# **PUBLIC INSPECTION COPY**

Form <b>C</b>	90
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### EXTENDED TO NOVEMBER 15, 2024 **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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.

23 **Open to Public** 

		nue Service	Go to www.irs.gov/Form990 for instructions and th	ne latest in	formation.	Inspection		
AF	A For the 2023 calendar year, or tax year beginning and ending							
B c a	heck if pplicab	C Name o	forganization		D Employer identific	ation number		
	Addre	THE	WESTERLY LAND TRUST					
	Name		usiness as		22-286490	)7		
	Initial		and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number			
	Final return	P.O.	BOX 601		(401) 315	5-2610		
	termir ated Amen	,	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,079,509.		
	_return	MEDI	ERLY, RI 02891		H(a) Is this a group ret			
	_tion pendi	F Name a	nd address of principal officer: NICHOLAS STAHL			? Yes X No		
					H(b) Are all subordinates inc			
		empt status:	X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) ol ERLYLANDTRUST • ORG	r 527	1	list. See instructions		
	Vebsi		X     Corporation     Trust     Association     Other	I Voor	<b>H(c)</b> Group exemption	State of legal domicile: RI		
	nrt I	Summary						
	1		e the organization's mission or most significant activities: $\ \underline{ ext{THE}}$ W	<b>JESTER</b>	LY LAND TRUS			
e	•		ES OPEN SPACE, REVITALIZES CULTURAI					
Governance	2	Check this bo						
ver	3		-		3	15		
	4		lependent voting members of the governing body (Part VI, line 1b)			15		
ې مې	5		of individuals employed in calendar year 2023 (Part V, line 2a)			5		
/itie	6		of volunteers (estimate if necessary)			150		
Activities &	7 a		d business revenue from Part VIII, column (C), line 12			0.		
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.		
					Prior Year	Current Year		
e	8	Contributions	and grants (Part VIII, line 1h)		910,305.	730,707.		
Revenue	9	•	ce revenue (Part VIII, line 2g)		104,400.	103,259.		
sev.	10		come (Part VIII, column (A), lines 3, 4, and 7d)		240.	1,369.		
ш	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-10,644.	33,611.		
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,004,301.	868,946.		
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14		to or for members (Part IX, column (A), line 4)		0.	0.		
es	15		compensation, employee benefits (Part IX, column (A), lines 5-10)		342,804.	<u> </u>		
ens	16a		undraising fees (Part IX, column (A), line 11e)	·	0.	0.		
Expenses	b		ing expenses (Part IX, column (D), line 25) 69,75		829,629.	493,919.		
			es (Part IX, column (A), lines 11a-11d, 11f-24e)		1,172,433.	855,532.		
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		-168,132.	13,414.		
- 2	19	Revenue less	expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year		
Net Assets or Fund Balances	20	Total assets (F	Part X line 16)		8,768,262.	8,586,549.		
Asse Bala	20 21	-	-		5,937,142.	5,726,651.		
Net /	21		(Part X, line 26) fund balances. Subtract line 21 from line 20		2,831,120.	2,859,898.		
Pa	rt II	Signature			-,,	2,000,000.		
		-	I declare that I have examined this return, including accompanying schedules	and stateme	inter and to the heet of mu	knowledge and helief it is		

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

Sign	Signature of officer		Date					
-	NICHOLAS STAHL, PRESIDENT	i de la construcción de la constru						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date Check	PTIN				
Paid	JOLANTA TUCK, CPA	JOLANTA TUCK, CPA	05/14/24 self-employed PC	01340068				
Preparer	Firm's name COHNREZNICK LLP		Firm's EIN 22-14	478099				
Use Only	Firm's address 350 CHURCH STREET	', 12TH FLOOR						
	HARTFORD, CT 0610	3	Phone no. $959 - 20$	00-7000				
May the IF	May the IRS discuss this return with the preparer shown above? See instructions							
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

_	990 (2023) THE WESTERLY LAND TRUST	22-2864907 Page
Par	t III Statement of Program Service Accomplishments	X
1	Check if Schedule O contains a response or note to any line in this Part III	<b>_</b>
	THE WESTERLY LAND TRUST CONSERVES OPEN SPACE, REVITAL	TZES CULTURALLY
	SIGNIFICANT PROPERTIES, AND PROVIDES ENVIRONMENTAL PR	
	ENDURING BENEFIT OF OUR COMMUNITY.	
2	Did the organization undertake any significant program services during the year which were not listed on	the
	prior Form 990 or 990-EZ?	Yes X N
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	vices? Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program service	es, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations t	o others, the total expenses, and
	revenue, if any, for each program service reported.	150,400
4a		(Revenue \$ 150,422.
	THE WESTERLY LAND TRUST, A NOT-FOR-PROFIT CORPORATION	•
	THROUGHOUT WESTERLY TO CONSERVE SPACE AND ENHANCE COM	
	SPECIFIC PROGRAMS INCLUDE THE PRESERVATION OF OPEN SPECIFIC PROGRAMS INCLUDE PROGRAMS PROGRAMS INCLUDE PROGRAMS	
	REHABILITATION AND REDEVELOPMENT OF ESTABLISHED NEIGH ESTABLISHMENT OF EDUCATION AND RECREATION OPPORTUNITI	
	THE TRUST'S PROGRAMS AND ACTIVITIES ARE DIRECTED TO T	
	ENHANCEMENT OF THE ENVIRONMENT, AGRICULTURE, AND WATE	
		IS RECOGNIZED AS A
	PLACE WITH SPECIAL CHARM AND ATTRACTIONS WHICH ARE A	
	ITS RESIDENTS AND A MAGNET FOR TOURISTS AND NEW RESID	
	AIMS TO PROTECT AND STRENGTHEN THAT REPUTATION.	
4b	(Code:) (Expenses \$ 337,710. including grants of \$)	(Revenue \$
	THE LAND TRUST CURRENTLY HOLDS 31 PROPERTIES TOTALING	MORE THAN 1,700
	ACRES. THE MOST RECENT ACQUISITION WAS THE COTTRELL F	AMILY PRESERVE IN
	FEBRUARY 2022, WHICH LIES ON THE NATIONALLY DESIGNATE	ED WILD AND SCENIC
	PAWCATUCK RIVER.	
	IN 2004, THE WESTERLY LAND TRUST EXPANDED ITS MISSION	
		REAS OF HISTORICAL
	SIGNIFICANCE IN DOWNTOWN WESTERLY. THE CONCEPT IS TH	
	WILL BENEFIT THE TOWN AND REDUCE DEVELOPMENTAL PRESSU	
	ENVIRONMENTALLY SENSITIVE AREAS. IN ADDITION TO THE	
	THEATER, MONTGOMERY WARD, AND INDUSTRIAL TRUST BUILDI	-
	TRUST AND ITS PARTNERS OWN PROPERTIES BETWEEN MAIN ST	REET AND THE
4 -	PAWCATUCK RIVER.	
4c	(Code:) (Expenses \$ including grants of \$)	(Revenue \$
4d	Other program services (Describe on Schedule O.)	,
40	(Expenses \$ including grants of \$ ) (Revenue \$ Total program service expenses 670, 243.	)
+e	Total program service expenses 670,243.	Form <b>990</b> (202
		Form <b>3-3U</b> PDD:
	12-21-23 SEE SCHEDULE O FOR CONTINUATION	

Form 990 (2023)

Part 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Х	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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			1
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			1
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			1
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			1
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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		X
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
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		x
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		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	х	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		28a	х	
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
U		28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
30		30		x
21	contributions? If "Yes," complete Schedule M	31		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		- 23
32		32		x
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		- 23
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
05 -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.54		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		x
07	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	х	
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
	Check if Schedule O contains a response or note to any line in this Part V			
			Vaa	
1	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 20		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 20 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c	х	
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552004	5	. 0////		(-020)

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Form	990 (2023) THE WESTERLY LAND TRUST 22-2864 t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	907	Р	age <b>5</b>
I UI			Yes	No
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		Tes	No
20	filed for the calendar year ending with or within the year covered by this return 2a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	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 contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:			
a L	Gross income from members or shareholders <b>11a</b>			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.) [11b]	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
ь 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) gualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	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			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
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Part VI	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response	Э
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.	
	Check if Schedule O contains a response or note to any line in this Part VI	Х

Check if Schedule O contains a response or note to any line in this Part VI	 
Section A. Governing Body and Management	

	ton / a dotonning Body and management					
4	Enter the number of voting members of the governing body at the and of the tay very	4-	15		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	1.1	-		
	If there are material differences in voting rights among members of the governing body, or if the governing					
h	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Enter the number of voting members included on line 1a, above, who are independent	16	15			
ь 2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	<b>1b</b>		-		
2	officer divector twister or key employee?			2		х
3	Did the organization delegate control over management duties customarily performed by or under th			<b></b>		
5			Supervision	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X
6	Did the organization have members or stockholders?			6	Х	
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye					
а	The governing body?	-	-	8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched a	t the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befo	re filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	Yes," a	lescribe			
	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	al by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45.0	x	
	The organization's CEO, Executive Director, or top management official			15a	~	x
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			15b		Δ
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	mont w	vith a			
104				16a		х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			104		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of evaluation of the organization of	-	-			
	exempt status with respect to such arrangements?			16b		
Sec	Section C. Disclosure				1	<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed $RI$					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990	)-T (section 501(c)(3):	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			.,		
	Own website Another's website X Upon request Other (explain	n on So	chedule O)			

19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial
	statements available to the public during the tax year.

20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords
	COLLEEN SULLIVAN - 401-315-2610	
	P.O. BOX 601, WESTERLY, RI 02891	

11360514 147227 0567700-0567700.0990

7 2023.03040 THE WESTERLY LAND TRUST

Form **990** (2023)

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

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

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

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

• List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

See the instructions for the order in which to list the persons above.

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	Position (do not check more than one				ane	Reportable	Reportable	Estimated	
	hours per	box	, unles	s per	son i	s both	n an	compensation	compensation	amount of
	week	officer and a		uau	recio	r/trus	lee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		/ee	mpen		1099-NEC)	1033-1120)	and related
	below	ndividual trustee or director	nstitutional trustee	r	mplo	est col	er			organizations
	line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former			C C
(1) JENNIFER FUSCO	45.00									
EXECUTIVE DIRECTOR				Х				125,000.	0.	3,462.
(2) DAVID RATHBUN	2.00									
DIRECTOR		Х						0.	0.	0.
(3) DONNA ANDERSON	4.00									
SECRETARY		Х		Х				0.	0.	0.
(4) GAIL MALLARD	2.00									
DIRECTOR		Х						0.	0.	0.
(5) GENE RENZ	2.00									
DIRECTOR		Х						0.	0.	0.
(6) GERRY GORMAN	2.00									
TREASURER		Х		Х				0.	0.	0.
(7) JEFFREY WALKER	2.00									_
DIRECTOR		Х						0.	0.	0.
(8) JENNIFER BRINTON	2.00									-
DIRECTOR		Х						0.	0.	0.
(9) JOSEPH MICELI	2.00									•
DIRECTOR		Х						0.	0.	0.
(10) KATE SMITH	2.00								0	0
DIRECTOR	0.00	X						0.	0.	0.
(11) LINDA GRIFFIN	2.00			37					0	0
VICE PRESIDENT	2 00	Х		Х				0.	0.	0.
(12) LYMAN GOFF DIRECTOR	2.00	x						0.	0.	0.
(13) NICHOLAS J. STAHL	6.00	<u> </u>						0.	0.	0.
PRESIDENT	0.00	x		х				0.	0.	0.
(14) POLLY CHORLTON	2.00			<u>_</u>				0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(15) RICHARD PANCIERA	2.00									
OUTGOING-DIRECTOR	2.00	x						0.	0.	0.
(16) STEPHANIE RAIA	2.00							<b>```</b>		
DIRECTOR		x						0.	0.	0.
(17) WILLIAM MCKENDREE	2.00								<b></b>	<b>.</b>
DIRECTOR		x						0.	0.	0.
332007 12-21-23	•									Form <b>990</b> (2023)
										()

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	990 (2023) THE WESTE									22-28	364	907	Pa	age <b>8</b>
Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	<b>(B)</b> Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than c s both	an	(D) (E) Reportable Reportable compensation compensatio from from related the organization			ion amount c ed other		
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)		fro orga anc	om the anizati I relate nizatio	e on ed
	Subtotal Total from continuation sheets to Part VII								125,000.		0.		3,46	0.
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but no								125,000. eceived more than \$100,	000 of reportable	0.		3,40	52.
	compensation from the organization												Yes	1 No
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for su	-		•	•	-		Ŭ				3		x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	e co	mpe	ensat	tion	and	oth	ner compensation from t	he organization		4		x
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i>	ccrue compen	satio	on fr	om a	any	unre	late	ed organization or individ	dual for services		5		x
	tion B. Independent Contractors				-									
1	Complete this table for your five highest con the organization. Report compensation for t	-									ensa	tion fro	m	
	(A) (B) Name and business address NONE Description of services								С	(C omper		<u>ו</u>		
								_						
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nitec	d to t	thos C		ted	above) who received mo	ore than				
	,											Form	<b>990</b> (c	2023/

332008 12-21-23

Form **990** (2023)

Pa	rt VII	Statement of Revenue				
		Check if Schedule O contains a response or note to any		(B)	(C)	
			(A) Total revenue	(D) Related or exempt function revenue	Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a b c d e f	Fundraising events1c50,188Related organizations1dGovernment grants (contributions)1e34,400All other contributions, gifts, grants, and similar amounts not included above1f582,110	<u>.</u>			
Contribu and Oth	g h	Noncash contributions included in lines 1a-1f     1g \$ 1,342       Total. Add lines 1a-1f	730,707.			
Program Service Revenue	2a b c d	PROGRAM RENTAL INCOME 531390		103,259.		
Proç	e f	All other program service revenue				
	g		103,259.			
	3 4	Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds	18,787.			18,787.
	5 6 a	Royalties     (i) Real     (ii) Persona       Gross rents     6a     (iii) Persona	l			
	с	Less: rental expenses     6b       Rental income or (loss)     6c       Net rental income or (loss)	_			
	7 a	Gross amount from sales of assets other than inventory Less: cost or other basis (i) Securities (ii) Other 167,471				
Revenue		and sales expenses         7b         184,889           Gain or (loss)         7c         -17,418           Net gain or (loss)	3.			-17,418.
Other	8 a	Gross income from fundraising events (not including \$ 50,188. of contributions reported on line 1c). See Part IV, line 18 Less: direct expenses 8b 25,674	2.			
		Net income or (loss) from fundraising events	-13,552.			-13,552.
		Gross income from gaming activities. See         Part IV, line 19         Less: direct expenses         9b	_			
	с 10 а	Net income or (loss) from gaming activities         Gross sales of inventory, less returns         and allowances         Less: cost of goods sold				
		Net income or (loss) from sales of inventory				
neous Jue		FORGIVENESS OF DEBT 900099		47,163.		
Miscellaneous Revenue	c d	All other revenue	47,163.			
	<b>12</b> 9 12-21-	Total revenue. See instructions	868,946.	150,422.	0.	-12,183. Form <b>990</b> (2023)

Form 990 (2023)

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Form 990 (	2023
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THE WESTERLY LAND TRUST Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

#### Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (C) Management and general expenses (B) (A) Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 83,246. 128,462. 23,456. 21,760. trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 176,857. 114,885. 32,334. 29,638. Other salaries and wages 7 8 Pension plan accruals and contributions (include 21,533. 12,731. 3,746. 5,056. section 401(k) and 403(b) employer contributions) 4,649. 1,368. 7,863. 1,846. Other employee benefits 9 26,898. 15,903. 4,679. 6,316. 10 Payroll taxes 11 Fees for services (nonemployees): Management а 4,919. 4,919. b Legal 54,070. 11,755. 42,315. С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 1,919. 29,372. 27,453. column (A), amount, list line 11g expenses on Sch 0.) 3,366. 1,230. 64. 2,072 Advertising and promotion 12 22,174. 9,695. 9,415. 3,064 Office expenses 13 7,035. 933. 6,102. Information technology 14 15 Royalties 96,774. 92,425. 4,349. 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 707. 707. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 97,499. 97,499. Depreciation, depletion, and amortization 22 38,473. 28,263. 10,210. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 82,643. 79,604. 3,039. **REPAIRS & MAINTENANCE** а PROGRAM EXPENSES 15,683. 14,508. 1,175. b 5,471. 4,701. 770. DUES & SUBSCRIPTION С d 1,156. 35,733. 34,577. All other expenses е 855,532. 670,243. 115,537. 69,752. Total functional expenses. Add lines 1 through 24e 25 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)

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Form 990 (2023)

	n 990 (/ rt X	2023) THE WESTERLY LAND TRUST Balance Sheet	22-	2864907 Page 11	
I U		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	204,507.	1	235,211.
	2	Savings and temporary cash investments	488,195.	2	506,977.
	3	Pledges and grants receivable, net	39,292.	3	29,091.
	4	Accounts receivable, net	•	4	
	5	Loans and other receivables from any current or former officer, director,		_	
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
6	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	10,348.	9	11,668.
		Land, buildings, and equipment: cost or other		-	,
		basis. Complete Part VI of Schedule D 10a 8,028,700.			
	ь		6,718,880.	10c	6,481,198.
	11	Investments - publicly traded securities	89,012.	11	104,376.
	12	Investments - other securities. See Part IV, line 11	•	12	· · ·
	13	Investments - program-related. See Part IV, line 11	1,218,028.	13	1,218,028.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	8,768,262.	16	8,586,549.
	17	Accounts payable and accrued expenses	43,750.	17	46,004.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
s	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
lide		controlled entity or family member of any of these persons	5,893,392.	22	5,680,647.
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	5,937,142.	26	5,726,651.
		Organizations that follow FASB ASC 958, check here			
ces		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	2,652,572.	27	2,708,478.
Ba	28	Net assets with donor restrictions	178,548.	28	151,420.
pur		Organizations that do not follow FASB ASC 958, check here			
ц		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	2,831,120.	32	2,859,898.
	33	Total liabilities and net assets/fund balances	8,768,262.	33	8,586,549.

Form 990 (2023)

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_	990 (2023) THE WESTERLY LAND TRUST	22-	286490	/ Pa	<sub>age</sub> 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	80	58,9	946.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	8!	55,5	532.			
3	Revenue less expenses. Subtract line 2 from line 1	3			14.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,83					
5	Net unrealized gains (losses) on investments	5	-	L5,3	864.			
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 on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	2,8	59,8	<u> 98.</u>			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
с	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?							
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?				X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud	it					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					

Form **990** (2023)

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Department of the Treasury Internal Revenue Service

(Form 990)

## **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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2023
Open to Public Inspection

T

## Name of the organization

Nam	lame of the organization Employer identification number										
D.			WESTERLY LA						2-2864907		
	art I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.										
	rgani	zation is not a private found			-	-					
1		A church, convention of ch				n 170(b)(1	l)(A)(i).				
2		A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990).)									
3		A hospital or a cooperative					-				
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
- (		city, and state:						ait al a a avila d	. al ::a		
5		An organization operated for		lege or university owned	or operate	ed by a go	ivernmental u	nit describe	a in		
<b>o</b> [		section 170(b)(1)(A)(iv). (C		and a low the data set the set for			( )				
6   	X	A federal, state, or local gov	-						u de lie, ele e suite e el in		
7	21	An organization that norma	-	ntial part of its support if	om a gove	ernmentai		ie general p	Sublic described in		
8		section 170(b)(1)(A)(vi). (C		(1)(A)(ui) (Complete Der	+ 11 \						
9		A community trust describe An agricultural research org				nd in coni	unction with a	land grant	collogo		
5		or university or a non-land-g	-			-		-	-		
		university:	grant concyc or agrici			lame, eny	, and state of	the conege			
10		An organization that norma	Ilv receives (1) more	than 33 1/3% of its supr	ort from co	ontributior	ns membersh	in fees and	d gross receipts from		
		activities related to its exem	•					-	•		
		income and unrelated busir		-					-		
		See section 509(a)(2). (Con		,			, .		,		
11		An organization organized a		vely to test for public sa	fety. See	section 50	)9(a)(4).				
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform th	ne functio	ns of, or to ca	rry out the	purposes of one or		
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section !	509(a)(2).	See section &	509(a)(3).	Check the box on		
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.			
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving		
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	ipporting		
		organization. You must o	complete Part IV, Se	ections A and B.							
b		<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	d organizatio	n(s), by hav	ing		
		control or management o	f the supporting orga	anization vested in the sa	ame persoi	ns that co	ntrol or manag	ge the supp	ported		
		organization(s). You mus									
С		Type III functionally inte						ly integrate	d with,		
		its supported organization									
d		Type III non-functionally	• •					°.			
		that is not functionally int			•		-	an attentiv	reness		
		requirement (see instructi		-							
е		Check this box if the orga functionally integrated, or					турет, туре	п, туре п			
f	Ente	r the number of supported of		, , , , , , , , , , , , , , , , , , , ,	ng organiza	ation.					
		vide the following information	•	d organization(s).							
		) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of	monetary	(vi) Amount of other		
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)		
_											
Total											

#### Schedule A (Form 990) 2023

Part II

#### THE WESTERLY LAND TRUST

22-2864907 Page 2

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	678,861.	760,190.	773,085.	910,305.	730,707.	3853148.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	678,861.	760,190.	773,085.	910,305.	730,707.	3853148.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1008035.
	Public support. Subtract line 5 from line 4.						2845113.
Sec	ction B. Total Support				[		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	678,861.	760,190.	773,085.	910,305.	730,707.	3853148.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	549.	325.	258.	240.	18,787.	20,159.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	13,592.	1,049.				14,641.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)		2,903.			47,163.	50,066.
11	Total support. Add lines 7 through 10						3938014.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	442,507.
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
_	organization, check this box and stop						
	ction C. Computation of Publi					I I	
	Public support percentage for 2023 (I					14	72.25 %
	Public support percentage from 2022					15	63.36 %
16a	33 1/3% support test - 2023. If the o				14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2022. If the o				line 15 is 33 1/3%	or more, check thi	s box
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	VI how the organiz	ation
	meets the facts-and-circumstances te	-		• • • •	-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets th						
	organization meets the facts-and-circu		•		• •		
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2023

Schedule A	(Form 9	90) 2023
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Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
<ul><li>5 The value of services or facilities furnished by a governmental unit to</li></ul>						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support			-	1		
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 <b>(f)</b> Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for t	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgai	nization,
Section C. Computation of Publ						
<b>15</b> Public support percentage for 2023 (		•	column (f))		15	%
16 Public support percentage from 2022					16	%
Section D. Computation of Inves					<u> </u>	
17 Investment income percentage for 2					17	%
<b>18</b> Investment income percentage from					18	%
<b>19a 33 1/3% support tests - 2023.</b> If the						ine 17 is not
more than 33 1/3%, check this box a						
<b>b 33 1/3% support tests - 2022.</b> If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	on ala not check a	box on line 14, 19	va, or 190, check t	nis box and see in		
332023 12-21-23		16			Schee	dule A (Form 990) 2023

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

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

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10b Schedule A (Form 990) 2023

	Schedule A (Form 990) 2023	THE	WESTERLY	LAND	TRUSI
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Pa	t IV Supporting Organizations (continued)		
		Yes	No
11	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 on lines 11b and		
	11c below, the governing body of a supported organization? 11a		
b	A family member of a person described on line 11a above? 11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 11c		
Sec	tion B. Type I Supporting Organizations		
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>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 officers, directors, or trustees were allocated among the</i>		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised or controlled the supporting organization		

Supervi	sea. or controlled the	supporting organization.	
Section C.	. Type II Support	ting Organizations	

Section D. All Type III Supporting Organizations

 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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed
 Image: Control or management of the support of the support of the same persons that control or managed
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			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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		103	
	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			
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, 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	2		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a \_\_\_\_ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** below.

/ (see instruction <u>s).</u>	
/	(see instruction <u>s).</u>

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a 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? *If* "Yes" or "No" provide details in **Part VI.**
- 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.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

3a

Yes No

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4	Ad

Part V

1

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
<u> </u>	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	Ilv integrate	d Type III supporting orga	anization (see

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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(B) Current Year

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Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2019 b Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

7 Excess distributions carryover to 2024. Add lines 3j

Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 3 4 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 9 Distributable amount for 2023 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 1 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2023 a From 2018 **b** From 2019 c From 2020 d From 2021 e From 2022 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2023 distributable amount i Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2023 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2023 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

# Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

1 Amounts paid to supported organizations to accomplish exempt purposes

Schedule A (Form 990) 2023

Section D - Distributions

Schedule A (Form 990) 2023

1

**Current Year** 

(iii)

THE WESTERLY LAND TRUST

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.)

#### SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

#### MISCELLANEOUS

2020 AMOUNT: \$ 2,903.

#### FORGIVENESS OF DEBT

2023 AMOUNT: \$ 47,163.

90	HEDULE D	Supplementa	al Financial Statements		OMB No. 1545-0047
	n 990)	Complete if the orga Part IV, line 6, 7, 8, 9, 10	nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2023
	ment of the Treasury I Revenue Service		ttach to Form 990. 0 for instructions and the latest information.		Open to Public Inspection
	e of the organizati			Emp	loyer identification number
	_	THE WESTERLY LAND		-	22-2864907
Par		•	d Funds or Other Similar Funds or Ac	coun	ts. Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lin			
			(a) Donor advised funds	<b>b)</b> Fun	ds and other accounts
1		nd of year			
2		f contributions to (during year)			
3		f grants from (during year)			
4		t end of year			
5	-		writing that the assets held in donor advised func		
~			exclusive legal control?		Yes No
6			dvisors in writing that grant funds can be used or r donor advisor, or for any other purpose conferri		
	impermissible priv			•	Yes No
Par			ganization answered "Yes" on Form 990, Part IV,		
1		servation easements held by the organization			
-	、 ,	of land for public use (for example, recrea		rically	important land area
	X Protection o		Preservation of a certi	-	•
	X Preservation	n of open space			
2			ied conservation contribution in the form of a cor	nservat	ion easement on the last
	day of the tax year				Held at the End of the Tax Year
а	Total number of co	onservation easements		2a	2
b				2b	30.80
с	Number of conser	vation easements on a certified historic stru	ucture included on line 2a	2c	0
d	Number of conser	vation easements included on line 2c acqui	ired after July 25, 2006, and not		
	on a historic struct	ture listed in the National Register		2d	0
3	Number of conser	vation easements modified, transferred, rel	eased, extinguished, or terminated by the organized	zation	during the tax
	year	0			
4	Number of states	where property subject to conservation eas	sement is located1		
5	8	tion have a written policy regarding the per			
	,	orcement of the conservation easements it			
6		r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservatio	n ease	ments during the year
7	•	es incurred in monitoring, inspecting, hand $m 0$ .	ling of violations, and enforcing conservation eas	sement	s during the year
8			satisfy the requirements of section 170(h)(4)(B)(i)		
	and section 170(h)				X Yes No
9			on easements in its revenue and expense statem		
		÷ .	ote to the organization's financial statements that		
		ounting for conservation easements.			
Par	t III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Other S	imilaı	r Assets.
	Complete if	f the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and bala	ince sh	eet works
	of art, historical tre	easures, or other similar assets held for pub	lic exhibition, education, or research in furtheran	ice of p	public
	service, provide in	Part XIII the text of the footnote to its finan	ncial statements that describes these items.		
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenue statement and balance	sheet	works of
		·	exhibition, education, or research in furtherance	of pub	blic service,
	•	ng amounts relating to these items.			
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1		(	\$

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			28						
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(ii) Assets included in Form 990, Part X \$\_\_\_\_\_\_\$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

a Revenue included on Form 990, Part VIII, line 1

the following amounts required to be reported under FASB ASC 958 relating to these items:

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

Assets included in Form 990, Part X

b

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Schedule D (Form 990) 2023

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Sche		TERLY LAND						22-28			<sub>age</sub> 2
Par	t III Organizations Maintaining C	ollections of A	rt, His	torical Tre	easures, or	r Other S	Similar	Assets	s (contir	nued)	
3	Using the organization's acquisition, accession	on, and other record	ds, cheo	ck any of the	following that	t make sigr	nificant u	se of its			
	collection items (check all that apply).										
а	Public exhibition		d 🗌	] Loan or exc	hange progra	am					
b	Scholarly research		e 🗌	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	llections and explai	in how 1	they further th	ne organizatio	on's exemp	ot purpos	e in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, h	nistorical treas	sures, or othe	er similar as	ssets		_		_
_	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang		ete if th	e organizatior	n answered "	Yes" on Fo	orm 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodi								-		-
	on Form 990, Part X?							L	Yes	X	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:					<b>A</b>		
									Amoun	τ	
с.	Beginning balance						1c				
a	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance Did the organization include an amount on Fo						_ <b>_1f</b> _		Yes	v	No
	If "Yes," explain the arrangement in Part XIII.					-	· · · · · · ·	L			] <b>NO</b>
Par											
		(a) Current year		Prior year	(c) Two year		d) Three v	ears back	(e) Fou	r vears	back
1a	Beginning of year balance	(, ,	()	, <b>,</b>	(-)	(1)			(-)	<i></i>	
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
Ũ	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent vear end balanc	e (line '	1a. column (a	)) held as:						
a	Board designated or quasi-endowment		%	. 3,	,,						
b	Permanent endowment	%									
с		<u></u> ^%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation th	at are held ar	nd administer	ed for the					
	organization by:	0								Yes	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on	Schedule R?					3b		
4	Describe in Part XIII the intended uses of the	organization's endo	owment	funds.							
Par	t VI Land, Buildings, and Equipm	ent									
	Complete if the organization answered	d "Yes" on Form 99	0, Part	IV, line 11a. S	See Form 990	, Part X, lir	ne 10.				
	Description of property	(a) Cost or (	other	(b) Cost	t or other		cumulate	d	<b>(d)</b> Boo	k valu	е
		basis (invest	ment)		(other)	depr	eciation				
1a	Land				0,175.				3,60		
b	Buildings			88	9,709.	18	83,98	34.	70	5 <b>,</b> 7	25.
с	Leasehold improvements										
d	Equipment				-						
e	Other			3,53	8,816.	1,30	63,51	.8.	2,17	-	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X. line	10c, column	<u>(B))</u>				6,48	1,1	98.
							:	Schedule	D (Forn	n 990)	2023

332052 09-28-23

29 11360514 147227 0567700-0567700.0990 2023.03040 THE WESTERLY LAND TRUST 05677001

Part VII	Investments	s - Other Se	ecurities		
Schedule D	(Form 990) 2023	THE	WESTERLY	LAND	TRUST

art VII	Investments - Other Securities						
	Complete if the organization answered "Yes" o	n Form 990. Pa	art IV. line 1	11b. See Form	990. P	Part X. I	ine 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Col (b) must equal Form 990 Part X line 12 col (B))		

#### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) INVESTMENTS IN LIMITED		
(2) LIABILITY COMPANIES	1,218,028.	COST
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990. Part X. line 13. col. (B))	1,218,028.	

#### Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	
Part X Other Liabilities	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X	X, line 25.

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

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2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

n provided in Part XIII ... X Schedule D (Form 990) 2023

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Sche	dule D (Form 990) 2023 THE WESTERLY LAND TRUST				864907 Pag	ge <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With F	Revenue per Re	turn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	897,862	2.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	15,364.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d			13,552.			
е	Add lines 2a through 2d			2e	28,91	
3	Subtract line 2e from line 1			3	868,94	6.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	868,94	6
<u> </u>	Total foronaci, had miles o and tot (This must equal form 330, fait i, line 12.)			•		••
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per F	•		••
Pa	tt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	nts With	Expenses per F	•		
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per F	•	869,084	
	<b>TXII</b> Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	nts With	Expenses per F	leturn		
1	Reconciliation of Expenses per Audited Financial Stateme           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.           Total expenses and losses per audited financial statements	ents With	Expenses per F	leturn		
1 2	Reconciliation of Expenses per Audited Financial Stateme         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	nts With	Expenses per F	leturn		
1 2 a	T XII       Reconciliation of Expenses per Audited Financial Stateme         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	2a 2b	Expenses per F	leturn		
1 2 a b c	Image: Network Structure       Image: Network Structure         Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a 2b 2c	Expenses per F	leturn	869,084	4.
1 2 b c d	Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a 2b 2c 2d	Expenses per F	leturn	869,084 13,55	<b>4</b> . 2.
1 2 b c d	Reconciliation of Expenses per Audited Financial Stateme         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	Expenses per F	1	869,084	<u>4.</u> 2.
1 2 b c d e	Reconciliation of Expenses per Audited Financial Stateme         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F	1 2e	869,084 13,55	<u>4.</u> 2.
1 2 b c d 3	Reconciliation of Expenses per Audited Financial Stateme         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	Expenses per F	1 2e	869,084 13,55	<u>4.</u> 2.
1 2 3 4 3 4	T XII       Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 2d	Expenses per F	1 2e	869,084 13,55	<u>4.</u> 2.
1 2 2 3 4 3 4 5	T XII       Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	Expenses per F	1 2e	869,08 13,55 855,53	<u>4.</u> 2. 2.
1 2 d e 3 4 b c 5	Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	Expenses per F	eturn 1 2e 3	869,08 13,55 855,53	<u>4.</u> 2. 2.

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

#### PART II, LINE 9:

PARCELS OWNED IN FEE THAT HAVE A RECORDED CONSERVATION EASEMENT ARE LISTED

WITH AN IMPAIRED VALUE OF 15% OF THE ACQUISITION COST OR, IF DONATED, AT

15% OF THE ESTIMATED FAIR MARKET VALUE AT THE TIME OF GIFT.

PART X, LINE 2:

332054 09-28-23

MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE FOUNDATION AND HAS

CONCLUDED THAT, AS OF DECEMBER 31, 2023, THERE ARE NO UNCERTAIN TAX

POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF

A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE

FOUNDATION'S FEDERAL INFORMATION RETURNS PRIOR TO FISCAL YEAR 2020 ARE

CLOSED AND MANAGEMENT CONTINUALLY EVALUATES EXPIRING STATUTES OF

Schedule D (Form 990) 2023

31

11360514 147227 0567700-0567700.0990 2023.03040 THE WESTERLY LAND TRUST 05677001

13,552.

13,552.

Part XIII Supplemental Information (continued)

LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW

AUTHORITATIVE RULINGS.

IF THE FOUNDATION HAS UNRELATED BUSINESS INCOME TAXES, IT WILL RECOGNIZE

INTEREST AND PENALTIES ASSOCIATED WITH ANY TAX MATTERS AS PART OF THE

INCOME TAX PROVISION AND INCLUDE ACCRUED INTEREST AND PENALTIES WITH THE

RELATED TAX LIABILITY IN THE STATEMENTS OF FINANCIAL POSITION.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

#### FUNDRAISING EXPENSES

PART II, LINE 5:

THE ORGANIZATION'S WRITTEN POLICY REGARDING THE PERIODIC MONITORING, INSPECTION, VIOLATIONS AND ENFORCEMENT OF THE CONSERVATION EASEMENTS IT HOLDS IS SUMMARIZED AS FOLLOWS. TRAINED MONITORS ANNUALLY CONDUCT A WALKING INSPECTION OF ALL OF THE ORGANIZATION'S CONSERVATION EASEMENTS ACCORDING TO BOARD APPROVED POLICIES AND PROCEDURES, COMPARING CURRENT CONDITIONS TO DOCUMENTED BASELINE PHOTOGRAPHS, PREVIOUS YEAR'S INSPECTION REPORT, AND CONSERVATION EASEMENT DOCUMENT. POTENTIAL VIOLATIONS ARE REPORTED TO THE STEWARDSHIP CHAIR AND BOARD OFFICERS, AND, IF NECESSARY, DISCUSSED WITH LEGAL COUNSEL. A BOARD APPROVED VIOLATION AND RESOLUTION POLICY AND PROCEDURE IS FOLLOWED, WHICH DELINEATES CATEGORIES OF VIOLATIONS, LANDOWNER CONTACT AND RESOLUTION PROCEDURES. TO DATE THERE HAVE BEEN NO MAJOR VIOLATIONS.

Schedule D (Form 990) 2023

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PART II, LINE 9:

CONSERVATION EASEMENTS ARE NOT REFLECTED IN THE FINANCIAL STATEMENTS

EITHER AS ASSETS OR LIABILITIES. THE ACQUISITION COSTS AND OTHER COSTS

ASSOCIATED WITH CONSERVATION EASEMENTS (TITLE INSURANCE, LEGAL FEES,

APPRAISALS, SURVEYS, ETC.) ARE EXPENSED IN THE PERIOD INCURRED.

Schedule D (Form 990) 2023

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SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities o	DMB No. 1545-0047
(Form 990)		e organization answered "Yes" on				r <b>19</b> ,	or if the	2023
5 <i></i>	C	organization entered more than \$1 Attach to Form 990 o						Open to Public
Department of the Treasury Internal Revenue Service	Go t	o www.irs.gov/Form990 for instruc				า.		Inspection
Name of the organization								ntification number
Part I Fundrais		TERLY LAND TRUST Complete if the organization answe	red "Y	es" or	Form 990 Part IV I	ine 1	22-2864	
	complete this part							
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	tions email solicitations itations blicitations on have a written o ted in Form 990, Pa ) highest paid indiv	f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc	non-g gover iising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have ci or con contribu	aiser ustody itrol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization
			Yes	No				
Total			<u></u>					
3 List all states in whore or licensing.	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is (	exempt from re	gistration
For Paperwork Reduct	ion Act Notice, se	e the Instructions for Form 990 or	990-E	Ζ.			Schedule	e G (Form 990) 2023

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22-2864907 Page 2

**Part II** Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				NONE	(add col. (a) through
		FARM DINNER			col. (c))
e		(event type)	(event type)	(total number)	(-)/
Revenue	1 Gross receipts	62,310.			62,310.
	2 Less: Contributions	50,188.			50,188.
	3 Gross income (line 1 minus line 2)	12,122.			12,122.
	4 Cash prizes				
<i>"</i>	5 Noncash prizes				
Direct Expenses	6 Rent/facility costs	12,024.			12,024.
rect Ex	7 Food and beverages	5,222.			5,222.
ā	8 Entertainment	6,900.			6,900.
	9 Other direct expenses				6,900. 1,528.
	10 Direct expense summary. Add lines 4 throu				25,674.
	11 Net income summary. Subtract line 10 fron	n line 3, column (d)			-13,552.
Pa	<b>art III</b> Gaming. Complete if the organizatio \$15,000 on Form 990-EZ, line 6a.	n answered "Yes" on Form	ו 990, Part IV, line 19, or ו	reported more than	
enue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue	1 Gross revenue				

s	2	Cash prizes									
Direct Expenses	3	Noncash prizes									
lirect	4	Rent/facility costs									
		Other direct expenses			_					_	
	6	Volunteer labor	Yes 9	%	Yes No	%	Ves	%			
	7	Direct expense summary. Add lines 2 through	.,								
	8	Net gaming income summary. Subtract line 7	from line 1, column (d	)							
9 a		er the state(s) in which the organization condu he organization licensed to conduct gaming ac							Yes		No
		No," explain:									
10a	We	re any of the organization's gaming licenses re	woked, suspended, or	termir	ated durir	ng the tax y	/ear?		. Yes	;	No
b	lf "`	Yes," explain:									

332082 09-13-23

Schedule G (Form 990) 2023

Sche	edule G (Form 990) 2023 THE WESTERLY LAND TRUST	22-	2864907	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	🗌 No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No.
	Indicate the percentage of gaming activity conducted in:		1 1	
а	The organization's facility		13a	(
	An outside facility		13b	(
14	Enter the name and address of the person who prepares the organization's gaming/special events books and rece	ords:		
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the a	amount		
	of gaming revenue retained by the third party \$			
с	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Ves	No.
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or sper	nt in the		
	organization's own exempt activities during the tax year \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and	(v); and Pa	art III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
3208	<sup>i3</sup> 09-13-23 <b>36</b>	Sche	dule G (Form	990) 202
505	50 514 147227 0567700-0567700.0990 2023.03040 THE WESTERLY L	י תאג	RUST	0567
~ ~	``_F' ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^			

			Schedule G (For	m 99(
32084 04-01-23 0514 147227 05677				

SCHEDULE	L
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## **Transactions With Interested Persons**

OMB No. 1545-0047	
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(Form 990		Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ.									2023 Open to Public								
Department of Internal Revenu		Go to www.irs.gov/Form990 for instructions and the latest information.																	
Name of th	e organization									Employer					r identification number				
						LAND										364907			
Part I	Excess Be	ene	fit Tra	insacti	ons	(section 50	01(c)(3	3), sect	ion 501(	c)(4), and	sec	ction 501(c	)(29) orga	nizatic	ons on	ly)			
	Complete if t	he o	rganiza	tion ans	wered	"Yes" on I	Form §	990, Pa	art IV, lin	e 25a or 2	25b	; or Form §	90-EZ, Pa	art V, I	ine 40	b.			
1 (a) Nar	me of disqualifi	ed p	erson	(b)		onship betv son and or			ified	(c) Description of transaction				(d) Corre Yes		ected? No			
(1)																	$\perp$		
(2)																	-		
(3)																	+		
(4)																	——		
(5)																	+		
(6)	the emount of	how in	a a urra d	by the e	raani	-otion mon		or dias			4	na tha yaa	r undor						
	the amount of t on 4958				Ũ		Ũ			•		• •			\$				
	the amount of					e reimburs													
C Entor		iux, i	r arry, o	// III 10 2,	abov	5, 101110010	cu by		gainzaire						¥				
Part II	Loans to a Complete if t	he o	rganiza	tion ans	wered	"Yes" on I	Form §	990-EZ	, Part V,	line 38a, o	or F	<sup>-</sup> orm 990,	Part IV, lir	ne 26;	or if tł	ne orga	anizati	on	
(a	reported an a	amou		ationship	1	Purpose	Ť –	.∠. oan to or	(0)	Original		(f) Balar		(a)	) In	<b>(h)</b> Ap	proved	<i>(</i> i) \	Vritten
•	ested person			ganization		of loan	froi organ	m the nization?	princip	bal amoun	nt	(I) Dalai	ice due	defa	ault?	bý bó comr	ard or hittee?	agre	ement?
	STANTIAL	<u> </u>	פוזסכ	יייע ע שנ		STERLY		From		0 1 2 0		1,790	033	Yes	No X	Yes X	No	Yes X	No
<u> </u>	STANTIAL STANTIAL					STERLY						1,134			X	X		X	+
	STANTIAL								60	<u>0,400</u> 1 362	•	1,071	407.		X	X		X	
	STANTIAL								31	$\frac{1}{0}$ , 200		391	.515.		X	X		X	+
	STANTIAL											1,292			x	X		x	
(6)																			
(7)																			
(8)																			
(9)																			
(10)																			
Total			<u></u>				<u></u>				\$	5,680	,647.						
Part III	Grants or Complete if t					-				e 27.									
(a) N	lame of interest	ed p	erson		inte	elationship rested pers he organiza	son an	and assistance				<b>(d)</b> Type of assistance			(e) Purpose of assistance			of	
(1)																			
(2)																			
(3)															$\square$				
_(4)																			
(5)																			

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

Schedule L (Form 990) 2023

SEE PART V FOR CONTINUATIONS

LHA 332131 11-06-23

(6) (7) (8) (9) (10)

	(Form 990) 2023
Dart IV	Business Tr

Interested Persons

Complete if the organization answered	<u>"Yes" on Form 990, Part IV, line 28a, 28</u>	3b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIB	47,163.	FORGIVENESS		Х
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Dort V Supplemental Information	•		•		

#### Part V Supplemental Information

Provide additional information for responses to questions on Schedule L. See instructions.

#### SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP WITH ORGANIZATION: SUBSTANTIAL CONTRIBUTOR

(C) PURPOSE OF LOAN: WESTERLY PROPERTIES FUNDING

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP WITH ORGANIZATION: SUBSTANTIAL CONTRIBUTOR

(C) PURPOSE OF LOAN: WESTERLY PROPERTIES FUNDING

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP WITH ORGANIZATION: SUBSTANTIAL CONTRIBUTOR

(C) PURPOSE OF LOAN: WESTERLY PROPERTIES FUNDING

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP WITH ORGANIZATION: SUBSTANTIAL CONTRIBUTOR

(C) PURPOSE OF LOAN: WESTERLY PROPERTIES FUNDING

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP WITH ORGANIZATION: SUBSTANTIAL CONTRIBUTOR

(C) PURPOSE OF LOAN: WESTERLY PROPERTIES FUNDING

332132 11-30-23

Schedule L (Form 990) 2023

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

#### SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SUBSTANTIAL CONTRIBUTOR

(D) DESCRIPTION OF TRANSACTION: FORGIVENESS OF A PORTION OF THE

LONG-TERM DEBT AFTER SALE OF 177 MAIN ST. INCLUDED IN TOTAL 2023

CONTRIBUTION FROM SUBSTANTIAL CONTRIBUTOR

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP WITH ORGANIZATION: SUBSTANTIAL CONTRACTOR

(C) PURPOSE OF LOAN: WESTERLY PROPERTIES FUNDING

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP WITH ORGANIZATION: SUBSTANTIAL CONTRACTOR

(C) PURPOSE OF LOAN: WESTERLY PROPERTIES FUNDING

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP WITH ORGANIZATION: SUBSTANTIAL CONTRACTOR

(C) PURPOSE OF LOAN: WESTERLY PROPERTIES FUNDING

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP WITH ORGANIZATION: SUBSTANTIAL CONTRACTOR

(C) PURPOSE OF LOAN: WESTERLY PROPERTIES FUNDING

#### (A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP WITH ORGANIZATION: SUBSTANTIAL CONTRACTOR

332461 04-01-23

Schedule L	(Form	990

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

#### (C) PURPOSE OF LOAN: WESTERLY PROPERTIES FUNDING

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

#### RELATIONSHIP WITH ORGANIZATION: SUBSTANTIAL CONTRACTOR (B)

(C) PURPOSE OF LOAN: WESTERLY PROPERTIES FUNDING

332461 04-01-23

SCHEDULE O (Form 990)

Name of the organization

# 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



THE WESTERLY LAND TRUST

22-2864907

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND PROVIDES ENVIRONMENTAL PROGRAMS FOR THE ENDURING BENEFIT OF OUR

COMMUNITY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

IN 2017, THE WESTERLY LAND TRUST WAS AWARDED NATIONAL ACCREDITATION BY

THE LAND TRUST ACCREDITATION COMMISSION, AND IN 2022 THIS ACCREDITATION

WAS RENEWED FOR ANOTHER FIVE-YEAR TERM.

FORM 990, PART VI, SECTION A, LINE 6:

MEMBERSHIP SHALL BE OPEN TO ANY INDIVIDUAL WHO: (I)SUBSCRIBES TO THE

PURPOSES OF THE CORPORATION AND AGREES TO ABIDE BY ITS PURPOSES; AND (II)

HAS PAID CURRENT ANNUAL DUES AS ESTABLISHED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7A:

EACH MEMBER SHALL BE ENTITLED TO VOTE FOR THE ELECTION OF THE BOARD OF

DIRECTORS OR THE REMOVAL OF DIRECTORS AND EACH MEMBER SHALL BE ENTITLED TO

ONE VOTE IF PRESENT. NO MEMBER SHALL BE ELIGIBLE TO VOTE ON ANY OTHER

MATTER WITH REGARD TO THE CORPORATION.

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

WESTERLY LAND TRUST HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY THE FINANCE COMMITTEE AND IS READY TO BE FILED WITH THE INTERNAL REVENUE SERVICE, IT IS ELECTRONICALLY SENT TO THE BOARD FOR For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23 42

11360514 147227 0567700-0567700.0990 2023.03040 THE WESTERLY LAND TRUST 05677001

INTERNAL REVENUE SERVICE.

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

EACH MEMBER OF THE BOARD OF DIRECTORS ANNUALLY SHALL SIGN A STATEMENT THAT AFFIRMS SUCH PERSON HAS RECEIVED A COPY OF THE POLICY, READ AND UNDERSTANDS THE POLICY, AND AGREED TO COMPLY WITH THE POLICY. THE EXECUTIVE DIRECTOR REGULARLY MONITORS THE ORGANIZATION'S RELATIONSHIPS. THE PRESIDENT AND ALL DIRECTORS ARE RESPONSIBLE FOR RAISING CONFLICT OF INTEREST ISSUES AS THEY ARISE. AN INTERESTED PERSON OR A PERSON REPRESENTING AN INTERESTED ENTITY MAY MAKE A PRESENTATION TO THE BOARD OF DIRECTORS, BUT AFTER THE PRESENTATION, HE/SHE SHALL LEAVE THE MEETING DURING DISCUSSION OF AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST. THE BOARD OF DIRECTORS SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER THE PRESENTATION AND DUE DILIGENCE, THE BOARD OF DIRECTORS SHALL DETERMINE BY A MAJORITY VOTE OF A OUORUM OF ALL THE DISINTERESTED BOARD MEMBERS WHETHER THE TRANSACTIONS OR ARRANGEMENT IS IN THE WLT'S BEST INTEREST, FOR ITS OWN BENEFITS. WHETHER IT IS FAIR AND REASONABLE, AND WHETHER IT CONFORMS TO THE LETTER AND SPIRIT OF THE STATEMENT. IN CONFORMITY WITH THE ABOVE DETERMINATION, IT SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO, MODIFY, OR DECLINE THE TRANSACTION OR ARRANGEMENT.

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

 THE BOARD APPROVES THE EXECUTIVE DIRECTOR'S SALARY AFTER TAKING INTO

 ACCOUNT COMPENSATION FOR SIMILAR POSITIONS IN OTHER ORGANIZATIONS, THE

 EXECUTIVE DIRECTOR'S EXPERIENCE AND WHAT THE ORGANIZATION CAN SUSTAIN

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FINANCIALLY. A COMPENSATION REVIEW FOR THE EXECUTIVE DIRECTOR TAKES PLACE

ON AN ANNUAL BASIS. THE APPROVAL IS DOCUMENTED IN THE ORGANIZATION'S BOARD

MINUTES AND WAS LAST APPROVED IN 2020.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY AND

GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

332212 11-14-23