Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

OMB No. 1545-0047

Α	For the	e 2017 calendar year, or tax year beginning and en	nding						
В	Check if applicabl	C Name of organization		D Employer identific	cation number				
	Addre chang								
	Name chang	Doing business as		**_*	**7910				
Ļ	Initial return	,	oom/suite						
L	Final return, termin			914-234-6992					
	ated Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,742,689.				
F	⊥return ∏Applic ⊥tion	Dedicid Hills, NI 10507		H(a) Is this a group re					
	ition pendii	same as C above		for subordinates H(b) Are all subordinates in					
$\overline{\Gamma}$	Tax-ex	empt status: $X = 501(c)(3) = 501(c)(6)$ (insert no.) $4947(a)(1)$ or	527		list. (see instructions)				
		te: > www.westchsterlandtrust.org		H(c) Group exemption					
		organization: X Corporation Trust Association Other	L Year o		State of legal domicile; NY				
	art I	Summary	•	•					
	1	Briefly describe the organization's mission or most significant activities: See So	chedu	le 0					
Governance									
ern	1	Check this box if the organization discontinued its operations or disposed		1 1					
9		Number of voting members of the governing body (Part VI, line 1a)			18				
∞ ∞		Number of independent voting members of the governing body (Part VI, line 1b)			18 17				
Activities &		Total number of individuals employed in calendar year 2017 (Part V, line 2a)			200				
Ę.		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			0.				
¥		Net unrelated business taxable income from Form 990-T, line 34			0.				
	~	The difficulties business taxable moonle from the figure 1, fine 64		Prior Year	Current Year				
Φ	8	Contributions and grants (Part VIII, line 1h)		1,186,462.	1,239,092.				
ž	1	Program service revenue (Part VIII, line 2g)		11,868.	24,834.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		249,409.	382,437.				
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-111,340.	-101,703.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,336,399.	1,544,660.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
		Benefits paid to or for members (Part IX, column (A), line 4)		0. 808,396.	753,539 .				
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		000,390.	753,539				
Expenses		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 137, 295	5 —	0.	0.				
X		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		440,431.	454,118.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,248,827.	1,207,657.				
	19	Revenue less expenses. Subtract line 18 from line 12		87,572.	337,003.				
Net Assets or Fund Balances		·		ginning of Current Year	End of Year				
sets	20	Total assets (Part X, line 16)		19,998,103.	20,627,260.				
t As	21	Total liabilities (Part X, line 26)		97,083.	89,888.				
	22	Net assets or fund balances. Subtract line 21 from line 20		19,901,020.	20,537,372.				
	art II	Signature Block							
		lties of perjury, I declare that I have examined this return, including accompanying schedules a t, and complete. Declaration of preparer (other than officer) is based on all information of whicl			/ knowledge and belief, it is				
uue	, correc	is, and complete. Decidiation of preparer (other than officer) is based on an information of which	ii preparei	lias arry knowledge.					
Sig	n	Signature of officer		I Date					
He		Lori Ensinger, President							
	Ü	Type or print name and title							
		Print/Type preparer's name Preparer's signature		Date Check	X PTIN				
Pai -			<u> 0</u>	7/13/18 if self-employe	P00198409				
	parer	Firm's name Joseph T. Gallo, CPA		Firm's EIN					
USE	Only	Firm's address P.O. Box 10		01	1 717 7ECO				
_		Croton on Hudson, NY 10520		Phone no. 91					
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)			Yes No				

4d Other program services (Describe in Schedule O.)

Total program service expenses ▶ 883,371.

including grants of \$

) (Revenue S

Form **990** (2017)

Form 990 (2017) Westchester Land Trust, Inc. 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)?	1	х	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		7.7	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	77
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	100	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	-23	
b	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		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	Λ	
19	complete Schedule G, Part III	19		Х
	complete conceals a, r art III	19		

Form 990 (2017) Westchester Land Trust, Inc. Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
		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		
	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			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		x
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а		28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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
35a	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		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u></u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		77	
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2017) Westchester Land Trust, Inc. Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

	Check if Schedule O Contains a response of note to any line in this Part v					Ш.
			1 11		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	11			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	U U			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re			4-	X	
20	(gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	 I	 	1c	22	
Za		2a	17			
h	filed for the calendar year ending with or within the year covered by this return		·	2b	Х	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions			20		
3а				За		х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a		-	4a		Х
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	ccour	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction	?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne org	anization 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 contribut	tions c	or gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).				37	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	rvices	provided to the payor?	7a	X	
				7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		•	_		x
	to file Form 8282?	ı		7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	<u> </u>	7e		х
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7 e 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			7		
_	on an advantage of the control of th			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:		_ [
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	l				
	amounts due or received from them.)	11b		40		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	ı	<i>:</i> 	12a		
	,	12b				
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.			isa		
h	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				
	Bid the consideration and the consideration of the first of the constant of th			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			14b		
				Form	990	(2017)

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 in Schedule O. See instructions.

Sec	crieck it Scriedule O contains a response or note to any line in this Part VI						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1;	a	18			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	_ 11	b	18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	hip w	ith a	ny other			
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under	the di	rect	supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	1990	was	filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's a	ssets	?		5		X
6	Did the organization have members or stockholders?				6		X
7a							
	more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members						
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y						
а	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	eache	d at	the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X
Sec	etion B. Policies (This Section B requests information about policies not required by the Internal	Reve	nue	Code.)			
						Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such						
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	ody be	efore	e filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	1 , , , ,				12a	X	
b					12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes, '	des	scribe		.,	
	in Schedule O how this was done				12c	X	
13	Did the organization have a written whistleblower policy?				13	X	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and appro		/ inc	lependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision					37	
а	The organization's CEO, Executive Director, or top management official				15a	X	37
b	Other officers or key employees of the organization				15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang						v
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation to ev		-	•			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org			S			
800	exempt status with respect to such arrangements?				16b		
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed NY, CT	T (C.	: .	- F01/a\(0\a = a b \			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 for public inspection, Indicate how you made those qualitable. Check all that apply)-I (S	CTIC	or our (c)(3)s only)	avallat	ле	
	for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain)	in i- 1	204	dula Ol			
40				,	ച £ :	! . !	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or	ontlic	t of	interest policy, an	u tinan	iciai	
00	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's to $\frac{1}{2}$ The Organization - $\frac{914-234-6992}{1}$	OOKS	anc	records:			
	403 Harris Road, Bedford Hills, NY 10507						

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(C	2)			(D)	(E)	(F)
Name and Title	Average	(40		Posi	ition	than		Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week	_	cer an	a a a	irecto	r/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation from the
	hours for related	e or d	stee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	organizations	truste	al trus		yee	mper		(** 2, 1000 *********************************		and related
	below	idual	Institutional trustee	er	Key employee	est co loyee	Je.			organizations
	line)	Indiv	Insti	Officer	Keye	Highest compensated employee	Former			
(1) Stephen Beckwith	0.50								_	_
Director		Х						0.	0.	0.
(2) Nanette Bourne	0.50								_	_
Director		Х						0.	0.	0.
(3) Bruce Churchill	2.00									
Chair		Х		Х				0.	0.	0.
(4) Beth Crowell	0.50									
Director	0 50	Х						0.	0.	0.
(5) Catherine Diao	0.50	l								
Director	1 00	Х						0.	0.	0.
(6) Peter DiCorpo	1.00	l								
Treasurer	0 50	Х		Х				0.	0.	0.
(7) Joe Edgar	0.50								0	•
Director	0 50	Х						0.	0.	0.
(8) Amy Ferguson	0.50	٠,,							0	•
Director	0 50	Х						0.	0.	0.
(9) David Grech	0.50	Х						0.	0	0
Director	1.00	Λ						0.	0.	0.
(10) Susan Henry	1.00	Х		х				0.	0.	0.
Secretary (11) Wandania Wanfara	0.50	^		Λ				0.	0.	0.
(11) Marjorie Kaufman	0.50	Х						0.	0.	0.
Oirector (12) Douglas M. Kraus	0.50	^						0.	0.	0.
Director	0.30	X						0.	0.	0.
(13) Betsy Lifschultz	0.50	^						0.	0.	0.
Director	0.50	X						0.	0.	0.
(14) Lee Manning-Vogelstein	0.50							0.	0.	<u> </u>
Director	0.30	x						0.	0.	0.
(15) Allyson Mawe	0.50	 _ `				\vdash	-		•	<u> </u>
Director	3.50	x						0.	0.	0.
(16) Benjamin Needell	1.00									<u></u>
Vice Chair		x		х				0.	0.	0.
(17) Renee Ring	0.50								2 -	
Director		х						0.	0.	0.

Part V	Section A. Officers, Directors, Tru	istees, Key Em	ploy	/ees	, an	d Hi	ighe	st (Compensated Employe	es (continued)				
	(A)	(B)	(C)						(D)	(E)			(F)	
	Name and title	Average	(do	not c	Pos heck	itior more	1 than	one	Reportable	Reportable		Es ⁻	timated	i
		hours per	box	, unle	ss pe	rson	is bot	h an	· ·	compensation			ount o	f
		week (list any	\vdash	1		1	1	1	from	from related			other	
		hours for	Individual trustee or director				_		the organization	organization (W-2/1099-MI			oensat om the	
		related	e or c	stee			satec		(W-2/1099-MISC)	(00-2/1099-1011	30)		anizatio	
		organizations	truste	al trus		/ee	mper		(** 2, 1000 *********************************				l relate	
		below	idual	Institutional trustee	<u>.</u>	mplo	est co oyee	le.				orga	nizatio	ns
		line)	Indiv	Instit	Officer	Key employee	Highest compensated employee	Бrm						
(18) J	ennifer Schwartz	0.50												
Direct	or		Х						0.		0.			0.
(19) L	ori Ensinger	40.00												
Presid					Х				143,125.		0.			0.
(20) K	ara Hartigan-Whelan	40.00									_			_
Vice P	resident				Х				112,560.		0.			0.
			1											
			1											
			_											
									055 605					_
	ub-total								255,685.		0.			0.
	otal from continuation sheets to Part \								0.		0.			0.
	otal (add lines 1b and 1c)								255,685.		0.			0.
	otal number of individuals (including but	not limited to the	nose	liste	ed al	bov	e) wl	no r	received more than \$100	0,000 of reportab	le			_
	ompensation from the organization											1	V	2
											ı		Yes	No
	d the organization list any former office	,		,	,		,	,	•	. ,				v
	e 1a? If "Yes," complete Schedule J for											3		X
	or any individual listed on line 1a, is the	-		-					•	the organization				37
	nd related organizations greater than \$1											4		X
	d any person listed on line 1a receive or	•				,			ted organization or indiv	idual for services	,	_		v
	ndered to the organization? If "Yes," co. n B. Independent Contractors	mplete Schedul	e J i	or s	uch	pers	son					5		X
	<u>.</u>		.1			4			414 5 1 41	\$400,000 of a sec		-41 6		
	omplete this table for your five highest of										ipens	ation f	OIII	
	e organization. Report compensation fo	r trie caleridar y	ear	enai	irig v	VILII	Or W	'ILI'II		year.			`	
	(A) Name and busines	s address	NI	INC	F.				(B) Description of s	services	C	(C comper	<i>)</i> nsation	
-				<u> </u>	_									
	otal number of independent contractors		not li	mite	d to	tho	se li	ste	d above) who received n	nore than				
\$1	100,000 of compensation from the organ	nization >				(U						200 (2	

		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
			·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ıts its	1 a	Federated campaigns	1a					
ar our		Membership dues	4.					
s, G	С	Fundraising events		325,749.				
Sift lar,		Related organizations						
imi	е	Government grants (contributi	ons) 1e	35,000.				
tion	f	All other contributions, gifts, grant	s, and					
the		similar amounts not included above	/e 1f	878,343.				
함	g	Noncash contributions included in lines	1a-1f: \$	186,841.				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f			1,239,092.			
				Business Code				
e S	2 a	Service fees		713990	24,834.	24,834.		
Program Service Revenue	b							
en.	С							
ran ev	d							
Pog F	е							
۵.	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f			24,834.			
	3	Investment income (including	,	, I				
		other similar amounts)			117,692.			117,692.
	4	Income from investment of tax	c-exempt bond p	oroceeds >				
	5	Royalties		>				
			(i) Real	(ii) Personal				
		Gross rents	35,228.					
		Less: rental expenses	30,752.					
		Rental income or (loss)	4,476.		4 456			4 456
					4,476.			4,476.
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	4,239,990.					
	b	Less: cost or other basis	2 075 245					
		and sales expenses						
		Gain or (loss)			264 745			264 745
ne		Net gain or (loss)Gross income from fundraising		>	264,745.			264,745.
_		including \$ 325	,749. of					
ě		contributions reported on line	1c). See					
P.		Part IV, line 18	а	85,075.				
Other Rever	b	Less: direct expenses	b	192,032.				
Ŭ	С	Net income or (loss) from fund	raising events		-106,957.			-106,957.
	9 a	Gross income from gaming ac						
		Part IV, line 19	a					
		Less: direct expenses						
		Net income or (loss) from gam	-	····· •				
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sales						
		Miscellaneous Revenue	e	Business Code				
		Other		900099	778.	778.		
	b							
	С							
		All other revenue						
		Total. Add lines 11a-11d			778.	05 646	-	000 055
	12	Total revenue. See instructions.		▶	1,544,660.	25,612.	0	. 279,956.

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) (A)
Total expenses Do not include amounts reported on lines 6b. Program service expenses Management and general 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 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 255,685. 178,980. 28,625. 48,080. 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) 385,298. 286,051. 44,424. 54,823. Other salaries and wages 7 Pension plan accruals and contributions (include 12,181. 8,837. 1,388. 1,956. section 401(k) and 403(b) employer contributions) 32,775. 45,175. 5,148. 7,252. 9 Other employee benefits 55,200. 40,047. 6,291. 8,862. Payroll taxes 10 Fees for services (non-employees): 11 15,754. 14,729. 371. 654. a Management 38,580. 38,580. Legal 37,000. 37,000. Accounting Lobbying Professional fundraising services. See Part IV, line 17 26,721. 26,721. Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 22,331. 20,075. 1,504. 752. Advertising and promotion 12 5,674. 58,958. 44,077. 9,207. 13 Office expenses Information technology 14 Royalties 15 32,288. 27,445. 3,229. 1,614. 16 Occupancy 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 21,305. 20,169. 1,136. Conferences, conventions, and meetings 19 20 21 Payments to affiliates 43,736. 51,454. 5,145. 2,573. Depreciation, depletion, and amortization 22 33,728. 6,335. 1,522. 25,871. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Land preservation costs 91,059. 91,059. Uncollectible pledges 14,000. 14,000. 10,940. 10,940. Land acquistion costs С All other expenses е 1,207,657. 883,371. 186,991. 137,295. 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)

Pa	πx	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	346,856.	1	528,924.
	2	Savings and temporary cash investments	62,760.	2	63,340.
	3	Pledges and grants receivable, net	125,074.	3	82,847.
	4	Accounts receivable, net		4	·
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
S		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9		50,149.	9	37,504.
		Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other	30/1130	9	3773010
	lua	basis. Complete Part VI of Schedule D			
	h		3,719,048.	10c	3,676,603.
			3,908,583.	11	4,452,409.
	11	Investments - publicly traded securities	3,300,303.	12	4,452,405.
	12	Investments - other securities. See Part IV, line 11		13	
	13	Investments - program-related. See Part IV, line 11			
	14	Intangible assets	11,785,633.	14 15	11,785,633.
	15	Other assets. See Part IV, line 11	19,998,103.	16	20,627,260.
	16 17	Total assets. Add lines 1 through 15 (must equal line 34)	97,083.	17	89,888.
	18	Accounts payable and accrued expenses	31,003.	18	03,000.
	19	Grants payable		19	
	20	Deferred revenue		20	
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D		21	
m	22	Loans and other payables to current and former officers, directors, trustees,		21	
Liabilities	~~	key employees, highest compensated employees, and disqualified persons.			
iii		Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		27	
	20	parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	97,083.	26	89,888.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	2.7000		
S		complete lines 27 through 29, and lines 33 and 34.			
၁င	27	Unrestricted net assets	16,245,565.	27	16,351,259.
Fund Balances	28	Temporarily restricted net assets	401,811.	28	896,469.
Ä	29	Permanently restricted net assets	3,253,644.	29	3,289,644.
Ĕ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶	, , , , ,		
		and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	19,901,020.	33	20,537,372.
	34	Total liabilities and net assets/fund balances	19,998,103.	34	20,627,260.
	_ 	Total maximuos and not assets/fund palarioes		UT	Eorm 990 (2017

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,54		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,20		
3	Revenue less expenses. Subtract line 2 from line 1	3		7,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19,90		
5	Net unrealized gains (losses) on investments	5	29	9,3	<u>49.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	20,53	7,3	72.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	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	e 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 in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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 Employer identification number **-***7910 Westchester Land Trust, Inc. 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 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.) 8 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 university: 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 in 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. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g 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 ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	ction A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	1103208.	1059483.	1400571.	1090233.	1239092.	5892587.				
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	1103208.	1059483.	1400571.	1090233.	1239092.	5892587.				
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)										
	Public support. Subtract line 5 from line 4.						5892587.				
	ction B. Total Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total				
7	Amounts from line 4	1103208.	1059483.	1400571.	1090233.	1239092.	5892587.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources	194,711.	273,101.	237,708.	84,129.	382,437.	1172086.				
9	Net income from unrelated business										
	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part VI.)										
11	Total support. Add lines 7 through 10						7064673.				
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12	36,695.				
13	First five years. If the Form 990 is for	-			-						
_	organization, check this box and stor	here					<u></u>				
	ction C. Computation of Publ						02 44				
14	Public support percentage for 2017 (14	83.41 %				
15	Public support percentage from 2016					15	85.02 %				
16a	33 1/3% support test - 2017. If the										
	stop here. The organization qualifies										
b	33 1/3% support test - 2016. If the										
	and stop here. The organization qualifies as a publicly supported organization										
17a	7a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,										
	and if the organization meets the "fac			-	•	_					
	meets the "facts-and-circumstances"										
b	10% -facts-and-circumstances tes	ū				•					
	more, and if the organization meets the		•								
	organization meets the "facts-and-circ										
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17k	o, check this box a	and see instruction	s ▶∟∟				

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	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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						
7	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1	1	<u></u>	•	•
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
ŀ	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 in line 10b,						
	whether or not the business is						
40	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.)	<u> </u>	<u> </u>	1.6		504(.)(2)	<u> </u>
14	First five years. If the Form 990 is for	_			•		
80	check this box and stop here ction C. Computation of Publ						<u></u>
	Public support percentage for 2017 (I			column (f))		15	%
	Public support percentage from 2016					16	
	ction D. Computation of Inves					1 10 1	70
	Investment income percentage for 20					17	%
	Investment income percentage from 2			(17)		18	%
	a 33 1/3% support tests - 2017. If the						
	more than 33 1/3%, check this box a						
ł	33 1/3% support tests - 2016. If the						
	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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 in 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 in 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 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		
	3a		
	3b		
	0.0		
	3с		
	30		
	4a		
	4b		
	4c		
	_		
	5a		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	134		
	10h		
~ ^	10b 90 or 99	M E2	2017
11 9	an or as	7U-EZ	2017

Pa	rt IV Supporting Organizations (continued)		- 10	igo o
	Continued)		Yes	No
44	Has the examination accounted a gift or contribution from any of the following persons?		163	INO
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а		110		
b	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	11c		
Sec	tion b. Type i Supporting Organizations		V	NI -
_			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	4		
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u> </u>	supervised, 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 trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1		
sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (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			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u></u>	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	1-		
a b	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization is the parent of each or its supported organizations. Complete line's below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	-1	
င	Activities Test. Answer (a) and (b) below.	liuctions	Yes	No
2	., .,		res	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
h		Zd		
b	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
		2h		
2	activities but for the organization's involvement. Perent of Supported Organizations Answer (a) and (b) holow	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а		20		
h	trustees of each of the supported organizations? <i>Provide details in Part VI.</i> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
U	Dia the organization exercise a substantial degree of direction over the policies, programs, and activities of edell			

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

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections 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		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Par	[₹] ▼ │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _(continued)	
Secti	on D - Distributions		. ,	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	าร		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i_	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047 **2017**

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

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

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

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

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

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

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

-	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III			
	ne of organization	dons. complete r art iii.		Emp	oloyer identification number
	•	ster Land Trust,	Inc.	'	**-***7910
Pa	rt I-A Complete if the org	janization is exempt und	der section 501(c	or is a section 527	organization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures		>	\$
Pa	rt I-B Complete if the org	janization is exempt und	der section 501(c)(3).	
	Enter the amount of any excise tax				 \$
	Enter the amount of any excise tax				
3	If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes No
	Was a correction made?				
	If "Yes." describe in Part IV.				
Pa	rt I-C Complete if the org	janization is exempt und	der section 501(c), except section 501	(c)(3).
2 3 4	Enter the amount directly expended Enter the amount of the filing organ exempt function activities Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and er made payments. For each organization received that were propolitical action committee (PAC). If	ization's funds contributed to of a contributed to of a contributed in a contributed to of a contributed in a contributed to of a contributed in a contributed to of a contributed in a contributed to of a contributed in a contri	ther organizations for stand on Form 1120-POI IN) of all section 527 p id from the filing organ a separate political or	L, political organizations to whization's funds. Also enter ganization, such as a separ	\$ Yes No ich the filing organization the amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2017

Sche	dule C (Form 990 or 990-EZ) 2017	Westc	hester	Land Trust	, Inc.	**_;	***7910 Page 2
	rt II-A Complete if the org	ganizatio	on is exe	mpt under section	n 501(c)(3) and file		
	section 501(h)).						
A Ch	heck 🕨 📖 if the filing organiza	ation belon	gs to an affi	liated group (and list i	n Part IV each affiliated	group member's nar	ne, address, EIN,
	expenses, and sha	re of exce	ss lobbying	expenditures).			
B Ch	heck 🕨 📖 if the filing organiza	ation check	ked box A a	nd "limited control" pro	ovisions apply.		
			bying Expe neans amou	nditures unts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to infl	uence pub	olic opinion (grass roots lobbying)			
	Total lobbying expenditures to infl	•					
	Total lobbying expenditures (add I						
	Other exempt purpose expenditur						
е	Total exempt purpose expenditure						
	Lobbying nontaxable amount. Ent				i		
	If the amount on line 1e, column (a) (or (b) is:	The lob	bying nontaxable am	ount is:		
	Not over \$500,000		20% of	the amount on line 1e			
	Over \$500,000 but not over \$1,00	0,000	\$100,00	00 plus 15% of the exc	cess over \$500,000.		
	Over \$1,000,000 but not over \$1,5	500,000	\$175,00	00 plus 10% of the exc	cess over \$1,000,000.		
	Over \$1,500,000 but not over \$17	,000,000	\$225,00	00 plus 5% of the exce	ess over \$1,500,000.		
	Over \$17,000,000		\$1,000,	000.			
g	Grassroots nontaxable amount (er	nter 25% c	of line 1f)				
	Subtract line 1g from line 1a. If zer						
i	Subtract line 1f from line 1c. If zero	o or less, e	enter -0				
j	If there is an amount other than ze			,			
	reporting section 4911 tax for this	year?					Yes No
	(Some organizations t		a section 5	eraging Period Under 01(h) election do not ate instructions for li	have to complete all	of the five columns	below.
		Lob	bying Expe	nditures During 4-Ye	ar Averaging Period		
	Calendar year (or fiscal year beginning in)	(a)	2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a	Lobbying nontaxable amount						
b	Lobbying ceiling amount						
	(150% of line 2a, column(e))						
с	Total lobbying expenditures						
	Grassroots nontaxable amount						
е	Grassroots ceiling amount						
	(150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2017

Schedule C (Form 990 or 990-EZ) 2017 Westchester Land Trust, Inc. **-***791 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a	1)	(k	o)
of the lobbying activity.	Yes	No	Amo	ount
1 During the year, did the filing organization attempt to influence foreign, national, state or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?		X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х		
c Media advertisements?		X		
d Mailings to members, legislators, or the public?		X		
e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?		X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i Other activities?		X		
j Total. Add lines 1c through 1i				0
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), secti	on 501(c)	(5), or se	ction	
501(c)(6).				
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from t				
Part III-B Complete if the organization is exempt under section 501(c)(4), secti			ction	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	-	R (b) Par	t III-A, lir	ne 3, is
1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year				
c Total				
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
expenditure next year?	political	4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information		5		
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	n liet). Dart II	-Δ lines 1 :	and 2 (see	
nstructions); and Part II-B, line 1. Also, complete this part for any additional information.	J listy, i ait ii	-A, III 163 T 6	and 2 (366	
Part II-B, Line 1, Lobbying Activities:				
Tare if B, Bine i, hoppying heervieres.				
The Organization's President engaged in contact with	legisl	ators	and	
staff through letters, phone calls and personal visit	s to a	idvoca	te for	2
environmental legislation. Hours devoted to this effo	ort are	file	d with	ı
NYS Department of Public Ethics and are not material.				

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Westchester Land Trust, Inc.

Employer identification number **-***7910

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No_
Par	t II Conservation Easements. Complete if the or		
1	Purpose(s) of conservation easements held by the organizat	tion (check all that apply).	
	X Preservation of land for public use (e.g., recreation or	education) Preservation of a his	torically important land area
	X Protection of natural habitat	Preservation of a cer	tified historic structure
	X Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a 200
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year >		
4	Number of states where property subject to conservation ea	asement is located ▶ 1	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	X Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		
	▶ 2883		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserve	ation easements during the year
	▶ \$ 102,193.		
8	Does each conservation easement reported on line 2(d) abo	ove satisfy the requirements of section 170	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		X Yes No
9	In Part XIII, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	ation's financial statements that describes	the organization's accounting for
	conservation easements.		
Par	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	chibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ribes these items.	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statemer	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pu	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other	(b) Cost or other	(c) Accumulated	(d) Book value			
	basis (investment)	basis (other)	depreciation				
1a Land		2,000,000.		2,000,000.			
b Buildings	540,240.	1,715,099.	604,254.	1,651,085.			
c Leasehold improvements							
d Equipment		121,568.	96,050.	25,518.			
e Other		46,110.	46,110.	0.			
Total. Add lines 1a through 1e. (Column (d) must equa	3,676,603.						

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 Westchester	Land Trust,	Inc.	**_	***7910	Page
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes"					
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end-	of-year market	value
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes"				- f	
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end-	or-year market	value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.					
	5 000 B 1 11 / 11	44.1.0 5 000	D 17 " 15		
Complete if the organization answered "Yes"		ne 11d. See Form 990,	Part X, line 15.	(b) Book va	alua
T 1 1 . 1 1 C	Description			11,785	
	.11			11,705	, 033
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	4=1			11 705	622
Total. (Column (b) must equal Form 990, Part X, col. (B) line	9 15.)		>	11,785	, 033
Part X Other Liabilities.	5 000 B . W.				
Complete if the organization answered "Yes"	on Form 990, Part IV, II		n 990, Part X, line 25.		
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes					
(2)					
(3)					
(4)					
(5)	1				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

(6) (7) (8)

Do	ط VI	Pagangilistian of Payanus par Audited Financial State	manta With	Povonuo nor P	Oturr	
Pa	IL AI	Reconciliation of Revenue per Audited Financial State		i Revenue per R	eturi	1.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 1				4 044 000
1	Total r	evenue, gains, and other support per audited financial statements			1	1,844,009.
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net ur	realized gains (losses) on investments	2a	299,349.		
b	Donat	ed services and use of facilities	2b			
С	Recov	eries of prior year grants	2c			
d	Other	(Describe in Part XIII.)	2d			
е	Add lir	nes 2a through 2d			2e	299,349.
3	Subtra	act line 2e from line 1			3	1,544,660.
4		nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			
С		nes 4a and 4b	· ·		4c	0.
5	Total r	evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,544,660.
Pa	rt XII	Reconciliation of Expenses per Audited Financial State	ements Wit	h Expenses per	Retu	rn.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.			
1	Total 6	expenses and losses per audited financial statements			1	1,207,657.
2	Amou	nts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donat	ed services and use of facilities	2a			
b	Prior y	rear adjustments	2b			
С		losses				
d		(Describe in Part XIII.)				
е		nes 2a through 2d	' <u>-</u>		2e	0.
3	Subtra	act line 2e from line 1			3	1,207,657.
4		nts included on Form 990, Part IX, line 25, but not on line 1:				
а		ment expenses not included on Form 990, Part VIII, line 7b	4a			
b		(Describe in Part XIII.)				
c	Add lir	nes 4a and 4b			40	0.

Part XIII Supplemental Information.

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

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Part II, line 9:

Westchester Land Trust accomplishes its land conservation objective, in part, by accepting donations of interests in real property primarily in the form of conservation easements. Conservation easements are perpetual agreements between the Trust and private land owners through whom the landowners agree to abide by certain restrictions designed to preserve open space or conservation value of their land.

Part V, line 4:

The intended use of the Trust's Stewards of the Land Endowment is to provide funds to cover the stewardship costs of an ever-growing number of easements and fee-owned land.

1,207,657.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization Employer identification number **-***7910 Westchester Land Trust, Inc. Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2017 Westchester Land Trust, Inc. **-***7910 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events None (add col. (a) through Annual Gala col. (c)) (event type) (event type) (total number) Revenue 1 Gross receipts 410,824 410,824. 325,749 325,749. 2 Less: Contributions 85,075. 85,075. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 40,832. 40,832. 7 Food and beverages 2,500. 2,500. 8 Entertainment 148,700. 148,700. 9 Other direct expenses 192,032. 10 Direct expense summary. Add lines 4 through 9 in column (d) -106,957. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? No **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes ____ No **b** If "Yes," explain:

Sch	nedule G (Form 990 or 990-EZ) 2017 Westchester Land Trust, Inc.	<u>^^ /</u>	910	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
			Yes	☐ No
	to administer charitable gaming?		res	□ NO
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility	13a		%
ı	b An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		•	
• •	and the name and address of the person the prepared the eigenman graphing person are the acceptance			
	Name			
	Address			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. 🔲	Yes	☐ No
-	b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party \$\square\$			
	c If "Yes," enter name and address of the third party:			
•	the res, enter hame and address of the tillid party.			
	Name			
	Address >			
16	Gaming manager information:			
16	Ganing manager information.			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	•			
•	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	.Ш	Yes	└── No
ı	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year > \$			
Pá	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and	nes 9.	9b. 10)b. 15b.
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	,	,
	Toe, To, and Trb, as applicable. Also provide any additional information. See instructions.			

Schedule G	(Form 990 or 990-EZ)	Westchester	Land	Trust,	Inc.	**-***7910	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation (continued)		•			. age .
1 0.1111	- Сыррынынын ниг	(communa)					
•							
•							
•							
-							
_							

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Part I

Name of the organization

Types of Property

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

Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information.

Westchester Land Trust, Inc.

Employer identification number **-***7910

		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu	termin	_	s
	Art. Werles of set		items contributed	Form 990, Part VIII, line 1g				
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property	v	7	122 011	E·MT7			
9	Securities - Publicly traded X 7 122,814 • FMV							
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							
18	Collectibles							
19 Food inventory								
20								
21								
22								
23								
24	Archeological artifacts							
25	Other ► (Various items) X 55 64,027. Estimated							
26	Other (Legal service) X 1 7,543.Quoted val					.e		
27	Other • ()							
28	Other ()							
29	Number of Forms 8283 received by the organic		•					
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowledg	gement 29				
							Yes	No
30a	During the year, did the organization receive b							
	must hold for at least three years from the date							
	exempt purposes for the entire holding period	?				30a		X
b	If "Yes," describe the arrangement in Part II.							7.5
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?							<u> </u>
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							v
	contributions?					32a		X
	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	column (c) fo	r a type of propert	y tor which column (a) is che	cked,			
	describe in Part II.	Ale e le eterre	f F 00	•	Cabadula I		- 000)	0047

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

Schedule M (Form 990) 2017

Schedule M	(Form 990) 2017	Westchester	Land	Trust,	Inc.		**-***7910	Page 2
Part II	Supplemental is reporting in Part	Information. Provide	de the info	rmation requir	ed by Part I, I	ines 30b, 32b, and 33 ms received, or a com	s, and whether the organiz bination of both. Also cor	ation

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Westchester Land Trust, Inc.

Employer identification number **-***7910

Form 990, Part I, Line 1, Description of Organization Mission: The primary mission of the Westchester Land Trust is to conserve, maintain and enhance the natural and aesthetic environment and resources of Westchester County and its environs.

Form 990, Part III, Line 4a, Program Service Accomplishments:

In addition to land preservation, WLT is committed to community education about the protection of natural resources, wildlife habitats and sustainable agriculture. WLT accomplished this through a regular preserve hike series, habitat restoration projects at WLT preserves, and sustainable agriculture programming. In 2017, this included partnerships with organizations such as Northern Westchester Hospital, Atmosphere Academy, Pace University, Partnership for Regional Invasive Species Management, Rippowam Cisqua School, the Bionutrient Food Association and the Food Bank for Westchester. WLT's Sugar Hill Farm is the site of a half-acre organic garden, where vegetables are grown for distribution by the Food Bank to local food pantries. In its six years, Sugar Hill farm has produced 55,000 servings of fresh produce for local families in need.

Land stewardship is an important component of WLT's mission. WLT regularly conducts land management and habitat restoration projects on publically accessible lands that it owns or holds conservation easements on. In 2017 these projects were conducted at the Westchester Wilderness Walk/Zofnass Family Preserve, Leon Levy Preserve, Frederick

Name of the organization

Westchester Land Trust, Inc.

Employer identification number **-***7910

P. Rose Preserve, Otter Creek Preserve and Pine Croft Meadow Preserve.

These projects are guided by the management plans that WLT prepares for each of its owned properties, that identify and prioritize stewardship needs for each. These stewardship goals include invasive species removal, native plant restoration, stream bank remediation, forest restoration and meadow restoration. These projects typically involve extensive acreage, and take multiple years to execute.

The Hudson to Housatonic Conservation Initiative, a two-state initiative initially funded by the US Forest Service, was successfully transitioned into a Regional Conservation Partnership (known as the H2HRCP) with funding assistance from several private foundations. WLT, the New York State lead, in partnership with Highstead in Connecticut, now lead a consortium of over 50 conservation partners. The goal of the H2HRCP is to accelerate the pace of land conservation and stewardship in the region through effective partnering across municipal boundaries.

Form 990, Part VI, Section B, line 11b:

An electronic draft copy of the Form 990 is provided to the Organization's full governing body for review prior to filing.

Form 990, Part VI, Section B, Line 12c:

The Organization's conflict of interest policy applies to all Directors and
Officers and to individuals who serve on a committee of the Board of
Directors, or in an advisory capacity to WLT, the Board of Directors or a
committee thereof.

Name of the organization

Westchester Land Trust, Inc.

Employer identification number **-***7910

policy and shall disclose in writing to the Chair of the Board any conflicts by completing a Conflict of Interest Disclosure Statement annually. Each Director and Officer shall have a duty to amend such disclosure promptly, whenever there is any material change in the information previously disclosed. The Conflict of Interest Disclosure Statements shall be reviewed by the Chairs of the Board of Directors and the Nominating and Governance Committee. Any issues not previously disclosed, or new information that materially affects any prior disclosure, shall be referred to the Board or appropriate Committee. The Conflict of Interest Disclosure Statements shall be retained in the confidential files of the Chair.

Form 990, Part VI, Section B, Line 15a:

Compensation of the Organization's Executive Director is reviewed and approved by the Compensation Committee of the Board of Directors. Use of compensation data from functionally comparable positions at similar organizations is employed. Documentation is maintained with respect to deliberations and decisions regarding the compensation arrangement.

Form 990, Part VI, Section C, Line 18:

Form 990 is posted on the Organization's website. All other information is available and provided upon request.

Form 990, Part VI, Section C, Line 19:

All documents are available upon request. Form 990 and audited financial statements are posted on the Organization's website.

Form 990, Part XII, Line 2c:

Westchester Land Trust, Inc.	**-***7910
A draft copy of the Organization's audited financial stat	ements is
provided to the Audit Committee and the Management for re	view and
approval.	