Breakdown o'	of W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D</b> ) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1CHRISTOPHER J ELLIMAN PRESIDENT & CEO	(1)	437,621	o'	,	35,000	27,892	500,513	0
	(11)	0		0	0	0	0	0
1PETER HOWELL EXECUTIVE VP,	(1)	234,017	0	0'	18,721	17,377	7 270,115	0
CONSERVATION CAPITAL	(11)	,					  -   0	
2ROBERT K ANDERBERG	(1)	) 206,610	, <del> </del>	,	16,529	19,360	242,499	0
VP & GENERAL COUNSEL	(11)		 		381			
3ALICE GLEASON SENIOR VP	(1)	· ·		\ <del>\</del>	15,656			0
FINANCE AND CFO (RESIGNED 6/15/16)	(11)							
4SAMAYLA DEUTCH	(1)	) 183,171	† <u> </u>	0	14,654	19,039	216,864	0
VP & ASSOCIATE GENERAL COUNSEL	(11)	)     -	 -  -	<u> </u>		19,035 	210,004	
	<u> </u>	3,509	<u> </u>	<u>, o'</u>	281	365	4,155	0
<b>5</b> TALLY BLUMBERG SENIOR VP OF PROGRAMS	(1)		0'	0!	14,207	26,650	233,499	0
I	(11)	9,038	ı	, -1	667	- 1,250	10,955	0
<b>6</b> ERIK KULLESEID SENIOR VP, ALLIANCE FOR	(1)	191,580	0'	0'	15,326	27,889	234,795	0
NYS PARKS	(11)		,	.	- 0	- 0		· · · · · · · · · · · · · · · · · · ·
7TERRENCE NOLAN SENIOR VP, CONSERVATION	(1)	) 193,260	0	, 0'	15,461	27,889	236,610	С
TRANSACTIONS	(11)	,	-					
8LESLIE KANE SZYNAL	(1)	) 204,434		<u>'</u>	16,480	27,900	248,814	
DIRECTOR, OUTDOORS AMERICA	(11)			<u> </u> "!		27,500		
I ————	<u> </u>	<u> </u>	<u> </u>	0	0	0	0	С
<b>9</b> EILEEN LARRABEE ASS DIR , ALLIANCE FOR NYS PARKS	(1)		0'	0!	11,274	27,602	177,590	C
NISTANKS	(11)	0	-  - 0  0	-   -   0	- 0	0	-   -   0	(

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493292008176

#### Schedule L

(Form 990 or 990-EZ)

**Transactions with Interested Persons** 

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

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

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury

Name of the org		JST INC								icatio	n numbe	r	
							:)(29)	organı	zations				
									_				
<b>1</b> (a) Nam	Excess Benefit Transact Complete If the organization and (a) Name of disqualified person  The the amount of tax incurred by one of the amount of tax, if any, on line Complete If the organization organization reported an amount of the amount of tax incurred an amount organization reported an amount organization reported an amount of tax.		<b>(b)</b> R	•		fied person an	d (4	-		of	T		
				01	ganization		13-3028060  1(c)(29) organizations only) or Form 990-EZ, Part V, line 40b and (c) Description of transaction  (d) C  Yes  the year under section	Yes	No				
										tions only) Part V, line 40b  ption of tion  tion  (d) Corre Yes  (tion  \$  V, line 26, or if the  (h) Approved y board or ommittee?			
			Insactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) inton answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b organization  (b) Relationship between disqualified person and organization  (c) Description of transaction  (d) Correyes  (d) Correyes  (e) Organization managers or disqualified persons during the year under section  (e) Organization managers or disqualified persons during the year under section  (f) Section 1 organization managers  (g) In the 26, or if the an amount on Form 990, Part IV, line 26, or if the an amount on Form 990, Part X, line 5, 6, or 22  (g) (d) Loan to principal amount or form 990, Part X, line 5, 6, or 22  (g) To From the principal amount organization?  (g) In the default? Approved by board or committee?  (g) In the 20 organization?  (g) In the 20 or										
							_						
										+			
	mount of tax	incurred by or	_	_	•	_	-						
3 Enterthe a	mount of tax	, it any, on line	2, above, re	impursed by t	ne organizatio	on		•	<b>-</b> \$				
art II Lo	ans to and	l/or From 1	Intereste	d Persons.									
Col	mplete if the	organızatıon a	nswered "Ye	s" on Form 99		line 38a, or F	orm 99	0, Par	t IV, lın	e 26, c	r ıf the		
org	anızatıon rep	orted an amou	nt on Form 9	990, Part X, lın	e 5, 6, or 22								
:- > NI 6	(IN Deleter	-1 (-)	(4)		14-30	(6) P - I	(-)	T	(1.3		<b>(:)</b>		
a) Name of Interested					1							agreement?	
person	I					by board or			agreement?				
	_											_	
			То	From			Yes	No	Yes	No	Yes	No	
												<u> </u>	
												<u> </u>	
												↓	
												$oldsymbol{ol}}}}}}}}}}}}}}}}}$	
												<del>                                     </del>	
				_								<u> </u>	
												—	
					1							+-	
_		_											
tal					_								
ort IIII Gra	ints or Ass	sistance Be	nefiting I	nterested F	Persons.	et IV. Juno 27	,						
(a) Name of i	•	_							. (.)	Durnas		ıatana	
perso					. OI assistance	e (a) Type	OI assi:	Stance	e   (e)	Purpos	se or ass	istanc	
p 0.00													
					<del></del>								

#### Part IV Business Transactions Involving Interested Persons.

$C_{C}$	mnlete	if the	organization	answered	"Yes"	on Form	990	Part IV	line 28a	28h	or 28c
しし	niibiete	11 (11)	Organization	answereu	163	011 1 01111	220.	raitiv,	IIIIC ZOG,	200.	01 200.

Complete ii the organizatio		<u> </u>	<u> </u>	( ) ()	
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization revenues?	
				Yes	No
(1) STEPHEN CLEARMAN	SEE PART V	134,050	SEE PART V		Νo
(2) HUME STEYER	SEE PART V		SEE PART V		Νo
(3) CHRISTOPHER ELLIMAN	SEE PART V		SEE PART V		Νo

#### Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference **Explanation** SCHEDULE L, PART IV STEPHEN CLEARMAN IS A TRUSTEE OF BOTH OSI AND OSILT MR CLEARMAN IS ALSO A MANAGING PARTNER OF KINDERHOOK, LP, IN WHICH OSILT HAS INVESTED MANAGEMENT FEES PAID BY OSILT TO KINDERHOOK, LP DURING THE TAXABLE YEAR ENDING 12/31/15 TOTALED \$134,050 IN ACCORDANCE WITH OSI'S CONFLICT OF INTEREST POLICY, MR CLEARMAN RECUSES HIMSELF FROM ANY DECISION REGARDING OSILT'S INVESTMENT IN KINDERHOOK, LP IN ADDITION, AS OF THE END OF 2015, OSILT WITHDREW FROM KINDERHOOK, LP, ALTHOUGH ADDITIONAL DISTRIBUTIONS WILL OCCUR IN THE 2016 CALENDAR YEAR HUME STEYER IS A TRUSTEE OF BOTH OSI AND OSILT MR STEYER AND A LAW FIRM IN WHICH HE IS A PARTNER REPRESENT SEVERAL HEDGE FUNDS IN WHICH OSILT HAS INVESTED MR STEYER ALSO REPRESENTS MEMBERS OF TWO FAMILIES WHICH HAVE SOLD LAND TO OSILT IN ACCORDANCE WITH OSI'S CONFLICT OF INTEREST POLICY, MR STEYER RECUSES HIMSELF FROM ANY DECISION REGARDING THE INVESTMENT IN SUCH HEDGE FUNDS AND PURCHASE OF SUCH LANDS THE BOARD OF TRUSTEES OF OSILT AUTHORIZED THE ACQUISITION OF A CONSERVATION EASEMENT PROTECTING THE 3,777 ACRE BLACK ROCK FOREST PRESERVE IN ORANGE COUNTY, NEW YORK WHICH OPENED UP 18 MILES OF RECREATIONAL TRAILS ON THE PRESERVE FOR PUBLIC USE CHRISTOPHER ELLIMAN, PRESIDENT AND CEO OF OSI AND OSILT, IS ALSO A VOLUNTEER TRUSTEE OF THE BLACK ROCK FOREST PRESERVE, A CHARITABLE ORGANIZATION THAT IS ENGAGED IN CONSERVATION AND SCIENTIFIC RESEARCH SUBSEQUENTLY IN 2016, OSILT ACQUIRED THE CONSERVATION EASEMENT AND DONATED IT TO THE NEW YORK STATE OFFICE OF PARKS, RECREATION AND HISTORIC PRESERVATION IN ACCORDANCE WITH OSI'S CONFLICT OF INTEREST POLICY, MR ELLIMAN RECUSED HIMSELF FROM ANY DECISION REGARDING THE ACQUISITION OF THE CONSERVATION EASEMENT ON THE BLACK ROCK FOREST PRESERVE OSILT LEASED APPROXIMATELY 1,017 ACRES OF UNDEVELOPED LAND LOCATED IN GEORGETOWN COUNTY, SOUTH CAROLINA TO THE BUTLER CONSERVATION FUND, A CHARITABLE FOUNDATION ENGAGED IN CONSERVATION WORK AND PUBLIC OUTDOOR EDUCATION CHRISTOPHER ELLIMAN, PRESIDENT AND CEO OF OSI AND OSILT, IS ALSO A VOLUNTEER TRUSTEE OF THE BUTLER CONSERVATION FUND IN ACCORDANCE WITH OSI'S CONFLICTS OF INTEREST POLICY, MR ELLIMAN RECUSED HIMSELF FROM ANY DECISION REGARDING THE LEASE OF THE 1,017 ACRES OF LAND TO THE BUTLER CONSERVATION FUND

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

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

DLN: 93493292008176

OMB No 1545-0047

► Attach to Form 990. Department of the Treasury

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

**Noncash Contributions** 

Open to Public Inspection

Internal Revenue Service

**SCHEDULE M** 

(Form 990)

Name of the organization OPEN SPACE INSTITUTE LAND TRUST INC

**Employer identification number** 

					13-3028060			
Pa	Types of Property	1		T	T			
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(enterpolation (in the moncash contribution)		_	is
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 .	Х	2	69,178	FAIR MARKET VA	LUE		
LO	Securities—Closely held stock .							
L <b>1</b>	Securities—Partnership, LLC, or trust interests	Х	6	6,325,121	FAIR MARKET VA	LUE		
<b>L2</b>	Securities—Miscellaneous							
	Qualified conservation contribution—Historic structures							
	Qualified conservation contribution—Other							
.5	Real estate—Residential .							
.6	Real estate—Commercial							
.7	Real estate—O ther	Х	1	169,360	FAIR MARKET VA	LUE		
.8	Collectibles							
.9	Food inventory							
20	Drugs and medical supplies .							
1	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25 (	Other ► ()							
26 (	Other ► ()							
27 (	Other ► ()							
28	Other ► ()							
	Number of Forms 8283 received for which the organization comple	, -	,		29			
30a	During the year, did the organiza	ition receiv	e by contribution any prope	erty reported in Part I. lines	1 through 28, that		Yes	No
	it must hold for at least three ye							
	for exempt purposes for the enti	re holding p	eriod?			30a		Νo
b	If "Yes," describe the arrangeme	ent in Part 1	I					
1	Does the organization have a gif	t acceptano	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	-	es or related organizations	to solicit, process, or sell	noncash 	32a		No
h	If "Yes," describe in Part II							Ĭ
	If the organization did not report describe in Part II	an amount	ın column (c) for a type of	property for which column (	a) ıs checked,			

Page 2

selledale ii i	٠.,	,		٠,	٧-	-	٠.
Part II		9	ì	nn	ما	m	6

Supplemental Information.

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

Return Reference Explanation

Schedule M (Form 990) (2015)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493292008176

EDITE O Suppleme

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its

► 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

Name of the organization OPEN SPACE INSTITUTE LAND TRUST INC	Employer identification number
	13-3028060

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE SOLE MEMBER OF OPEN SPACE INSTITUTE LAND TRUST, INC IS OPEN SPACE INSTITUTE, INC OPEN SPACE INSTITUTE, INC HAS A FISCAL SPONSORSHIP PROGRAM, THE CITIZEN ACTION PROGRAM, WHICH SUPPORTS LOCAL COMMUNITY GROUPS WORKING TO PROTECT NATURAL HABITATS AND HAS AN ENVIRONMENTAL EDUCATION PROGRAM WHICH MAKES GRANTS TO LOCAL ORGANIZATIONS FOR ENVIRONMENTAL EDUCATION REFER TO THE OPEN SPACE INSTITUTE, INC FORM 990 FOR A FURTHER DESCRIPTION OF THE ORGANIZATION'S MISSION AND MOST SIGNIFICANT ACTIVITIES

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE TRUSTEES OF OPEN SPACE INSTITUTE LAND TRUST, INC. ARE 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 WITHOUT CAUSE, BY THE SOLE MEMBER

Return Reference	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 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.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	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. A CONFLICTED PARTY MAY NOT DISCUSS THE TRANSACTION THAT IS THE BASIS OF SUCH CONFLICT, AND MUST RECUSE HIMSELF OR HERSELF FROM ANY DISCUSSION OR 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.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE PROCESS OF DETERMINING COMPETITIVE 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 INFORMATION GLEANED FROM FORM 990S OF COMPARABLE ORGANIZATIONS TO DETERMINE APPLICABLE COMPENSATION RATES. ONCE REASONABLE AND COMPETITIVE COMPENSATION RATES ARE ESTABLISHED, THEY ARE APPROVED BY THE COMPENSATION COMMITTEE.

Return Reference	Explanation
,	OPEN SPACE INSTITUTE, INC MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POLICY, DOCUMENT RETENTION AND DESTRUCTION POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE GENERAL PUBLIC THESE DOCUMENTS ARE SENT TO ANYONE WHO CONTACTS THE ORGANIZATION AND REQUESTS SUCH INFORMATION

Return Reference	Explanation
A, COLÚMN D	OFFICER COMPENSATION ALLOCATED TO THE ENTITY AMOUNTED TO \$2,679,681 AS REPORTED IN PART VII, SECTION A, COLUMN D THE TOTAL COMPENSATION FOR SELECT OFFICERS PAID BY THE CONSOLIDATED GROUP IS REPORTED ON SCHEDULE J, PART II

FORM 990, PART IX, LINE 11G  CONSULTING FEES - PROGRAM PROGRAM SERVICE EXPENSES 1,908,930 MANAGEMENT AND GENERAL EXPENSES 55,500 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,964,430 DEED/EASEMENT FEES PROGRAM SERVICE EXPENSES 36,526 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 36,526 EASEMENT MONITORING FEES PROGRAM SERVICE EXPENSES 8,855 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 126,003 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 126,003 APPRAISAL FEES PROGRAM SERVICE EXPENSES 64,000 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 0 FUNDRAISING EXPENSES 0 FUNDRAISING EXPENSES 69,206 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 69,206 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 69,206 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 69,206 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 69,206 TEMPORARY HELP PROGRAM SERVICE	Return Reference	Explanation
EXPENSES 1,232 MANAGEMENT AND GENERAL EXPENSES 20,332 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 21,564	PART IX,	FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,964,430 DEED/EASEMENT FEES PROGRAM SERVICE EXPENSES 36,526 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 36,526 EASEMENT MONITORING FEES PROGRAM SERVICE EXPENSES 8,855 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 8,855 SURVEY FEES PROGRAM SERVICE EXPENSES 126,003 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 126,003 APPRAISAL FEES PROGRAM SERVICE EXPENSES 64,000 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 64,000 LAND & EASEMENT PLANNING/POLLS PROGRAM SERVICE EXPENSES 10,000 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 10,000 CONSTRUCTION PROGRAM SERVICE EXPENSES 69,206 MANAGEMENT AND

Return Reference	Explanation
1 '	IN-KIND INTEREST INCOME 21,336 IN-KIND INTEREST EXPENSE -2,998 PROGRAM-RELATED LOANS AT LESS THAN MARKET INTEREST RATE -50,915

Return Reference	Explanation
PART XII LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

Return Reference	Explanation
PART XII, LINE 2C	DESCRIPTION OF THE ORGANIZATION'S AUDIT COMMITTEE. THE AUDIT COMMITTEE OF THE OPEN SPACE INSTITUTE, INC., A SUPPORTED ORGANIZATION OF THE OPEN SPACE INSTITUTE LAND TRUST, INC., IS ALSO THE AUDIT COMMITTEE OF OPEN SPACE INSTITUTE LAND TRUST, INC. AND IS RESPONSIBLE FOR THE OVERSIGHT OF OUR FINANCIAL STATEMENTS AND SELECTION OF OUR INDEPENDENT ACCOUNTANT. THE COMMITTEE MEETS QUARTERLY TO REVIEW COMPLEX TRANSACTIONS AND INTERIM FINANCIAL STATEMENTS TO OBTAIN A BETTER UNDERSTANDING OF THE CURRENT FINANCIAL CONDITION OF THE ORGANIZATION. ON AN ANNUAL BASIS, OUR AUDIT COMMITTEE REVIEWS THE REPORT TO THE AUDIT COMMITTEE PREPARED BY OUR OUTSIDE AUDITORS AND THE CONSOLIDATED FINANCIAL STATEMENTS OF OUR ORGANIZATION. THE AUDIT COMMITTEE PERIODICALLY REVIEWS, NOT LESS THAN EVERY FIVE YEARS, THE NEED TO REPLACE OUR INDEPENDENT ACCOUNTANT BASED ON CERTAIN CRITERIA. 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 MANNER AT A COMPETITIVE PRICE.

DLN: 93493292008176

2015

OMB No 1545-0047

Open to Public **Inspection** 

**Employer identification number** 

13-3028060

## **SCHEDULE R** (Form 990)

**Related Organizations and Unrelated Partnerships** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

Name of the organization OPEN SPACE INSTITUTE LAND TRUST INC

Department of the Treasury

Internal Revenue Service

Part I

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(c) (d) (f) Direct controlling Primary activity Legal domicile (state Total income Name, address, and EIN (if applicable) of disregarded entity End-of-year assets or foreign country) entity (1) OSI CONSERVATION INVESTMENTS LLC INVESTMENT VEHICLE NY 0 OPEN SPACE INSTITUTE LAND 1350 BROADWAY SUITE 201 TRUST INC NEW YORK, NY 100187799 13-3028060

Part II 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.

(a)  Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	Section (13) co ent	ntrolled ity?
						Yes	No
(1)OPEN SPACE INSTITUTE INC 1350 BROADWAY NEW YORK, NY 10018 52-1053406	LAND PROTECTION	NY	501(C)(3)	7	N/A		No
(2)BEAVERKILL VALLEY LAND TRUST INC 1350 BROADWAY  NEW YORK, NY 10018 13-3545322	LAND PROTECTION	NY	501(C)(3)		OPEN SPACE INSTITUTE INC		No

Identification of Related Organizations Taxable as a Partnership Complete of the organization answered "Yes" on Form 990, Part IV, line 3	4
because it had one or more related organizations treated as a partnership during the tax year.	

<b>(a)</b> Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	( <b>h</b> Disprop alloca	rtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	agıng	<b>(k)</b> Percentage ownership
				31.7			Yes	No		Yes	No	
												•
											М	
		_										

Part IV 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.

	No					
(i) Section 512 (b)(13) controlled entity?	Yes					
<b>(h)</b> Percentage ownership						
(g) Share of end- of-year assets						
(f) Share of total Income						
(e) Type of entity (C corp, S corp, or trust)	·					
(d) Direct controlling entity						
<b>(c)</b> Legal domicile (state or foreign country)						
<b>(b)</b> Primary activity						
(a) Name, address, and EIN of related organization						

Part V Transactions With Related Organizations Complete if the organization answer	ered "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				Y	'es No	,
1 During the tax year, did the organization engage in any of the following transactions with one or more re	elated organizations lis	sted in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	No	_
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b	No	,
<b>c</b> Gift, grant, or capital contribution from related organization(s)				1c	No	,
<b>d</b> Loans or loan guarantees to or for related organization(s)				1d	No	,
e Loans or loan guarantees by related organization(s)				1e	No	,
${f f}$ Dividends from related organization(s)				1f	No	_
g Sale of assets to related organization(s)				1g	No	J
<b>h</b> Purchase of assets from related organization(s)				1h	No	1
i Exchange of assets with related organization(s)				1i	No	,
j Lease of facilities, equipment, or other assets to related organization(s)				1j	No	,
${f k}$ Lease of facilities, equipment, or other assets from related organization(s)				1k	No	,
I Performance of services or membership or fundraising solicitations for related organization(s)				11	No	
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m	No	,
f n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n Y	'es	
o Sharing of paid employees with related organization(s)				10 Y	'es	
<b>p</b> Reimbursement paid to related organization(s) for expenses				<b>1</b> p	No	,
<b>q</b> Reimbursement paid by related organization(s) for expenses				1q	No	,
r Other transfer of cash or property to related organization(s)				1r	No	,
<b>s</b> Other transfer of cash or property from related organization(s)				1s	No	,
						_
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete			and transaction thresholds			
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d)  Method of determining am	ount inv	olved	
1)OPEN SPACE INSTITUTE INC	N	1,132,043	ALLOCATED EXPENSES			
2)OPEN SPACE INSTITUTE INC	0	6,013,109	ALLOCATED EXPENSES			_
			<u> </u>			_
						_
						_

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

revenue) that was not a related organization. See instructions			ertain invest										
<b>(a)</b> Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations	·	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		<b>(k)</b> Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	I
	•	•		—	•	•				•	•		

## Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2015