



THE WESTERLY LAND TRUST P.O. BOX 601 WESTERLY, RI 02891

THE WESTERLY LAND TRUST:

WE HAVE PREPARED THE FOLLOWING TAX RETURNS PRIMARILY FROM THE INFORMATION YOU FURNISHED. SINCE YOU HAVE THE FINAL RESPONSIBILITY FOR THE TAX RETURNS, YOU SHOULD REVIEW THEM CAREFULLY BEFORE YOU SIGN AND FILE THEM OR AUTHORIZE THEM TO BE ELECTRONICALLY FILED.

2024 FORM 990

PLEASE RETAIN ALL TAX RECORDS, CANCELLED CHECKS AND OTHER DOCUMENTS THAT WERE USED IN THE PREPARATION OF THESE RETURNS, AS THIS INFORMATION MAY BE REQUESTED SHOULD A TAXING AUTHORITY EXAMINE A RETURN.

YOUR COPY HAS EITHER BEEN INCLUDED IN THIS PACKAGE OR SENT TO YOU ELECTRONICALLY. PLEASE RETAIN FOR YOUR FILES.

INSTRUCTIONS FOR FILING THE ABOVE IS INCLUDED FOR EASY REFERENCE.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

VERY TRULY YOURS,

JOLANTA TUCK

THE WESTERLY LAND TRUST
CLIENT COPY
2024
YEAR ENDING DECEMBER 31, 2024



TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2024

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THE WESTERLY LAND TRUST P.O. BOX 601 WESTERLY, RI 02891

PREPARED BY:

COHNREZNICK ADVISORY LLC

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

Form **990**

** PUBLIC DISCLOSURE COPY **
Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

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

ч г	OI LITE	2024 Calefidat year, or tax year beginning	enung					
	heck if	C Name of organization	_	D Employer identifi	cation number			
	Addre	THE WESTERLY LAND TRUST						
	Name chang	Doing business as		22-28649	07			
]Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r			
	Final return	DO BOX 601		(401) 31				
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,327,956.			
	Amend			H(a) Is this a group return				
	Applic			for subordinates				
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	····· = =			
ΙT	ax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527		list. See instructions			
	Vebsit			H(c) Group exemption				
		organization; X Corporation Trust Association Other	I Year		M State of legal domicile; RI			
Pa	rt I	Summary	L 1001	or formation, = p = 1 1	VI Otato or logar dominono, = - =			
		Briefly describe the organization's mission or most significant activities: THE	WESTER	RLY LAND TRUE	ST			
Se		CONSERVES OPEN SPACE, REVITALIZES CULTURA						
Jan		Check this box						
Veri	_			3	15			
Ĝ		Number of independent voting members of the governing body (Part VI, line 1b)			15			
∞ 4		Total number of individuals employed in calendar year 2024 (Part V, line 2a)			6			
ties					100			
Activities & Governance				_	0.			
Ac		, , , , , , , , , , , , , , , , , , , ,			0.			
	D	Net unrelated business taxable income from Form 990-T, Part I, line 11		Prior Year	Current Year			
	8	Contributions and grants (Part VIII line 1h)		730,707.	2,302,004.			
ne		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		103,259.	77,700.			
Revenue		, , , , , , , , , , , , , , , , , , , ,		1,369.	1,499,621.			
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		33,611.	3,205.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		868,946.	3,882,530.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
		D (1) (1) (D (1)) (A) (1) (A)		0.	0.			
		Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		361,613.	437,066.			
ses				0.	437,000.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 125, 60	 01	<u> </u>	0.			
Εχρ				493,919.	1,518,105.			
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		855,532.	1,955,171.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		13,414.	1,927,359.			
_ S		Revenue less expenses. Subtract line 18 from line 12		eginning of Current Year	End of Year			
Net Assets or -und Balances	00	Tatal accests (Dart V. line 10)		8,586,549.	7,674,596.			
Sse Bala	20	Total assets (Part X, line 16)		5,726,651.	2,870,151.			
let / ind	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		2,859,898.	4,804,445.			
Z⊡ Pa	rt II	Signature Block		4,039,090.	4,004,443.			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	e and etatom	ante and to the heet of m	/ knowledge and helief it is			
	-	t, and complete. Declaration of preparer (other than officer) is based on all information of wh		-	y knowledge and belief, it is			
iue,	COLLEC	i, and complete. Declaration of preparer (other than officer) is based on an information of wi	iicii preparei	lias ally kilowieuge.				
>:	_	Signature of officer		I Date				
Sigr		NICHOLAS STAHL, PRESIDENT		2410				
Here	е	Type or print name and title						
			Т	Date Check [PTIN			
ר:יי		Preparer's name JOLANTA TUCK JOLANTA TUCK		if	─ │			
Paid					3-3709623			
	arer			Firm's EIN 3	3-3103043			
J86	Only	Firm's address 350 CHURCH STREET, 12TH FLOOR		Di 0.E	0_200_7000			
		HARTFORD, CT 06103		Phone no. 9 3	9-200-7000			
viay	tne IF	RS discuss this return with the preparer shown above? See instructions			X Yes No			

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE WESTERLY LAND TRUST CONSERVES OPEN SPACE, REVITALIZES CULTURALLY
	SIGNIFICANT PROPERTIES, AND PROVIDES ENVIRONMENTAL PROGRAMS FOR THE
	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 No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 165,142 · including grants of \$) (Revenue \$ 80,905 ·)
та	THE WESTERLY LAND TRUST, A NOT-FOR-PROFIT CORPORATION, OPERATES
	THROUGHOUT WESTERLY TO CONSERVE SPACE AND ENHANCE COMMUNITY RESOURCES.
	SPECIFIC PROGRAMS INCLUDE THE PRESERVATION OF OPEN SPACE,
	REHABILITATION AND REDEVELOPMENT OF ESTABLISHED NEIGHBORHOODS, AND
	ESTABLISHMENT OF EDUCATION AND RECREATION OPPORTUNITIES FOR THE PUBLIC.
	THE TRUST'S PROGRAMS AND ACTIVITIES ARE DIRECTED TO THE PROTECTION AND
	ENHANCEMENT OF THE ENVIRONMENT, AGRICULTURE, AND WATER RESOURCES AS
	WELL AS THE COMMUNITY'S "SENSE OF PLACE." WESTERLY IS RECOGNIZED AS A
	PLACE WITH SPECIAL CHARM AND ATTRACTIONS WHICH ARE A SOURCE OF PRIDE TO
	ITS RESIDENTS AND A MAGNET FOR TOURISTS AND NEW RESIDENTS. THE TRUST
	AIMS TO PROTECT AND STRENGTHEN THAT REPUTATION.
4b	(Code:) (Expenses \$ 1,550,365. including grants of \$) (Revenue \$
	THE LAND TRUST CURRENTLY HOLDS 32 PROPERTIES TOTALING MORE THAN 1,800
	ACRES. THE MOST RECENT ACQUISITIONS WERE THE CHAMPLIN FARM PRESERVE IN
	OCTOBER 2024 AND BONNIE BROOK PRESERVE IN NOVEMBER 2024. IN 2004, THE
	WESTERLY LAND TRUST EXPANDED ITS MISSION TO INCLUDE RE-DEVELOPMENT OF
	BLIGHTED COMMERCIAL PROPERTIES IN AREAS OF HISTORICAL SIGNIFICANCE IN
	DOWNTOWN WESTERLY. THE CONCEPT IS THAT SMART GROWTH WILL BENEFIT THE
	TOWN AND REDUCE DEVELOPMENT PRESSURE ON ENVIRONMENTALLY SENSITIVE
	AREAS. IN ADDITION TO THE HISTORIC UNITED THEATER, MONTGOMERY WARD, AND
	INDUSTRIAL TRUST BUILDINGS, THE LAND TRUST AND ITS PARTNERS OWN
	PROPERTIES BETWEEN MAIN STREET AND THE PAWCATUCK RIVER. AS PART OF
	WLT'S 2023 STRATEGIC PLANNING PROCESS, THE BOARD AND STAFF EXTENDED THE
	URBAN INITIATIVE TO INCLUDE MORE THAN JUST DOWNTOWN, WITH THE NEW GOAL
4c	(Code:) (Expenses \$
	SINCE 2016, THE WESTERLY LAND TRUST HAS PRIORITIZED YOUTH ENVIRONMENTAL
	EDUCATION AS A CRITICAL OBJECTIVE. THIS CAME IN THE FORM OF FIELD TRIPS
	AND CLASSROOM SESSIONS, BUT COVID ALTERED THE TRAJECTORY AND OPENED
	MINDS TO THE IMPORTANCE OF OUTDOOR LEARNING. LIVING LABORATORIES CAME
	TO LIFE DURING THE PANDEMIC TO ENCOURAGE FAMILIES TO EXPERIENCE NATURE
	TOGETHER, AND THIS PROGRAM HAS BEEN GROWING AND EVOLVING EVER SINCE.
	TODAY LIVING LABORATORIES IS A MUCH NEEDED AFTER-SCHOOL AND SUMMER
	OPTION THAT COMBINES SOCIAL AND EMOTIONAL ELEMENTS AND ENVIRONMENTAL
	LITERACY.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 1,715,507.
40	Total program service expenses 1, 715, 507.

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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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ŭ	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	١		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			X
_		6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _	v	
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	_X_	
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, VIII, IX, or X,			
	as applicable.			
а				
	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
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Х	
٨	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	110		
u		11d		X
_	Part X, line 16? If "Yes," complete Schedule D, Part IX			X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	١	v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		77	
	Schedule D, Parts XI and XII	12a	_X_	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			l
	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			
	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			
	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			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			<u> </u>
		19		X
20-	complete Schedule G, Part III	20a		X
20a	·	20a 20b		 ^
b O4	, , , , , , , , , , , , , , , , , , , ,	ZUD		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			_V
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

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Form 990 (2024) THE WESTERLY LAND
Part IV | Checklist of Required Schedules (continued)

	Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		res	NO
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
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		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
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			7.7
	Schedule L, Part I	25b		<u> </u>
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%		3.7	
	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			х
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		$\overline{}$
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a	х	
h	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? If	200		
·	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	Х	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			77
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	х	
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	<u> 30</u>	21	
	Check if Schedule O contains a response or note to any line in this Part V			
	Silestin Selledado o contante a respenso or note to any into in this rait v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 10		.03	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
432004	4 12-10-24	Form	990	(2024)

Form 990 (2024) THE WESTERLY LAND TRUST

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a	6						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0 .		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	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 A	ccoun	its (FBAR).						
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c					
6a	6a 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 contributi were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).								
	a 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?								
	b If "Yes," did the organization notify the donor of the value of the goods or services provided?								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was								
	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?								
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ition fi	le a Form 1098-C?	7h					
8	3.0								
	sponsoring organization have excess business holdings at any time during the year?								
9	3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3								
	a Did the sponsoring organization make any taxable distributions under section 4966?								
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?								
10	Section 501(c)(7) organizations. Enter:	مدا	1						
	Initiation fees and capital contributions included on Part VIII, line 12	10a		-					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		-					
11	Section 501(c)(12) organizations. Enter:	140							
	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against	11a		-					
D		11b							
19a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		2	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	Ī	.Eu					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1						
	Is the organization licensed to issue qualified health plans in more than one state?			13a					
	Note: 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	13b							
С	Enter the amount of reserves on hand	13c							
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O		14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune								
	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	t incor	me?	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 ac								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17					
	If "Yes," complete Form 6069.								

THE WESTERLY LAND TRUST 22-2864907 Form 990 (2024) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 15 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 15 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed RI

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website X Upon request ___ Other (explain on Schedule O)

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.

State the name, address, and telephone number of the person who possesses the organization's books and records COLLEEN SULLIVAN - 401-315-2610

P.O. BOX 601, WESTERLY,

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.

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

- 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.

(A) Name and title	(B) Average hours per week	box,	not cl	ss per	ition more rson is	than o s both r/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) JENNIFER FUSCO	48.00							100 750		1 021
EXECUTIVE DIRECTOR	2 00			Х				128,750.	0.	1,931.
(2) BILL MCKENDREE	2.00	Х						0.	0.	_
(3) DAVE HANNON	2.00	Λ						0.	0.	0.
SECRETARY	2.00	Х		х				0.	0.	0.
(4) DAVID RATHBUN	2.00	Λ		Δ				1	0.	·
DIRECTOR	2.00	Х						0.	0.	0.
(5) DONNA ANDERSON	2.00	77						0.	0.	<u>_</u>
DIRECTOR	2.00	х						0.	0.	0.
(6) GAIL MALLARD	4.00									
VICE PRESIDENT FOR ACQUISITIONS		Х		х				0.	0.	0.
(7) GERRY GORMAN	4.00									
TREASURER		Х		х				0.	0.	0.
(8) JEFFREY WALKER	2.00									
DIRECTOR		Х						0.	0.	0.
(9) JENNIFER BRINTON	2.00									
DIRECTOR		Х						0.	0.	0.
(10) JOSEPH MICELI	2.00									
DIRECTOR		Х						0.	0.	0.
(11) KATE SMITH	2.00									
DIRECTOR		Х						0.	0.	0.
(12) LINDA GRIFFIN	4.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(13) NICHOLAS J. STAHL	6.00	l								
PRESIDENT		Х		Х				0.	0.	0.
(14) POLLY CHORLTON	2.00									
DIRECTOR	0.00	Х						0.	0.	0.
(15) STEPHANIE RAIA	2.00									
DIRECTOR	2 00	Х						0.	0.	0.
(16) STEVE RUZZO	2.00	х						0.	0.	
DIRECTOR		Λ						0.	0.	0.
		$\left\{ \right\}$								
	I	1	l	ı	I	l	l	1		

Fai	T VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)		(C) Position		(D)	(E)			(F)				
	Name and title	Average	(do) than d	one	Reportable	Reportable		Estimated		
		hours per week					s both or/trus		compensation	compensation		ar	nount	
		(list any	stor						from from related the organization			com	other pensa	
		hours for	direc.	direct		2			organization (W-2/1099-MIS)/		rom th	
		related	tee or	ustee			ensati		(W-2/1099-MISC/	1099-NEC)		org	janizat	ion
		organizations below	al trus	onal tr		loyee	comp		1099-NEC)				d relat	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer				org	anizati	ons
		,	드	드	0	3	工高	Œ			\dashv			
											\dashv			
											\dashv			
											\dashv			
			-											
											\dashv			
1b	Subtotal								128,750.		0.		<u>1,9</u>	
С	Total from continuation sheets to Part VI	I, Section A							0.		0.			
	Total (add lines 1b and 1c)								128,750.		0.	. 1,931.		
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				1
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director tructo	00 k	·0\/ 0	mnl	0.40	0 Or	hia	hast companyated amp	0,400 00			163	NO
3	line 1a? If "Yes," complete Schedule J for si	•	-	•	•	•		•		•		3		х
4	For any individual listed on line 1a, is the su										"			
-	and related organizations greater than \$150											4		х
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ıch ı	oers	on .					5		Х
Sec	tion B. Independent Contractors	-												
1	Complete this table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	acto	s th	nat received more than \$	100,000 of compe	nsati	on fr	om	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin T		ear.				
	(A) Name and business	address	NT/	ATT	7				(B)	ervices	Cc		C) nsatio	n
	Name and business address NONE Description of services									Jilipe	iisatio	11		
								\exists						
2	Total number of independent contractors (in		ot lin	nited	d to	thos ۲	_	ted	above) who received mo	ore than				

22-2864907

Form 990 (2024) THE WES
Part VIII Statement of Revenue

Total revenue Related or exempt Commission Commis			Check if Schedule O contains a respor	se or note to any lin	e in this Part VIII			
1 a Federated campaigns 1 a 1				_	(A)			
1 a Federated campaigns 1a 67,587, 1b 67,587, 1c 1c 67,587, 1c 1c 67,587, 1c 1c 67,587, 1c 67,					Total revenue			
10 Membership dues 10 67,587,						lunction revenue	business revenue	
10 Membership dues 10 67,587,	SΩ	1 :	a Federated campaigns 1a					
2 a POGRAM RENTAL INCOME	ant			67.587.				
2 a POGRAM RENTAL INCOME	2 5			,				
2 a POGRAM RENTAL INCOME	fts,							
2 a POGRAM RENTAL INCOME	ig je			1 052 346				
2 a POGRAM RENTAL INCOME	Sir			1,032,340.				
2 a POGRAM RENTAL INCOME	utio	1		1 192 071				
2 a POGRAM RENTAL INCOME	들됨							
2 a POGRAM RENTAL INCOME	out			327,333.	2 202 004			
2 a PROGRAM RENTAL INCOME 531390 77,700. 77,700.	<u>0</u> <u>8</u>		n Total. Add lines 1a-1f		2,302,004.			
Section Sect					== =00			
Total. Add lines 2a.2f	Se	2 8	PROGRAM RENTAL INCOME	_ 531390	77,700.	77,700.		
Total. Add lines 2a.2f	ē Zi	١	b	_				
Total. Add lines 2a.2f	S	•	C					
Total. Add lines 2a.2f	ar eve	(d	_				
Total. Add lines 2a.2f	90 H	(e					
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of fax-exempt bond proceeds 5 Royalties 6 a Gross rents 6 b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) b Less: cost or other basis and sales expenses c Gain or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses d Net again or (loss) 7 b 1445426, 7 c 1479950. 4 Net gain or (loss) 7 b 1479950. 5 contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 5 oct income or (loss) from sales of inventory 5 oct income or (loss) from sales of inventory 5 oct income or (loss) from sales of inventory 5 oct income or (loss) from sales of inventory 5 oct income or (loss) from sales of inventory 5 oct income or (loss) from sales of inventory 5 oct income or (loss) from sales of inventory 6 oct oct income or (loss) from sales of inventory 7 oct oct income or (loss) from sales of inventory 8 oct oct income or (loss) from sales of inventory 8 oct oct occ occ occ occ occ occ occ occ	₫	1	f All other program service revenue					
Other similar amounts			Total. Add lines 2a-2f		77,700.			
1		3	Investment income (including dividends, in	terest, and				
1			other similar amounts)		19,671.			19,671.
The state of the		4						
1		5		•				
6 a Gross rents			(i) Real					
b Less: rental expenses 6c Rental income or (loss) 6c d Net rental income or (loss) 6c d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis of a d Net gain or (loss) 7 b Less: cost or other basis of including 5 d Net gain or (loss) 7 b Less: drect expenses 7 b Less: drect expenses 8b b Less: direct expenses 8b b Less: direct expenses 9b Less: direct expenses 9b Less: cost of goods sold 10b c Net income or (loss) from gaming activities 10a d All other revenue 900099 3,205,		6 :	a Gross rents	.,				
The state of the s								
d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses								
To a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses			• • • • • • • • • • • • • • • • • • • •					
assets other than inventory b Less: cost or other basis and sales expenses To 1445426. C Gain or (loss) To 1479950. 8 a Gross income from fundraising events (not including \$			0.5	es (ii) Other				
b Less: cost or other basis and sales expenses		/ 3	a di dad di il dil	` '				
and sales expenses 7b 1445426. c Gain or (loss) 7c 1479950. d Net gain or (loss) 5 1,479,950. 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a			·	2923370.				
C Gain or (loss) 7c 1479950. d Net gain or (loss) 7c 1479950. 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a		'		1445406				
Including \$ of contributions reported on line 1c). See Part IV, line 18	n u							
Including \$ of contributions reported on line 1c). See Part IV, line 18	š				1 450 050			1.450050
Including \$ of contributions reported on line 1c). See Part IV, line 18	Ä,		_		1,479,950.			1479950.
Including \$ of contributions reported on line 1c). See Part IV, line 18	je	8 8	,					
Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a 9b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a	Ö							
b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a			•					
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a b c d All other revenue e Total. Add lines 11a-11d 29 a 9a 9a 9a 9b 9a 9a 9b 9a 9a 9b 9a			Part IV, line 18					
9 a Gross income from gaming activities. See Part IV, line 19 9a 9b Less: direct expenses 9b C Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a b c d All other revenue e Total. Add lines 11a-11d 9a 9a 9b 9a 9a 9b 9a 9a 9b 9a 9b 9a 9a 9b 9b 9a 9b								
Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 9a 9a 9b Business Code 900099 3,205. 3,205.				s				
b Less: direct expenses 9b		9 a						
C Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code d All other revenue 900099 3,205. 3,205.			Part IV, line 19	9a				
10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory 11 a Business Code Business Code d All other revenue 900099 3,205. 3,205. Total. Add lines 11a-11d 3,205.		ı	Less: direct expenses	9b				
and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a		(Net income or (loss) from gaming activities					
b Less: cost of goods sold		10 a	a Gross sales of inventory, less returns					
b Less: cost of goods sold			*	10a				
C Net income or (loss) from sales of inventory Business Code		ı		10b				
11 a			J					
e Total. Add lines 11a-11d			, , , , , , , , , , , , , , , , , , , ,					
e Total. Add lines 11a-11d	Snc	11 :	a					
e Total. Add lines 11a-11d	nec Tue							
e Total. Add lines 11a-11d	ella							
e Total. Add lines 11a-11d	Sce				3 205	3 205		
1	Σ				,	2,200.		
		12			3,882,530.	80,905.	0.	1499621.

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 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 Grants and other assistance to domestic individuals. See Part IV, line 22 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 Compensation of current officers, directors, 78,906. 130,681. 22,594. 29,181. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 243,936. 145,841. 42,808. 55,287. Other salaries and wages 7 Pension plan accruals and contributions (include 24,847. 11,805. 4,533. 8,509. section 401(k) and 403(b) employer contributions) 5,082. 2,607. 1,615. 860. Other employee benefits 9 32,520. 16,681. 5,505. 10,334. 10 Payroll taxes Fees for services (nonemployees): Management 1,164. 1,164. Legal 39,044.50,904. 11,860. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 13,272. 10,197. 3,075. column (A), amount, list line 11g expenses on Sch O.) 1,871. 5,155. 1,688. 1,596. Advertising and promotion 12 22,824. 12,729. 5,778. 4,317. Office expenses 13 9,393. 2,945. 2,792. 3,656. Information technology 14 Royalties 15 70,819. 4,784. 66,035. 16 Occupancy 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 4,321. 4,321. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 57,210. 57,210. Depreciation, depletion, and amortization 22 46,555. 43,026. 3,529. 23 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 O.) 1,186,978. 1,186,978. IMPAIRMENT OF ASSETS 18,049. PROGRAM EXPENSES 18,049. 8,188. 5,913. 2,275. REPAIRS & MAINTENANCE 7,230. 659. d DUES & SUBSCRIPTION 6,201. 370. 16,043.4.167. 1.415. 10,461. All other expenses 1,955,171. 1,715,507. 114,063. 125,601. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2024)

Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	ote to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			235,211.	1	149,744.
	2	Savings and temporary cash investments			506,977.	2	516,669.
	3	Pledges and grants receivable, net			29,091.	3	94,340.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	ostantial co	ontributor, or 35%			
		controlled entity or family member of any of the	nese persoi	nsL		5	
	6	Loans and other receivables from other disqu	alified pers	ons (as defined			
		under section 4958(f)(1)), and persons describ	ed in secti	on 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ĕ	9	Duran del como con con el eleferore el electrone			11,668.	9	11,668
	10a	Land, buildings, and equipment: cost or other	.				
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	5,938,001.			
	b	Less: accumulated depreciation	10b	375,418.	6,481,198.	10c	5,562,583. 121,564.
	11	Investments - publicly traded securities		104,376.	11	121,564.	
	12	Investments - other securities. See Part IV, lin			12		
	13	Investments - program-related. See Part IV, lin	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 e			8,586,549.	16	7,674,596, 74,854,
	17	Accounts payable and accrued expenses		46,004.	17	74,854.	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	40 005
	21	Escrow or custodial account liability. Complet				21	40,025.
es	22	Loans and other payables to any current or fo					
Ħ		trustee, key employee, creator or founder, sul			E 600 647		2 755 272
Liabilities		controlled entity or family member of any of the			5,680,647.	22	2,755,272.
_	23	Secured mortgages and notes payable to unr		·		23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin				۰.	
	00	of Schedule D		·····	5,726,651.	25	2,870,151.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, c	haals basa	X	3,720,031.	26	2,070,131
Ş		and complete lines 27, 28, 32, and 33.	HECK HELE				
ű	27	• • • • • • • • • • • • • • • • • • • •			2 708 478.	27	4 722 372.
ala	28			Г	2,708,478. 151,420.	28	4,722,372. 82,073.
P P	20	Organizations that do not follow FASB ASC		rk here	131/1201	20	02,0750
Ē		and complete lines 29 through 33.	7 550, 61166	ok nere			
ō	29	Capital stock or trust principal, or current fund	de			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32				2,859,898.	32	4,804,445.
Z	33	Total liabilities and net assets/fund balances			8,586,549.	33	7,674,596.
	1 00	Total habilities and het assets/fullu balafices			0,000,040	JJ	Form 990 (202

Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
			2 00	2 E	2.0
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,88		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,95		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,92		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,85		
5	Net unrealized gains (losses) on investments	5	1	7,1	88.
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,				
	coluṃn (B))	10	4,80	<u>4,4</u>	<u>45.</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	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	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?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
				990	(2024)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE WESTERLY LAND TRUST

Employer identification number

22-2864907 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) Total

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

(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)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	760,190.	773,085.	910,305.	730,707.	2302004.	5476291.
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	760,190.	773,085.	910,305.	730,707.	2302004.	5476291.
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)						1006930.
6	Public support. Subtract line 5 from line 4.						4469361.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Amounts from line 4	760,190.	773,085.	910,305.	730,707.	2302004.	5476291.
	Gross income from interest,	,	•	•	·		
_	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	325.	258.	240.	18,787.	19,671.	39,281.
9	Net income from unrelated business				,		7 7 7 2 2 2 2
Ū	activities, whether or not the						
	business is regularly carried on	1,049.					1,049.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	2,903.			47,163.	3,205.	53,271.
11	Total support. Add lines 7 through 10					0,2001	5569892.
	Gross receipts from related activities,	etc (see instruction	nne)			12	451,101.
	First 5 years. If the Form 990 is for the	•	,				
.0	organization, check this box and stor	-					
Sec	ction C. Computation of Publi						
	Public support percentage for 2024 (I			olumn (f))		14	80.24 %
	Public support percentage from 2023					15	72.25 %
	33 1/3% support test - 2024. If the o					ore, check this box	
	stop here. The organization qualifies						
b	33 1/3% support test - 2023. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te		•	-		viview and organiz	
h	10% -facts-and-circumstances test	-	•	*	-		
	more, and if the organization meets the	•				•	. 570 01
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization						
-10	1 Treate Touridation. If the Organization	and not oneon a l	SOA OIT III IE TO, TO	4, 100, 17a, 01 17b	, oricon triis box at		/Form 990) 2024

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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						
3	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						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		1	T	T	T	
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	· ·		•	•	. , . ,	. —
C -	check this box and stop here						
	ction C. Computation of Publi					T .= T	
	Public support percentage for 2024 (I	, (,,	,	(//		15	<u>%</u>
	Public support percentage from 2023					16	%
	ction D. Computation of Inves			no 10! (0)		47	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from :			on line 14, and line		18	7 is not
198	33 1/3% support tests - 2024. If the						
Į.	more than 33 1/3%, check this box ar 33 1/3% support tests - 2023. If the						
Ĺ	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

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.
- 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")? |f "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?
- 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).
- 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.)

		Yes	No
	1		
	2		
	За		
	3b		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
ule	A (Forn	n 990)	2024

		Supporting Organizations (continued)	0 1 0 0	, 10	age o
га	LIV	Supporting Organizations (continued)		.,	Г <u></u>
				Yes	No
11		ne organization accepted a gift or contribution from any of the following persons?			
а	•	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		
b		ily member of a person described on line 11a above?	11b		
С		controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
<u></u>		de detail in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1		ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part \	11 how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	super	vised, or controlled the supporting organization.	2		
Sec	tion (C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	pported organization(s).	1		
Sec	tion L	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization'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			
	organ	ization'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			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	signifi	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	suppo	orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)).		
а		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.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental			
		entity (see instructions).			
2	Activit	ties Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2 a		
b		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

Pa							
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions						
	All other Type III non-functionally integrated supporting organizations must	st complete S	Sections A through E.	_			
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):						
а	Average monthly value of securities	1a					
	Average monthly cash balances	1b					
	Fair market value of other non-exempt-use assets	1c					
	Total (add lines 1a, 1b, and 1c)	1d					
	Discount claimed for blockage or other factors	1.5					
Ū	(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,						
7	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					
	ion C - Distributable Amount	- 1 0		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						
3	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional		d Type III supporting orga	nization (see			
'	•	any integrated	a Type iii supportiiig orga	unzauon (See			
	instructions).						

Schedule A (Form 990) 2024

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations _{(continue}	<u>∍d)</u>					
Secti	ection D - Distributions Current Year								
1	Amounts paid to supported organizations to accomplish exe	1							
2	Amounts paid to perform activity that directly furthers exemp								
	organizations, in excess of income from activity		2						
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	8	3					
4	Amounts paid to acquire exempt-use assets			4					
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5					
6	Other distributions (describe in Part VI). See instructions.			6					
7	Total annual distributions. Add lines 1 through 6.			7					
8	Distributions to attentive supported organizations to which the	ne organization is responsive							
	(provide details in Part VI). See instructions.			8					
9	Distributable amount for 2024 from Section C, line 6			9					
10	Line 8 amount divided by line 9 amount			10					
	•	(i)	(ii)		(iii)				
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2024	;	Distributable Amount for 2024				
1	Distributable amount for 2024 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2024 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2024								
а	From 2019								
b	From 2020								
С	From 2021								
d	From 2022								
е	From 2023								
f	Total of lines 3a through 3e								
g	Applied to under distributions of prior years								
h	Applied to 2024 distributable amount								
i	Carryover from 2019 not applied (see instructions)								
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2024 from Section D,								
	line 7: \$								
a	Applied to underdistributions of prior years								
b	Applied to 2024 distributable amount								
С	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2025. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
а	Excess from 2020								
	Excess from 2021								
	Excess from 2022								
	Excess from 2023								
	Excess from 2024								

Schedule A (Form 990) 2024

Part VI

Schedule B (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

THE WESTERLY LAND TRUST

Employer identification number

22-2864907

Organization type (check one):							
Filers of:		Section:					
Form 990 or	990-EZ	X 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 990-PF	=	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
	a section 501(c)(7	covered by the General Rule or a Special Rule . '), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rule	es						
sec con	ctions 509(a)(1) an atributor, during t	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.					
con	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
yea is c pur	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$						
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).							

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

Schedule B (Form 990) (Rev. 12-2024)

Name of organization Employer identification number

THE WESTERLY LAND TRUST

22-2864907

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$88,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$80,000.	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	* 317,000.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$330,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE WESTERLY LAND TRUST

22-2864907

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$55,305.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

THE WESTERLY LAND TRUST

22-2864907

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	8.1 ACRES OF UNDEVELOPED LAND	\$317,000.	12/18/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	La B (Farra 2000) (Barra 40, 2004)

Name of organization **Employer identification number** THE WESTERLY LAND TRUST 22-2864907 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE WESTERLY LAND TRUST

Employer identification number 22-2864907

organization answered "Yes" on Form 990, Part IV, line 6. Total number at end of year	Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	or Accounts. Complete if the	
1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of organist from (during year) 4 Aggregate value of of parts from (during year) 5 Did the organization informal grantees, denors, and donor advisors in writing that the assets held in donor advised funds are the organization is property, subject to the organization's exclusive legal control? 6 Did the organization informal grantees, denors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring imperimental be drivate banefit? Part III Conservation Essements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purposels) of conservation easements held by the organization (chock all that apply). 1 Protection of natural habitat 2 Protection of natural habitat 3 Protection of natural habitat 3 Protection of natural habitat 4 Protection of natural habitat 5 Protection of natural habitat 6 Protection of natural habitat 7 Protection of natural habitat 8 Protection of natural habitat 9 Protection of natural habitat 1 Protect		organization answered "Yes" on Form 990, Part IV, lin	e 6.		
2 Aggregate value of contributions to (during year) 4 Aggregate value at and of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of ordonor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization or education) Preservation of a historically important land area Preservation of open space 2 Complete lines 2 a through 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 2 Total number of conservation easements and advisor of the advisor of conservation easements included on line 2 a quience and the preservation of a conservation easement included on line 2 a quience and the preservation easements included on line 2 a quience after July 25, 2006, and not on a historic structure listed in the National Register 3 Number of conservation easements included on line 2 a quience after July 25, 2006, and not on an alistoric structure listed in the National Register 4 Number of states where property subject to conservation easements in located 1 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year 1 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easement and balan			(a) Donor advised funds	(b) Funds and other accounts	
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5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization in properly, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purposely of conservation easements held by the organization (check all that apply). 2 Protection of natural habitat 2 Proservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Preservation of a natural habitat 2 Protection of natural habitat 3 Protection of natural habitat 4 Protection of natural habitat 4 Protection of natural habitat 4 Protection of natural habitat 5 Protection of natural habitat 6 Preservation of Separation easements are a certified by conservation easements. 7 Protection of natural habitat 8 Protection of natural habitat 9 Protection of natural habitat 1 Purposely of the say year. 1 Purposely of the say year. 1 Purposely of the say year. 2 Protection of natural habitat 4 Protection of natural habitat 5 Protection of natural habitat 9 Protection of natural habitat 9 Protection of natural habitat 9 Protection of natural habitat 1 Purposely of the say year. 1 Purposely of the say year. 2 Protection of natural habitat 1 Purposely of the say year. 2 Protection of natural habitat 2 Protection of natural habitat 2 Protection of natural habitat 9 Part III Purposely of the say year.	3	Aggregate value of grants from (during year)			
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Imparmissible private benefit? Yes No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Yes Y	6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be us	sed only	
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Trotection of natural habitat	1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
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Number of states where property subject to conservation easement is located 1 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the o	organization during the tax	
Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 20 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 600. Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b) If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,		·			
violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 20 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 600. Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)? Per XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. Ia If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: If the organization received or held works of art, historical treasures, or other similar assets fo	4		· · · · · · · · · · · · · · · · · · ·		
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Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 600. 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)?		•			0
Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 600. 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)? Yes No 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part XIII, line 1 \$ (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 the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ 8 Revenue included on Form 990, Part VIII, line 1	6	<u> </u>	handling of violations, and enforcing conse	rvation easements during the year	
B Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	_				
Boes each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part VIII, line 1 (iii) Assets included on Form 990, Part VIII, line 1 (iv) Assets included on Form 990, Part VIII, line 1 (iv) Assets included on Form 990, Part VIII, line 1	7		lling of violations, and enforcing conservation	on easements during the year	
and section 170(h)(4)(B)(ii)?	•			4\/D\/3\	
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$	8				_
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(i) Revenue included on Form 990, Part VIII, line 1 \$,	exhibition, education, or rescarcin in farthe	rance of public service,	
 (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 the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 				\$	
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the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$	2				_
a Revenue included on Form 990, Part VIII, line 1	_	-	-	, p. 01100	
	а			\$	
					_

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

Schedule D (Form 990) (Rev. 12-2024)

Pai	t III Organizations Maintaining C	ollections of Art	, Histo	orical Tre	asures, or	Other S	imilar A	ssets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check	any of the f	ollowing that	make sign	ificant use	of its			
	collection items (check all that apply).										
а	Public exhibition	d		Loan or exc	hange progra	ım					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	how th	ey further th	e organizatio	n's exemp	purpose ir	n Part XI	III.		
5	During the year, did the organization solicit of	r receive donations o	f art, his	storical treas	sures, or othe	r similar as	sets				
	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arran	gements Complet	e if the	organizatior	answered "\	es" on Fo	m 990, Pai	rt IV, line	9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	an, or other intermed	iary for	contribution	s or other as	sets not ind	cluded				_
	on Form 990, Part X?							Ш	Yes	X	No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing ta	able:							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d		40),0	<u> 25.</u>
е	Distributions during the year						1e				
f	Ending balance						1f			<u>, 0</u>	<u>25.</u>
2a	Did the organization include an amount on F	orm 990, Part X, line 2	21, for e	scrow or cu	ıstodial accou	unt liability	?	X	Yes	Ļ	No
	If "Yes," explain the arrangement in Part XIII.									X	
Pai	T V Endowment Funds Complete if						-				
		(a) Current year	(b) P	rior year	(c) Two year	s back (d	Three years	s back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr		(line 1g	i, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С		.%									
	The percentages on lines 2a, 2b, and 2c sho	•									
За	Are there endowment funds not in the posse	ssion of the organizat	tion that	are held ar	nd administer	ed for the			_		
	organization by:								$\overline{}$	Yes	No
	(i) Unrelated organizations?								3a(i)		<u> </u>
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		<u> </u>
4	Describe in Part XIII the intended uses of the		vment fu	unds.							
Pai	t VI Land, Buildings, and Equipm		D4 IV	:::::: 11 - C	F 000	Dark V. lin	- 10				
	Complete if the organization answere							Т.			
	Description of property	(a) Cost or ot		٠,	or other	` '	umulated	(d) Book	(valu	е
		basis (investm	ierit)		(other)	aepre	ciation	A	121) <u> </u>	67
	Land	I			2,567.	2.0	E E 4 4		,132		
b	Buildings			93	7,216.		5,544	•	<u> / 1 1</u>	٠,٥	72.
С.	Leasehold improvements							+			
	Equipment			0.6	0 210	1 /	0 074	+	710	<u> </u>	11
	Other				8,218.	Т4	9,874		$\frac{718}{562}$		44.
ı ota	I. Add lines 1a through 1e. (Column (d) must e	aual Form 990 Part 🕽	x line 10	oc column	(H))			1 3	, , , 0 2	<i>ر</i> د د	$\cdot \cdot \cdot$

Schedule D (Form 990) (Rev. 12-2024)

Schedule D (Form 990) (Rev. 12-2024) THE WESTERL	IY LAND TRUST	44	-2864907 Page
Part VII Investments - Other Securities	on Forms 000, Dort IV, line 1	th Can Farms 000 Dark V line 10	
Complete if the organization answered "Yes" or (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	t-of-vear market value
(1) Financial derivatives	(b) Book value	(e) meaned of valuations door of one	a or your market value
(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" of	n Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-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" or	on Form 990, Part IV, line 1	1d. 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" of	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, col.			
2. Liability for uncertain tax positions. In Part XIII, provide t	the text of the footnote to t	the organization's financial statements the	nat reports the

Schedule D (Form 990) (Rev. 12-2024)

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

Pa	rt XI Reconciliation of Revenue per Audited Financial Statemen	its With R	levenue 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	3,899,718.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а			17,188.	_	
b					
С	1 7 0	2c			
d	Other (Describe in Part XIII.)	2d			
е	9			2e	17,188. 3,882,530.
3	Subtract line 2e from line 1			3	<u>3,882,530.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	, , , , , , , , , , , , , , , , , , , ,	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	3,882,530.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per I	Returi	1
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			1 1	1 055 151
1	Total expenses and losses per audited financial statements			1	1,955,171.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а				-	
b	, , , , , , , , , , , , , , , , , , , ,			-	
С		2c		-	
d	, , , , , , , , , , , , , , , , , , , ,				0
е	9			2e	<u> </u>
3	Subtract line 2e from line 1			3	1,955,171.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
a	, , , , , , , , , , , , , , , , , , , ,			-	
b				1.	0.
	Add lines 4a and 4b			4c	1,955,171.
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information			5	1,933,171.
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/ lines 1h a	nd 2h: Part V. line /	I. Dart \	V line 2: Part VI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit			r, r ai t 7	N, III le Z, Fait XI,
	RT II, LINE 9:	ionai imomi	ation.		
	RCELS OWNED IN FEE THAT HAVE A RECORDED CON	SERVAT	ION EASEME	NT I	HELD BY
	OTHER ORGANIZATION ARE LISTED WITH AN IMPAI				
	QUISITION COST OR, IF DONATED, AT 15% OF TH				
	THE TIME OF GIFT.				
PAI	RT IV, LINE 2B:				
	E ORGANIZATION RECEIVES FUNDS ON BEHALF OF '				
SCI	ENIC RIVERS STEWARDSHIP COUNCIL (THE "COUNC	IL"),	PROVIDES A	IIMC	NISTRATIVE
SEI	RVICES, AND ACTS AS AN AGENT ORGANIZATION.				
PAI	RT X, LINE 2:				
	NAGEMENT HAS ANALYZED THE TAX POSITIONS TAK				
COI	NCLUDED THAT, AS OF DECEMBER 31, 2024 AND 2	023, T	HERE ARE N	וט טו	NCERTAIN
TAZ	X POSITIONS TAKEN OR EXPECTED TO BE TAKEN T	HAT WO	ULD REQUIR	E RI	ECOGNITION
OF	A LIABILITY (OR ASSET) OR DISCLOSURE IN TH	E FINA	NCIAL STAT	EME	NTS. THE
FOU	UNDATION'S FEDERAL INFORMATION RETURNS PRIOR	R TO F	ISCAL YEAR	202	21 ARE
	OSED AND MANAGEMENT CONTINUALLY EVALUATES E				
LI	MITATIONS, AUDITS, PROPOSED SETTLEMENTS, CH	ANGES	IN TAX LAW	ANI	O NEW
ΔTT	THORITATIVE RILINGS				

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.

432054 01-02-25

Schedule D (Form 990) (Rev. 12-2024)

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.
MITTE DEEM NO INICON VIOLATIONS.
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 L

(Form 990)

(Rev. December 2024)

Department of the Treasury

Internal Revenue Service

Transactions With Interested Persons

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE WESTERLY LAND TRUST

Employer identification number

22-2864907

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)					
Complete if the organizatio	n answered "Yes" on Form 990, Part IV,	line 25a or 25b; or Form 990-EZ, Pa	art V, line 40b.		
1,,,,	(b) Relationship between disqualified	() 5		(d) Correcte	
(a) Name of disqualified person	person and organization	(c) Description of tran	saction	Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
2 Enter the amount of tax incurred by	the organization managers or disqualifie	ed persons during the year under			
section 4958			\$ <u></u>		
3 Enter the amount of tax, if any, on I	ine 2, above, reimbursed by the organiza	tion	\$		
Part II Loans to and/or From	n Interested Persons				
Complete if the organizatio	n answered "Yes" on Form 990-EZ, Part	V, line 38a, or Form 990, Part IV, lir	ne 26; or if the organ	ization	
reported an amount on For	m 990, Part X, line 5, 6, or 22.		-		
(a) Name of (b) Relation with organic	' from the	e) Original (f) Balance due	(g) In (h) Appr		Written eement?

(a) Name of interested person	(b) Relationshi with organization	P (3)	fror	oan to or n the ization?	(e) Original principal amount	(f) Balance due	(g) defa	In ault?	(h) Ap by bo comm	proved ard or nittee?	(i) W agreei	
			То	From			Yes	No	Yes	No	Yes	No
(1)SUBSTANTIAL	C SUBSTAN	TWESTERLY	X		601,362.	1,071,407.		X	X		Х	
(2)SUBSTANTIAL					310,200.			X	X		Х	
(3)SUBSTANTIAL	C SUBSTAN	TWESTERLY	X		1,292,350.	1,292,350.		X	X		Х	
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total					\$	2.755.272.						

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) (Rev. 12-2024)

SEE PART V FOR CONTINUATIONS

Schedule L (Form 990) (Rev. 12-2024) THE WESTERLY LAND TRUST Part IV Business Transactions Involving Interested Persons

Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 28	3b, or 28c.			
(a) Name of interested person	person and the organization transaction transaction transaction		of (e) Sharir organizat		
			transaction	reven	ues?
(1)SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIB	1 470 050	EODOTVENIECO	Yes	No X
	SUBSTANTIAL CONTRIB	1,4/9,950.	L OKGI A FINESS		Λ
<u>(2)</u> <u>(3)</u>					
(4)					
(5)					
(6)					
(7)					
_(8)					
(9)					
(10)					
Part V Supplemental Information	one en transmission de Cabadala I. Cani				
Provide additional information for responsible SCHEDULE L, PART II, LOANS			·		
(A) NAME OF PERSON: SUBSTA		TED TERBONE	•		
(B) RELATIONSHIP WITH ORGAN		L CONTRIBUT	'OR		
(C) PURPOSE OF LOAN: WESTER					
(A) NAME OF PERSON: SUBSTA	NTIAL CONTRIBUTOR				
(B) RELATIONSHIP WITH ORGA	NIZATION: SUBSTANTIA	L CONTRIBUT	OR		
(C) PURPOSE OF LOAN: WESTE	RLY PROPERTIES FUNDI	NG			
-					
(A) NAME OF PERSON: SUBSTA					
(B) RELATIONSHIP WITH ORGAN			OR		
(C) PURPOSE OF LOAN: WESTE	RLY PROPERTIES FUNDI	NG			
SCH L, PART IV, BUSINESS T	PANCACETONS THUS VITN		D DEDCOMC.		
(A) NAME OF PERSON: SUBSTA		G INTERESTE	D PERSONS:		
(B) RELATIONSHIP BETWEEN I		ORGANTZATT	ON:		
SUBSTANTIAL CONTRIBUTOR		01:0111,111111	02(1		
(D) DESCRIPTION OF TRANSACT	TION: FORGIVENESS OF	LONG-TERM	DEBT ON SAL	E OF	
ICE RINK PRESENTED AS GAIN	ON STATEMENT OF REV	ENUE			
SCHEDULE L, PART II, LOANS		TED PERSONS	:		
	TANTIAL CONTRIBUTOR				
(B) RELATIONSHIP WITH ORG		IAL CONTRAC	TOR		
(C) PURPOSE OF LOAN: WES	TERLY PROPERTIES FUN	DING			
/a) NAME OF DEDGON. GUDG	TANETAL COMEDITATION				
(A) NAME OF PERSON: SUBSTANCE (B) RELATIONSHIP WITH ORG.	TANTIAL CONTRIBUTOR	IAL CONTRAC	IMOD		
	TERLY PROPERTIES FUN		IOK		
(C) TORTOBE OF ECAN: WEB	I DINDI I NOI DINI I DI I OIV	DING			
(A) NAME OF PERSON: SUBS	TANTIAL CONTRIBUTOR				
(B) RELATIONSHIP WITH ORG		IAL CONTRAC	TOR		
	TERLY PROPERTIES FUN	DING			
	TANTIAL CONTRIBUTOR				
(B) RELATIONSHIP WITH ORG		IAL CONTRAC	TOR		
(C) PURPOSE OF LOAN: WES	TERLY PROPERTIES FUN	DING			
/3) 11115 05 555 555					
	TANTIAL CONTRIBUTOR	TAI GONTON	IMOD		
(B) RELATIONSHIP WITH ORG		TAL CONTRAC	TUK		
(C) PURPOSE OF LOAN: WES	<u> TERLY PROPERTIES FUN</u>	DING			

Part V	Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions).
(A)	NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR
(B)	RELATIONSHIP WITH ORGANIZATION: SUBSTANTIAL CONTRACTOR
(C)	PURPOSE OF LOAN: WESTERLY PROPERTIES FUNDING

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30. Attach to Form 990.

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

THE WESTERLY LAND TRUST

Employer identification number

22-2864907

Pai	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of	Noncash contribution	Method of det			
		applicable	contributions or	amounts reported on Form 990, Part VIII, line 1g	noncash contribut	ion am	ounts	;
4	Art - Works of art		nome communica	r om ood, r are viii, iii o rg				
2	A 1 112 1 2 11							
_								
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property			10.050	T3.67.7			
9	Securities - Publicly traded	X	2	10,959.	F.W.∧			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other	Х	1	317,000.	FMV			
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other (
29	Number of Forms 8283 received by the organiz	zation during	the tax year for o	ontributions				
25	for which the organization completed Form 826	-	•				1	
	for which the organization completed form ozi	oo, rait v, L	onee Acknowledg	ement <u>23 </u>		Τ,	Yes	No
202	During the year, did the organization receive by	v contributio	n any proporty rop	orted on Part I lines 1 throu	ah 28 that it		163	NO
Sua		-			-			
	must hold for at least 3 years from the date of		•	·		20-		v
	exempt purposes for the entire holding period?	٠				30a		<u> </u>
	If "Yes," describe the arrangement in Part II.	- مانم، خام م	autro the session	of any namatan danal assessment	deno?	04	T.	
31	Does the organization have a gift acceptance p				ions?	31	Х	
32a	Does the organization hire or use third parties		_					v
	contributions?					32a		<u>X</u>
	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is che	cked,			
	describe in Part II.							

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

Schedule M (Form 990) 2024

Schedule M (Form 990) 2024 432142 01-18-25

SCHEDULE N (Form 990)

Department of the Treasury Internal Revenue Service

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32, or Form 990-EZ, line 36.

Attach certified copies of any articles of dissolution, resolutions, or plans.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

		ERLY LAND					22-2	entification numbe 864907
Part I	Liquidation, Termination, or Dissolu space is needed.	ution. Complete this	s part if the organization a	answered "Yes" on Form 9	990, Part IV, line 31, o	r Form 990-EZ, line 36. Pa	rt I can be dup	licated if additional
1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address	of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
		I	I					Yes N

	<u>-</u>		
2	Did or will any officer, director, trustee, or key employee of the organization:		
а	Become a director or trustee of a successor or transferee organization?	2a	
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b	<u> </u>
С	Become a direct or indirect owner of a successor or transferee organization?	2c	
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?	2d	

e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III.

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

Schedule N (Form 990) 2024

432151 01-03-25

Par	Liquidation, Termination, or Dissolu	ıtion (continued)							
	Note: If the organization distributed all of i	ts assets during the	tax year, then Form 990,	Part X, column (B), line 16	6 (Total assets), and li	ne 26 (Total liabilities), should equal -0		Yes	No
3	Did the organization distribute its assets in	accordance with its	governing instrument(s)	? If "No," describe in Part	III		3		
4a	4a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate? 43								
b	If "Yes," did the organization provide such	notice?					4b		
5	Did the organization discharge or pay all o	f its liabilities in acco	rdance with state laws?				. 5		
6a	Did the organization have any tax-exempt								
b	If "Yes" to line 6a, did the organization dis	charge or defease all	of its tax-exempt bond I	iabilities during the tax yr i	n accordance with th	e Internal Revenue Code and state laws	? 6b		
	If "Yes" on line 6b, describe in Part III how								
Par						anization answered "Yes" on Form 990,	Part IV, lin	e 32, c	r
	Form 990-EZ, line 36. Part II can be du			·					
1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	recip tax-exer	section ient(s) (if npt) or ty entity	
						ROYCE FAMILY FUND			
						8 SOUND SHORE DR			
PP&E	: ICE RINK	09/20/24	1,445,485.	NET BOOK VALUE	13-3318620	GREENWICH, CT 06830	501(C)(3)	
		ı	I		1		1	Vas	No
2	Did or will any officer, director, trustee, or	key employee of the	organization:					163	140
	Become a director or trustee of a successor		•				2a		Х
d h	Become an employee of, or independent of	contractor for a succ	passor or transforce organ	nization?			2b		X
									X
 c Become a direct or indirect owner of a successor or transferee organization? d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets? 2d 								X	
	If the organization answered "Yes" to any								21
е	ii the organization answered "Yes" to any	or the questions on I	iries ∠a trirough ∠d, prov	ide the hame of the persor	i irivoiveu and explai	ıı ııı Fafl III.			

SCHEDULE O (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE WESTERLY LAND TRUST

Employer identification number 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:
READING: TO PROVIDE ACCESS TO NATURE FOR EVERYONE, WLT WILL CONTINUE TO
STEWARD OUR CURRENT URBAN PROPERTIES AND WORK TO CONSERVE GREEN SPACES
IN OTHER DEVELOPED AREAS OF WESTERLY.

FORM 990 PART VI, SECTION Α, LINE SHALL BE OPEN TO ANY INDIVIDUAL WHO: (I)SUBSCRIBES TO PURPOSES THE CORPORATION AND AGREES TO ABIDE BYITS PURPOSES; AND HAS PAID CURRENT ANNUAL DUES AS ESTABLISHED BY THE BOARD OF DIRECTORS.

FORM 990 PART SECTION A VI. LINE 7A: TO VOTE FOR THE ELECTION OF THE BOARD EACH MEMBER SHALL BE ENTITLED DIRECTORS OR THE REMOVAL OF DIRECTORS AND EACH MEMBER SHALL BE ENTITLED TO NO MEMBER SHALL BE ELIGIBLE TO VOTE ON IFPRESENT. MATTER WITH REGARD TO THE CORPORATION.

FORM 990, PART VI, SECTION B, LINE 11B: WESTERLY LAND TRUST HAS ITS FORM 990 PREPARED BY ANOUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS то **ENSURE** THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN REVIEWED BY THE FINANCE COMMITTEE WITH PREPARED, ANDIS READY TO ${f BE}$ FILED THE INTERNAL REVENUE SERVICE, IT IS ELECTRONICALLY SENT TO THE BOARD APPROVAL. ONCE THE BOARD HAS APPROVED THE RETURN IT IS FILED INTERNAL REVENUE SERVICE.

FORM 990 PART VI SECTION B LINE 12C: EACH MEMBER OF THEBOARD OF DIRECTORS ANNUALLY SHALL SIGN A STATEMENT THAT AFFIRMS SUCH PERSON HAS RECEIVED Α 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 DIRECTORS ARE RESPONSIBLE FOR RAISING CONFLICT OF INTEREST ISSUES AS THEY PERSON REPRESENTING AN INTERESTED AN INTERESTED PERSON OR A MAY MAKE A PRESENTATION TO THE BOARD OF DIRECTORS, BUT AFTER THE MEETING DURING DISCUSSION OF PRESENTATION, HE/SHE SHALL LEAVE THE VOTE ON, THE TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF DIRECTORS THEBOARD OF SHALL IFAPPROPRIATE, APPOINT DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES PROPOSED TRANSACTION OR ARRANGEMENT. AFTER THE PRESENTATION AND DUE DILIGENCE, THEBOARD OF DIRECTORS SHALL DETERMINE ${\tt BY}$ MAJORITY Α VOTE QUORUM OF ALL THE DISINTERESTED BOARD MEMBERS WHETHER THE TRANSACTIONS OR THE WLT'S BEST INTEREST ARRANGEMENT IS INFOR ITS OWN BENEFITS. WHETHER IS FAIR AND REASONABLE, AND WHETHER IT CONFORMS TO THE LETTER AND SPIRIT OF THE STATEMENT. CONFORMITY WITH THE ABOVE DETERMINATION ITSHALL INITS 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

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

Schedule O (Form 990) (Rev. 12-2024)

Scriedule O (Form 990) 2024	Page 2
Name of the organization	Employer identification number
THE WESTERLY LAND TRUST	22-2864907
ACCOUNT COMPENSATION FOR SIMILAR POSITIONS IN OTHER ORGANI	
EXECUTIVE DIRECTOR'S EXPERIENCE AND WHAT THE ORGANIZATION	CAN SUSTAIN
FINANCIALLY. A COMPENSATION REVIEW FOR THE EXECUTIVE DIREC	TOR TAKES PLACE
ON AN ANNUAL BASIS. THE APPROVAL IS DOCUMENTED IN THE ORGA	
MINUTES AND WAS LAST APPROVED IN 2020.	
MINOTED AND WAS DAST ATTROVED IN 2020.	
HODY OOD DARK UT GROWTON G TINE 10	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S FINANCIAL STATEMENTS, CONFLICT OF INTER	
GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUE	ST.