Form	990
1 OIIII	

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.



<u>A</u>	For th	e 2022 calendar year, or tax year beginning and	ending		
B	Check i applicat	rec Name of organization		D Employer identif	ication number
	Addr chan	p   Westchester Land Trust, Inc.			
	chan	9 Doing business as		**_**79	10
	Initia retur Final	Number and street (or P.0. box if mail is not delivered to street address)	E Telephone number		
4	termi ated	V 405 Hallis Road		914-234-	
_	ated Ame	and En brothiool oodinay, and En brothiool oode		G Gross receipts \$	5,041,677.
	_Iretun _Appl _tion	Bearora HIIIS, NI 10507		H(a) Is this a group I	
	tion pend			for subordinate	
-	_	same as C above		H(b) Are all subordinates	included? Yes No
-		cempt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) (	or 527	If "No," attach a	a list. See instructions
_	Webs			H(c) Group exemption	
2		f organization: 🔛 Corporation 🔄 Trust 🔄 Association 🔄 Other	L Year	of formation: 1988	M State of legal domicile: NY
P	art i	Summary			
9	1	Briefly describe the organization's mission or most significant activities: See	Schedu	le O	
Activities & Governance					
eru	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net a	ssets.
<sup>So</sup>	3	Number of voting members of the governing body (Part VI, line 1a)			20
જ	4	Number of independent voting members of the governing body (Part VI, line 1b) $\ _{.}$		4	20
ies	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	17	
livit	6	Total number of volunteers (estimate if necessary)	6	130	
Act	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)	4,409,445.	2,801,375.	
Revenue	9	Program service revenue (Part VIII, line 2g)		750.	552.
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-1,398,277.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,427.	-53,755.
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		3,018,345.	3,275,102.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) _		831,857.	900,069.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.
цХ.	b	Total fundraising expenses (Part IX, column (D), line 25) 193, 92			
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,757,579.	1,114,059.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,589,436.	2,014,128.
. 10	19	Revenue less expenses. Subtract line 18 from line 12		428,909.	1,260,974.
S or				ginning of Current Year	End of Year
Assets or Balances	20	Total assets (Part X, line 16)		25,402,235.	26,052,642.
and E	21	Total liabilities (Part X, line 26)		643,910.	1,451,213.
Fund F	22	Net assets or fund balances, Subtract line 21 from line 20		24,758,325.	24,601,429.
Pa	art II	Signature Block			
Und	er pen	lties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of m	y knowledge and belief, it is
true,	corre	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	

Sign	Signature of officer	Date						
	Kara H. Whelan, President Agatheter Type or print name and title	9:15.2023						
	Print/Type preparer's name Preparer's signature	Check X PTIN						
Paid	JOSEPH GALLO presh all 9/15	V3 if self-employed P00198409						
Preparer	Firm's name Joseph T. Gallo, CPA	Firm's EIN						
Use Only	Firm's address P.O. Box 10	· · · · · · · · · · · · · · · · · · ·						
	Croton on Hudson, NY 10520	Phone no.914 882-4817						
May the IF	ay the IRS discuss this return with the preparer shown above? See instructions							

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2022) Westchester Land Trust, Inc. **-***7910 Pag	je <b>2</b>
Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	Х
1	Briefly describe the organization's mission:	
	The primary mission of the Westchester Land Trust is to conserve,	
	maintain and enhance the natural environment and resources of	
	Westchester County and eastern Putnam County. The Trust acquires	
	interests in land exhibiting important natural features or values.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:)(Expenses \$ 1,611,777. including grants of \$) (Revenue \$ 12,367 WLT permanently preserves regionally and locally prioritized land in	• )
	WLT permanently preserves regionally and locally prioritized land in	
	urban, suburban, and rural communities throughout its service territor	
	of Westchester County and eastern Putnam County. Its land preservation	L
	efforts serve the public benefit by protecting drinking water, air	
	quality, natural wildlife habitats, trails for passive recreation,	
	agricultural lands, and urban green spaces, as well as contributing to	,
	natural carbon sequestration efforts that combat climate change.	
	- continued on Schedule	0
	_	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	<u> </u>
10		_ ′
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	_)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses 1,611,777.	
	Form <b>990</b> (2	022)
232002	12-13-22 See Schedule O for Continuation(s)	,

Form	990	(2022)

Form 990 (2022) 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)?		v	
•	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	2		x
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		- 23
4		4	х	
5	during the tax year? If "Yes," complete Schedule C, Part II	4	- 23	
5	similar amounts as defined in Rev. Proc. 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	5		
U	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	•		
Ū	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 donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		- 23
Ø	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			
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		Х

 Form 990 (2022)
 Westchester Land Trust, Inc.

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			37
	entity (including an employee thereof) 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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
_	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			v
	"Yes," complete Schedule L, Part IV	28c		X X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
~ .	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>			x
~~	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
~ ~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
0F -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		- 23
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	25h		
26		35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization?	36		x
27	If "Yes," complete Schedule R, Part V, line 2	30		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	- 57		<u> </u>
00		38	х	
Par		00		L
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 14		.03	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ū	(gambling) winnings to prize winners?	1c		

Form	990 (2022) Westchester Land Trust, Inc. **-**7	910	Р	age 5						
Pa										
			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 17									
b	<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?									
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?									
	<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O									
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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 Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х						
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х						
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?	6a		Х						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х							
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		Х						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
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									
	amounts due or received from them.)									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans 13b									
	Enter the amount of reserves on hand 13c			37						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v						
	excess parachute payment(s) during the year?	15		X						
	If "Yes," see the instructions and file Form 4720, Schedule N.			v						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	4-								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes." complete Form 6069.									

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Westchester Land Trust, Inc.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 20			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, 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 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
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 reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	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 chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		77	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X X	
13	Did the organization have a written whistleblower policy?	13	A X	
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45	v	
	The organization's CEO, Executive Director, or top management official	15a	X	x
b	Other officers or key employees of the organization	15b		
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		x
	taxable entity during the year?	16a		
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	104		
800	exempt status with respect to such arrangements?	16b		
17 19	List the states with which a copy of this Form 990 is required to be filed <b>NY , CT</b> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3			abla
18	for public inspection. Indicate how you made these available. Check all that apply.	is only	) avall	aule
10	▲ Own website       ▲ Another's website       ▲ Upon request       Other (explain on Schedule O)         Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are specified or the organization made its governing documents.       Conflict of interest policy, are specified or the organization made its governing documents.	nd fine	ncial	
19	statements available to the public during the tax year.	iu iifid	nulal	
20	Statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records			
20	The Organization - 914-234-6992			
	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 the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer an	d a d	recto	or/trus	itee)	from from related		other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	truste	al trus		yee	mpen		1099-NEC)	1000 NEO)	and related
	below	idual	nstitutional trustee	5	Key employee	Highest compensated employee	er	,		organizations
	line)	Indiv	Instit	Officer	Keye	High empl	Former			-
(1) Bruce Churchill	2.00									
Chair		Х		Х				0.	0.	0.
(2) Nancy Karch	1.00									
Vice Chair		Х		Х				0.	0.	0.
(3) Joe Edgar	1.00									
Treasurer		Х		Х				0.	0.	0.
(4) Amy Ferguson	1.00									
Secretary		Х		Х				0.	0.	0.
(5) David Ansel	0.50									
Director		Х						0.	0.	0.
(6) Clifford H. Aronson	0.50									
Director		Х						0.	0.	0.
(7) Christopher Boege	0.50									
Director		Х						0.	0.	0.
(8) Nanette Bourne	0.50									_
Director		х						0.	0.	0.
(9) Dina Dublon	0.50									
Director		X						0.	0.	0.
(10) Douglas M. Kraus	0.50									
Director		X						0.	0.	0.
(11) Lee Manning-Vogelstein	0.50									
Director		Х						0.	0.	0.
(12) Gary Perusse	0.50									•
Director		X						0.	0.	0.
(13) Offutt A. Porter	0.50									•
Director		Х						0.	0.	0.
(14) Renee Ring	0.50									•
Director		Х						0.	0.	0.
(15) Norma Silva	0.50									•
Director		X						0.	0.	0.
(16) Jennifer Schwartz	0.50								_	•
Director		X					<u> </u>	0.	0.	0.
(17) Carine Verschueren	0.50	.,							_	•
Director		Х						0.	0.	0.

Form 990 (2022) Westchest	er Land	1 1	Γru	ıst	Ξ,	Ir	IC.	•	**-***7	910 Page <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	, an	d Hi	ghe	st C	ompensated Employe	es (continued)	
Name and title Average hours per week			hours per (do not check more than one box, unless person is both an compensation				n an	Reportable compensation	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) Marc Weisenfreund Director	0.50	x						0.	0.	0.
(19) Dr. Diana Williams	0.50									
Director		Х						0.	0.	0.
(20) Matt Young Director	0.50	x						0.	0.	0.
(21) Lori Ensinger	40.00									
President (1/1 - 9/13)							Х	136,813.	0.	0.
(22) Kara H Whelan	40.00			v				146 247	0	0
President (9/13 - 12/31)				X				146,347.	0.	0.
1b Subtotal								283,160.	0.	0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								0. 283,160.	0.	0.
Total number of individuals (including but n compensation from the organization								-	-	2
<b>3</b> Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s							•			Yes No 3 X
<ul> <li>For any individual listed on line 1a, is the su and related organizations greater than \$150</li> </ul>	m of reportab	le co	ompe	ensa	ation	anc	oth	ner compensation from		4 X
5 Did any person listed on line 1a receive or a	iccrue comper	nsati	ion f	rom	any	unr	elate	ed organization or indivi	dual for services	
rendered to the organization? If "Yes," com	plete Schedul	e J f	or sı	ıch	pers	on .				5 X
Section B. Independent Contractors 1 Complete this table for your five highest co	mpensated inc	depe	ende	ent c	ontr	acto	rs tl	hat received more than	\$100,000 of compens	ation from
the organization. Report compensation for								the organization's tax		
(A) Name and business	address	NC	ONE	3				<b>(B)</b> Description of s	ervices C	(C) ompensation
							╡			
2 Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot lir	nite	d to	thos (		ted	above) who received m	ore than	

							<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	Revenue exclu
2	1 a	Federated campaigns		1a						
		Membership dues								
		Fundraising events				408,501.				
		Related organizations								
		Government grants (conti				730,451.				
5	f	All other contributions, gifts,	grant	s, and						
		similar amounts not included	l abov	'e 1f		1,662,423.				
3	g	Noncash contributions included in	lines	1a-1f <b>1g</b> \$		15,877.				
3	h	Total. Add lines 1a-1f					2,801,375.			
						Business Code				
:	2 a	Service fees				713990	552.	552.		
۱	b									
	с									
	d									
•	е									
	f	All other program service	reve	nue						
⊥	g	Total. Add lines 2a-2f					552.			
;	3	Investment income (inclue	ding	dividends, ir	ntere	est, and				
		other similar amounts)					125,476.			125,
	4	Income from investment of	of tax	exempt bo	nd p	proceeds				
1	5	Royalties	· <u></u>							
				(i) Real		(ii) Personal				
1	6 a	Gross rents	6a	35,8						
	b	Less: rental expenses $\dots$	6b	37,0	66.	,				
		Rental income or (loss)	6c	-1,1						
			ntal income or (loss)			-1,186.			-1,	
'	7 a	Gross amount from sales of		(i) Securiti		(ii) Other				
		assets other than inventory	7a	1,343,8	02.	. 670,000.				
	b	Less: cost or other basis								
		and sales expenses	7b	925,8						
		Gain or (loss)								
		Net gain or (loss)					401,454.			401,
1	8 a	Gross income from fundraisi								
		including \$								
		contributions reported on		-						
		Part IV, line 18			8a					
		Less: direct expenses			8b					
		Net income or (loss) from					-64,384.			-64,
!	9 a	Gross income from gamin								
		Part IV, line 19			9a					
		Less: direct expenses			9b					
		Net income or (loss) from			<u></u>					
1	0 a	Gross sales of inventory,								
		and allowances			10a					
		Less: cost of goods sold 10b		-						
┡	С	Net income or (loss) from	sales	s of inventor	у					
						Business Code				
1	1 a	Other				561439	11,815.	11,815.		
	b					<b>↓</b>				ļ
5										
	с									
1		All other revenue			<u> </u>		11,815.			

Westchester Land Trust, Inc. 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 t include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
-	anal rob of Part Vill.		expenses	general expenses	expenses
	nd domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	ndividuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	rustees, and key employees	146,347.	73,174.	14,634.	58,539
	Compensation not included above to disqualified				
	ersons (as defined under section 4958(f)(1)) and				
	ersons described in section 4958(c)(3)(B)				
	Other salaries and wages	625,286.	447,353.	86,748.	91,185
	Pension plan accruals and contributions (include	-	-		-
	ection 401(k) and 403(b) employer contributions)	15,935.	10,749.	2,094.	3,092
	Other employee benefits	51,517.	34,752.	6,769.	9,996
	Payroll taxes	60,984.	41,139.	8,012.	11,833
	ees for services (nonemployees):				
a۱	/anagement	78,148.	65,957.	12,191.	
	egal	82,091.	82,091.		
		44,025.		44,025.	
	obbying				
	rofessional fundraising services. See Part IV, line 17				
f li	nvestment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
С	olumn (A), amount, list line 11g expenses on Sch 0.)				
<b>12</b> A	Advertising and promotion	18,043.	6,421.	2,916.	8,706
<b>13</b> (	Office expenses	70,350.	54,804.	13,982.	1,564
14 li	nformation technology	23,531.	17,758.	2,081.	3,692
	Royalties				
<b>16</b> C	Decupancy	47,080.	40,018.	4,708.	2,354
<b>17</b> T	ravel				
<b>18</b> F	Payments of travel or entertainment expenses				
f	or any federal, state, or local public officials				
<b>19</b> (	Conferences, conventions, and meetings	17,900.	16,384.	1,516.	
	nterest				
<b>21</b> F	Payments to affiliates				
<b>22</b> [	Depreciation, depletion, and amortization	28,867.	24,537.	2,887.	1,443
	nsurance	35,770.	28,386.	5,814.	1,570
a li	other expenses. Itemize expenses not covered bove. (List miscellaneous expenses on line 24e. If ne 24e amount exceeds 10% of line 25, column (A), mount, list line 24e expenses on Schedule 0.)				
аI	Land preservation costs [	544,394.	544,394.		
	Land stewardship costs	123,860.	123,860.		
c –					
d					
_	Il other expenses				
	otal functional expenses. Add lines 1 through 24e	2,014,128.	1,611,777.	208,377.	193,974
	oint costs. Complete this line only if the organization				
	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
	heck here if following SOP 98-2 (ASC 958-720)				

	Westchester	Land	Trust,	Inc.
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\*\*\_\*\*\*7910 Page 11

Form	n 990 ()	2022) Westchester La	nd '	Trust, Inc.		**_	***7910 Page 11
-		Balance Sheet		-			
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			998,153.	1	
	2	Savings and temporary cash investments		—	74,306.	2	1,599,452.
	3	Pledges and grants receivable, net			46,030.	3	475,898.
	4	Accounts receivable, net				4	125,500.
	5	Loans and other receivables from any current or					
Assets		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons describe	6				
	7	Notes and loans receivable, net	7				
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			71,232.	9	98,443.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,377,022.			
	b	Less: accumulated depreciation	10b	766,259.	1,659,972.	10c	1,610,763.
	11	Investments - publicly traded securities			6,267,045.	11	5,308,108.
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			16,285,497.		16,834,478.
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	33)	25,402,235.	16	26,052,642.
	17	Accounts payable and accrued expenses			76,910.	17	103,213.
	18	Grants payable				18	
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or form	ner offic	cer, director,			
iliti		trustee, key employee, creator or founder, subs	tantial o	contributor, or 35%			
Liabilities		controlled entity or family member of any of the	se pers	ons		22	
_	23	Secured mortgages and notes payable to unrela	ated thi	rd parties	350,000.	23	1,000,000.

	24	Unsecured notes and loans payable to unrelated third parties	217,000.	24	348,000.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	643,910.	26	1,451,213.
(0		Organizations that follow FASB ASC 958, check here			
če		and complete lines 27, 28, 32, and 33.			
llan	27	Net assets without donor restrictions	19,071,821.	27	19,586,254.
d Balance	28	Net assets with donor restrictions	5,686,504.	28	5,015,175.
pun		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
s or	29	Capital stock or trust principal, or current funds		29	
ssets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
t As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net A:	32	Total net assets or fund balances	24,758,325.	32	24,601,429.
	33	Total liabilities and net assets/fund balances	25,402,235.	33	26,052,642.
					Corm <b>900</b> (2022)

Form **990** (2022)

	1990 (2022) Westchester Land Trust, Inc.	**_*	<u>**7910</u>	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,27		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,01		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,26		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	24,75		
5	Net unrealized gains (losses) on investments	5	-1,41	7,8	70.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	24,60	1,4	29.
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 on Schedul				
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	Х	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

Department of the Treasury

Internal Revenue Service

(Form 990)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047	
2022	

	Open to Public Inspection
Employer	identification number

## Name of the organization

		West	chester La	nd Trust, In	c.			*	*-***7910
Pa	art I	Reason for Public				nis part.) S	Lee instruction		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
The	orgar	nization is not a private found							
1		A church, convention of ch	urches, or associatio	on of churches described	d in <b>sectio</b>	n 170(b)(	1)(A)(i).		
2		A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990).)							
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,							
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental u	unit descrik	oed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local go	vernment or governn	nental unit described in s	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	Ily receives a substa	ntial part of its support f	rom a gov	ernmental	l unit or from t	he general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a	land-grant	college
		or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the	name, cit	y, and state of	f the colleg	le or
		university:							
10		An organization that norma							
		activities related to its exen							-
		income and unrelated busin		(less section 511 tax) fro	om busine	sses acqu	ured by the or	ganization	after June 30, 1975.
		See section 509(a)(2). (Con	• •		fate Caa		O(-)(4)		
11 12	$\square$	An organization organized a	-	•	•			orry out the	purpassa of one or
12		An organization organized a more publicly supported or	-	-	-			•	
		lines 12a through 12d that	-						
а		<b>Type I.</b> A supporting orga	• •			-		-	/ aivina
		the supported organization	-	-	•	-			
		organization. You must c		• • • •	a majority -				supporting
b	, [	<b>Type II.</b> A supporting org	-		tion with it	s support	ed organizatio	on(s), by ha	avina
		control or management o	-				-		-
		organization(s). You mus							
с	: [	Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with,	and functiona	lly integrat	ed with,
		its supported organizatio	n(s) (see instructions	). You must complete I	Part IV, Se	ections A,	D, and E.		
d	L	Type III non-functionally	<b>y integrated.</b> A supp	orting organization oper	ated in co	nnection v	with its suppo	rted organ	ization(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	tisfy a dist	ribution re	quirement and	d an attent	iveness
	_	requirement (see instruct	ions). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	<b>V</b> .		
е		Check this box if the orga					а Туре I, Туре	II, Type III	
	_	functionally integrated, or	,,	nally integrated support	ing organi	zation.			
f		er the number of supported of							
<u>g</u>		ovide the following information (i) Name of supported	(ii) EIN	d organization(s).	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other
		organization	(,	(described on lines 1-10	in your governi Yes	ng document? No	support (see in	-	support (see instructions)
				above (see instructions))					
Tota	al								

Part II

Westchester Land Trust, Inc.

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.)

See	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	(d) 2021	<b>(e)</b> 2022	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	3340705.	3244610.	1071137.	4409445.	2567373.	14633270.			
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	3340705.	3244610.	1071137.	4409445.	2567373.	14633270.			
	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)						518,875.			
6	Public support. Subtract line 5 from line 4.						14114395.			
	ction B. Total Support									
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
	Amounts from line 4	3340705.	3244610.	1071137.	4409445.		14633270.			
	Gross income from interest,									
Ũ	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	204,105.	209,861.	176,514.	138,150.	197,180.	925,810.			
٩	Net income from unrelated business	201/2001	20070020		20072001		220,0200			
9	activities, whether or not the									
10	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)						15559080.			
	Total support. Add lines 7 through 10						87,973.			
12	1 ,	· ·	,	6			01,913.			
13	First 5 years. If the Form 990 is for th	-	rst, secona, thira,	fourth, or fifth tax	year as a section s	501(C)(3)				
50	organization, check this box and stor ction C. Computation of Publ					<u></u>				
				a aluman (f))		14	90.71 %			
	Public support percentage for 2022 (					14	<u>90.71 %</u> 89.51 %			
	Public support percentage from 2021									
108	33 1/3% support test - 2022. If the c	-								
h										
L.	b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box									
47-	and stop here. The organization qualifies as a publicly supported organization									
1/a										
	and if the organization meets the fact									
	meets the facts-and-circumstances te	-		• • • •						
b	10% -facts-and-circumstances tes	-					10% or			
	more, and if the organization meets th						[]			
	organization meets the facts-and-circ									
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	nd see instruction	s			

Schedule A (Form 990) 2022

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	ſ					
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-	1					
4	ization's benefit and either paid to						
	or expended on its behalf						
F	• • • • • • • • • • • • • • • • • • • •						
5	The value of services or facilities						
	furnished by a governmental unit to						
-	the organization without charge	1					
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
Ľ	Amounts included on lines 2 and 3 received from other than disgualified persons that						
	exceed the greater of \$5,000 or 1% of the	l l					
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support					-	
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,	l l					
	and income from similar sources						
k	Unrelated business taxable income	ſ					
	(less section 511 taxes) from businesses	l l					
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,	l l					
	whether or not the business is regularly carried on	l l					
12	Other income. Do not include gain						
	or loss from the sale of capital	l l					
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	e organization's fi	rst second third	fourth or fifth tax	vear as a section	501(c)(3) organi	zation
	check this box and <b>stop here</b>	ie eigenneuterie in				ee (e)(e) e gam	
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2022 (			column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inve					•	
17	Investment income percentage for 20	)22 (line 10c. colur	nn (f). divided by li	ne 13. column (f))		17	%
	Investment income percentage from	-				18	%
	<b>33 1/3% support tests - 2022.</b> If the						
	more than 33 1/3%, check this box a						
٢	<b>33 1/3% support tests - 2021.</b> If the						
	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organization						
			20/ 01 110 14, 10	a, 5, 105, 0100K t			

# Part IV Supporting Organizations

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

# Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Yes

No

# Westchester Land Trust, Inc.

Sche			0 Pa	age <b>5</b>
Ра	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No." describe in <b>Part VI</b> how the supported organization(s)			

Sec	tion C. Type II Supporting Organizations
	supervised, or controlled the supporting organization.
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
2	Did the organization operate for the benefit of any supported organization other than the supported
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the

		-	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			
	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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

## Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to sati	isfy the Integral Part Test during the yea <b>fsee instructions)</b> .

- a \_\_\_\_ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c Interview of the organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* "Yes," *explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard*.

Yes No

1

2

Schedule A (Form 990) 2022 Westchester Land Trust, Inc. Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

	t V Type III Non-Functionally Integrated 509(a)(3) Supporti				
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part )					
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	1	
Secti	on 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			
Secti	on 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	1b			
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 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Secti	on C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			

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

Schedule A (Form 990) 2022

Westchester	Land	Trust,	Inc.
unctionally Integrated 5	09(a)(3)	Supporting	Organizations

Fai	t v Type III Non-Functionally integrated 509	(a)(3) Supporting Org	anizations (continu	ued)	
Secti	on D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	r	1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
-	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	Westchester	Land Tr	ust,	Inc.	**-***7910 Page <b>8</b>
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	<b>mation.</b> Provide the ex , 2, 3b, 3c, 4b, 4c, 5a, 6, 9 lines 2 and 3; Part IV, Sec	planations req 9a, 9b, 9c, 11a ction E, lines 10	uired by F a, 11b, and c, 2a, 2b, 3	Part II, line 10; Part II d 11c; Part IV, Sectio 3a, and 3b; Part V, li	, line 17a or 17b; Part III, line 12; on B, lines 1 and 2; Part IV, Section C, ne 1; Part V, Section B, line 1e; Part V, any additional information.

# Identification of Excess Contributions Included on Part II, Line 5

\*\*-\*\*\*7910

# 2022

# \*\* Do Not File \*\* \*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
Buck Fdn	495,000.	183,818
Ensinger	384,669.	73,487
Zofnass	383,934.	72,752
David Swope Estate	500,000.	188,818
	I	
Total Excess Contributions to Schedule A, Part II, Line 5		518,875

SCHEDULE C	Pc	olitical Campaign a	nd Lobbying	g Activities		OMB No. 1545-0047
(Form 990)			-	•	07	2022
		anizations Exempt From Income				LULL
Department of the Treasury	•	if the organization is described to the unusuated for the second s			J-EZ.	Open to Public Inspection
Internal Revenue Service		to www.irs.gov/Form990 for ins				•
-		Form 990, Part IV, line 3, or For		e 46 (Political Camp	aign Act	ivities), then
		nplete Parts I-A and B. Do not com D1(c)(3)) organizations: Complete F		Do not complete Pa	+ I.B	
<ul> <li>Section 501(c) (other</li> <li>Section 527 organization</li> </ul>			and the below.	Do not complete Pai	LID.	
•	•	n Form 990, Part IV, line 4, or For	m 990-EZ. Part VI. lir	ne 47 (Lobbving Act	ivities). th	ien
-		have filed Form 5768 (election und			-	
<ul> <li>Section 501(c)(3) or</li> </ul>	ganizations that	have NOT filed Form 5768 (electio	n under section 501(h	)): Complete Part II-B	. Do not c	complete Part II-A.
If the organization ans	wered "Yes," or	n Form 990, Part IV, line 5 (Proxy	Tax) (See separate i	nstructions) or Form	n 990-EZ,	Part V, line 35c (Proxy
Tax) (See separate inst						
	), or (6) organizat	tions: Complete Part III.				
Name of organization	<b>T</b> . <b>T</b>		<b>T</b>			r identification number
Dout I A Comm		ster Land Trust,				*-***7910
Part I-A Comple	ete if the org	anization is exempt unde	r section 501(c)	or is a section 5	z <i>i</i> orga	inization.
<ul> <li>Dreviele e deservieti</li> </ul>		- the size of the state of the size of the size of				
		ation's direct and indirect political ures			¢	
		gn activities				
	political campai	gradivites				
Part I-B Comple	ete if the org	janization is exempt unde	r section 501(c)(	3).		
1 Enter the amount o	f any excise tax	incurred by the organization unde	r section 4955		\$	
2 Enter the amount o	f any excise tax	incurred by organization manager	s under section 4955		\$	
3 If the organization i	ncurred a sectio	n 4955 tax, did it file Form 4720 fo	or this year?			Yes No
4a Was a correction m	nade?					Yes No
b If "Yes," describe in					F04(-)/(	
		anization is exempt unde		•		5).
		by the filing organization for sect			\$	
		ization's funds contributed to othe	-		۴	
		. Add lines 1 and 2. Enter here an			Þ	
-	-				\$	
		1120-POL for this year?				Yes No
		nployer identification number (EIN)				
		tion listed, enter the amount paid	•			
		omptly and directly delivered to a			eparate s	egregated fund or a
political action com	mittee (PAC). If	additional space is needed, provid	le information in Part I	V.		
<b>(a)</b> Name	e	(b) Address	(c) EIN	(d) Amount paid f		(e) Amount of political
				filing organization funds. If none, ente		ntributions received and promptly and directly
					c	lelivered to a separate
						political organization. If none, enter -0
				1		

		Land Trust			***7910 Page 2
Part II-A Complete if the organiz	ation is exe	mpt under sectio	n 501(c)(3) and fil	ed Form 5768 (e	election under
section 501(h)).					
A Check if the filing organization b	0	• • •	n Part IV each affiliated	group member's nar	me, address, EIN,
expenses, and share of e	, ,	. ,			
B Check if the filing organization cl	necked box A a	nd "limited control" pro	ovisions apply.		
Limits on (The term "expenditure)	obbying Expe means amo		)	<b>(a)</b> Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence	public opinion	(arassroots lobbvina)			
<b>b</b> Total lobbying expenditures to influence					
c Total lobbying expenditures (add lines 1					
e Total exempt purpose expenditures (add					
f Lobbying nontaxable amount. Enter the					
If the amount on line 1e, column (a) or (b) is		bying nontaxable am			
Not over \$500,000	20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000,000	\$100,0	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,500,00	5 \$175,0	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,0	00 \$225,0	00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000	,000.			
g Grassroots nontaxable amount (enter 25	% of line 1f) .				
h Subtract line 1g from line 1a. If zero or le	ss, enter -0				
i Subtract line 1f from line 1c. If zero or les	s, enter -0				
j If there is an amount other than zero on	either line 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this year?					Yes No
		eraging Period Under			
(Some organizations that ma		• •	•	of the five columns	below.
		rate instructions for li			
i	obbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	<b>(d)</b> 2022	(e) Total
2a Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					<u> </u>

Schedule C (Form 990) 2022

# 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 e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(	a)	(b	<b>)</b>
of th	e 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:		x		
a h	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
			X		
с 4	Media advertisements? Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		X		
	Grants to other organizations for lobbying purposes?		X		
	Direct contact with legislators, their staffs, government officials, or a legislative body?	X			
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
	Other activities?		X		
	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		• •
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c	)(5), or se	ction	
	50 NC/(0).			Yes	No
	Mars substantially all (000/ an argue) dues rescined actually to the labor rescale of the			103	
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Par	t III-B Complete if the organization is exempt under section 501(c)(4), section		-	ection	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				e 3, is
	answered "Yes."			-	-
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	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 exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	oolitical			
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	o list); Part	II-A, lines 1 a	and 2 (See	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information. ct II-B, Line 1, Lobbying Activities:				
The	e Organization's President engaged in contact with	legis	lators	1	
ele	ected municipal officials, and staff through letter	s, ph	one ca	lls ar	nđ
pe	rsonal visits to advocate for environmental legisla	tion a	and sp	ecific	2
1a:	nd preservation projects. Hours devoted to this eff	ort a	re fil	ed wit	h
NYS	5 Department of Public Ethics and are not material.				

SCHEDULE D	)
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Department of the Treasury Internal Revenue Service

(Form	990)
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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.



Employer identification number

\*\*-\*\*\*7910

Name of the organization

# Westchester Land Trust, Inc. Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds 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 advised fur	nds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose confe	erring
Pa		•	/, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	X Preservation of land for public use (for example, recrea		torically important land area
	X Protection of natural habitat	Preservation of a cert	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 c	conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		2a 214 2b 6,142.00
			-
	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired		
•	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the orga	inization during the tax
	year	1	
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe violations, and enforcement of the conservation easements		🔀 Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ŭ			tion casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation e	easements during the year
		5	5,
8	Does each conservation easement reported on line 2(d) abor	ve satisfy the requirements of section 170(h)(4)(	(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat		
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statements t	hat describes the
	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in furthera	ance of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furtherand	ce of public 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	-	, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction	is for form 990.	Schedule D (Form 990) 2022
23205	1 09-01-22		

Sche	dule D (Form 990) 2022 Westche	ster Land '	Trust, Inc	•		t	**_**	*791(	) <sub>Pag</sub>	je <b>2</b>
Pai	t III Organizations Maintaining C	collections of A	rt, Historical Tr	easures, or	r Other					
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that	make sig	gnificant	use of its			
	collection items (check all that apply):		<u> </u>							
a		d		hange progran	n					
b	Scholarly research	e	Other							
c	Preservation for future generations							N/III		
4	Provide a description of the organization's co						se in Par	I XIII.		
5	During the year, did the organization solicit o		,	,						
Da	to be sold to raise funds rather than to be ma t IV Escrow and Custodial Arran							Yes		No
Fai	t IV Escrow and Custodial Arran reported an amount on Form 990, Par		ete if the organizatio	n answered "Y	res" on F	-orm 990	, Part IV,	line 9, or		
10	Is the organization an agent, trustee, custodi		lion for contribution	a or other and	ata nat in	aludad				
Id			•					Yes	X	No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII								- 22	NO
b		and complete the lo	nowing table.					Amount		
~	Beginning balance					1c		,		
	Additions during the year									
	Distributions during the year					1e				
f	Ending balance					1f				
	Did the organization include an amount on Fe							Yes		No
	If "Yes," explain the arrangement in Part XIII.				-					
Pa										
		(a) Current year	(b) Prior year	(c) Two years	back (d	<b>i)</b> Three y	ears back	(e) Four	years b	ack
1a	Beginning of year balance	6,297,546.	5,484,236.	5,116,	,031.	4,3	02,764.	4,	452,4	09.
	Contributions	147,696.	155,040.	25	,000.	1	52,067.		235,9	68.
	Net investment earnings, gains, and losses	-852,996.	903,730.	632	,419.	8	71,777.	-	184,5	51.
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	220,312.	208,603.	249	,951.	1	71,534.		163,3	58.
f	Administrative expenses	35,826.	36,857.	39	,263.		39,043.		37,7	04.
	End of year balance	5,336,108.	6,297,546.	5,484,	,236.	5,1	16,031.	4,	302,7	64.
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (a	a)) held as:						
а	Board designated or quasi-endowment	13.0550	%							
b	Permanent endowment 68.7590	%								
с	Term endowment 18.1860	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organization	ation that are held a	administere	ed for the	Э		-		
	organization by:									No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations									Х
b	If "Yes" on line 3a(ii), are the related organization							3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Pai	t VI Land, Buildings, and Equipm					10				
	Complete if the organization answere									
	Description of property	(a) Cost or o basis (investn		or other (other)	• •	cumulate eciation	d	(d) Book	value	
1a	Land		,	0,000.				700	),00	0.
	Buildings			3,438.	6	75,17	77.		3,89	
	Leasehold improvements		,,,,							
	Equipment		4	6,842.	4	44,97	72.	1	.,87	0.
	Other			6,110.		46,11				0.
	Add lines 1a through 1e. (Column (d) must e		X, column (B), line 1	10c.)				1,610	),76	3.
	· · · · · · · · · · · · · · · · · · ·								_	

Schedule D (Form 990) 2022

Dart VII	Invostments	- Other Securities			
	(Form 990) 2022	Westchester	Land	Trust,	Inc.

Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-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.			
	an Faire 000 Dart IV line	11a Cas Faura 000 Davit V line 10	
Complete if the organization answered "Yes" (a) Description of investment		(c) Method of valuation: Cost or en	
	(b) Book value	(c) Method of valuation: Cost of en	d-of-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.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1) Land held for conservatio	n		16,834,478
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line			16,834,478
Part X Other Liabilities.	; 15.)		10,034,470
Complete if the organization answered "Yes"	on Form 000 Bart IV/ line	110 or 11f Soo Form 000 Port V line 2	5
(a) Description of the little	on Form 990, Fart IV, line	e Tre of TTI. See Form 990, Part A, line 23	b. (b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(5) (6)			
(6)			
(6) (7)			

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

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) (Form 990) 2022	Westchester	Land	Trust	Tr
) (Form 990) 2022	WestChester	Lana	ILUSL,	

Sche	dule D (Form 990) 2022 Westchester Land Trust, Inc. *	·*_:	***7910	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turr	ו.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements	1	1,857,	232.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities 2b			
с	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIII.) 2d			
е	Add lines 2a through 2d	2e	-1,417,	870.
3	Subtract line 2e from line 1	3	3,275,	102.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.) 4b			
с	Add lines <b>4a</b> and <b>4b</b>	4c		0.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)	5	3,275,	102.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per F	Retu	rn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements	1	2,014,	128.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a			
b	Prior year adjustments 2b			
с	Other losses 2c			
d	Other (Describe in Part XIII.) 2d			
е	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1	3	2,014,	128.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.) 4b			
с	Add lines <b>4a</b> and <b>4b</b>	4c		0.
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)	5	2,014,	128.

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.

# 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.

Part XIII Supplemental Information (continued)	

SCHEDULE G	Suppleme	ntal Information Regarding	g Fun	drais	ing or Gaming	Activ	vities	OMB N	o. 1545-0047	
(Form 990)		e organization answered "Yes" or organization entered more than \$				or 19,	or if the	2022		
Department of the Treasury Internal Revenue Service		Attach to Form 990 www.irs.gov/Form990 for instru				_			n to Public ection	
Name of the organization	Employer	•	ation number							
Westchester Land Trust, Inc. **-**79										
	complete this par	<ul> <li>Complete if the organization answ t.</li> </ul>	red "ነ	es" o	n Form 990, Part IV, I	line 1	7. Form 99	0-EZ filers	s are not	
<ul> <li>1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>g Special fundraising events</li> <li>d In-person solicitations</li> <li>e Solicitation of government grants</li> <li>c Phone solicitations</li> <li>f Solicitation of government grants</li> <li>c Phone solicitations</li> <li>g Special fundraising events</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?</li> <li>Yes</li> <li>No</li> <li>b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be</li> </ul>										
compensated at le	east \$5,000 by the	organization.								
(i) Name and addres or entity (fund		(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)		<sup>(VI)</sup> to (0	Amount paid or retained by) rganization	
			Yes	No						
Total										
3 List all states in wh or licensing.	ich the organizatio	on is registered or licensed to solicit	contrik	oution	s or has been notified	d it is	exempt fro	m registr	ation	

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

Schedule G (Form 990) 2022

Westchester Land Trust, Inc.

\*\*-\*\*7910 Page 2

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

			(a) Eve	nt #1	(b)	Event #2	(c) Other events None	(d) Total events (add col. (a) through	
			Annual	Gala	Fall	event		col. (c)	
ø			(event	type)	(ev	ent type)	(total number)		
Revenue	1	Gross receipts	437	723.		23,555.		461,278.	
	2	Less: Contributions	394	.223.		14,278.		408,501.	
	3	Gross income (line 1 minus line 2)	43	8,500.		9,277.		52,777.	
	4	Cash prizes							
s	5	Noncash prizes							
Direct Expenses	6	Rent/facility costs	46	5,950.				46,950.	
rect E	7	Food and beverages	50	0,045.		5,268.		55,313.	
ā	8	Entertainment		8,550.		1,750.		5,300. 9,598.	
	9	Other direct expenses		3,202.		1,396.			
	10	Direct expense summary. Add lines 4 throug		. ,				117,161.	
		Net income summary. Subtract line 10 from I						-64,384.	
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.									
nue			(a) Bir	ngo		ll tabs/instant ogressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)	
Revenue	1	Gross revenue							

<u> </u>	1	Gross revenue						
ses	2	Cash prizes						
xpen	3	Noncash prizes						
Direct Expenses	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	└── Yes % └── No	└── Yes % │── No	└── Yes % └── No			
<ul> <li>7 Direct expense summary. Add lines 2 through 5 in column (d)</li> </ul>								
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)							
9								

a Is the organization licensed to conduct gaming activities in each of these states? ∐Yes L \_ No **b** If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?\_\_\_\_\_ Ves UN **b** If "Yes," explain:

232082 10-27-22

Sch	edule G (Form 990) 2022	Westchester	Land	Trust,	Inc.	**_	***791	0 Page 3
11	Does the organization conduct	gaming activities with nonn	nembers?				Yes	No
	Is the organization a grantor, be to administer charitable gaming	eneficiary or trustee of a true	st, or a me	ember of a pa	artnership or oth	er entity formed	Yes	No No
13	Indicate the percentage of gam							
	The organization's facility						13a	%
	An outside facility							%
	Enter the name and address of							
	Name							
	Address							
<b>1</b> 5a	Does the organization have a co	ontract with a third party fro	om whom t	the organizat	tion receives gar	ning revenue?	Yes	No No
k	If "Yes," enter the amount of ga	ming revenue received by	the organi	zation \$		and the amount		
	of gaming revenue retained by t		-					
c	If "Yes," enter name and addres	ss of the third party:						
	Name							
	Address							
16	Gaming manager information:							
	Name							
	Gaming manager compensation	ר \$	_					
	Description of services provided	b						
	Director/officer	Employee	lı 🗌	ndependent	contractor			
17	Mandatory distributions:							
a	Is the organization required und	ler state law to make charit	able distril	outions from	the gaming prod	ceeds to		
	retain the state gaming license?						📖 Yes	L No
k	Enter the amount of distribution	is required under state law	to be distr	ributed to oth	ner exempt orga	nizations or spent in the		
	organization's own exempt activ		\$					
Pa		<b>Drmation.</b> Provide the ex as applicable. Also provide	•				art III, lines	9, 96, 106,

Part IV	Supplemental Information (continued)

SCHEDULE J	Compensation Information	1	OMB No. 1	545-00	47		
(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest							
(	Compensated Employees		2022				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic		
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe				
Name of the organizati		Employer i	yer identification num				
	Westchester Land Trust, Inc.	**_*	***791	0			
Part I Questio	ns Regarding Compensation						
				Yes	No		
1a Check the approp	riate box(es) if the organization provided any of the following to or for a person listed on Forn	ו 990,					
Part VII, Section A	, line 1a. Complete Part III to provide any relevant information regarding these items.						
First-class or	charter travel Housing allowance or residence for perso	onal use					
Travel for co		sidence					
	ication and gross-up payments Health or social club dues or initiation fee						
Discretionary	r spending account	ur, chef)					
•	s on line 1a are checked, did the organization follow a written policy regarding payment or						
	provision of all of the expenses described above? If "No," complete Part III to explain		<b>1</b> b		<u> </u>		
U U	on require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
trustees, and offic	ers, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
3 Indicate which, if	any of the following the examization used to establish the compensation of the examization?	<sup>1</sup> 0					
	any, of the following the organization used to establish the compensation of the organization' rector. Check all that apply. Do not check any boxes for methods used by a related organizat						
	sation of the CEO/Executive Director, but explain in Part III.						
·	on committee						
	compensation consultant Compensation survey or study						
	other organizations X Approval by the board or compensation of	committee					
		Johnmittee					
4 During the year, d	id any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
organization or a	elated organization:						
a Receive a severar	ce payment or change-of-control payment?		4a		Х		
<b>b</b> Participate in or re	ceive payment from a supplemental nonqualified retirement plan?		4b		X		
c Participate in or re	ceive payment from an equity-based compensation arrangement?		4c		X		
If "Yes" to any of	ines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5 For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on					
contingent on the					37		
					X		
	ization?		5b		X		
	or 5b, describe in Part III.						
	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on					
contingent on the					v		
					X X		
	ization?		6b				
	or 6b, describe in Part III.						
	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment		7		x		
	ines 5 and 6? If "Yes," describe in Part III s reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to :						
•	eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		x		
	did the organization also follow the rebuttable presumption procedure described in				<u> </u>		
	on 53.4958-6(c)?		9				
	Reduction Act Notice, see the Instructions for Form 990.		ງ Jule J (Form	n 990	) 2022		
	·····, -·······························		(		,		

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Lori Ensinger	(i)	136,813.	0.	0.	0.	0.	136,813.	0.
President (1/1 - 9/13)	(ii)		0.	0.	0.	0.		0.
	(i)							
	(ii)							
	(i)							
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	(ii) (i)							
	(i) (ii)							
	(i) (i)							
	(ii)							

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## Part III Supplemental Information

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

Schedule J (Form 990) 2022

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Form 990, Part I, Line 1, Description of Organization Mission:

Westchester Land Trust, Inc.

The primary mission of the Westchester Land Trust is to conserve,

maintain and enhance the natural and aesthetic environment and

resources of Westchester County, eastern Putnam County and its

environs.

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

Since its founding in 1988 WLT has preserved more than 9,000 acres of open space, and 20 miles of hiking trails in 23 communities. WLT has protected properties ranging from 1/4 acre to over 600 acres. In 2022, WLT preserved an additional 179 acres across 3 projects. In 2022, community members enjoyed more than 45,000 visits to WLT's preserves which are free and open to the public year-round. WLT partners with the State of New York, Westchester and Putnam County, private landowners, and local governments to acquire and preserve land.

WLT is committed to community education about the protection of natural resources, wildlife habitats and sustainable agriculture. WLT collaborates with dozens of national, regional, and local organizations to advance its mission. WLT works in urban communities through food justice programming and conservation projects. WLT's mobile education exhibit appeared at 15 events in 2022. WLT's headquarters, Sugar Hill Farm, is the site of a half-acre organic garden, where vegetables are grown by volunteers for distribution to local food pantries. In its 11 years of operation, Sugar Hill Farm has produced more than 82,000 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022

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Name of the organization Westchester Land Trust, Inc.	Employer identification number **-**7910					
servings of fresh produce for local families in need. In	2022,					
volunteers donated nearly 1,200 hours of time to WLT's fo	od pantry					
farm, nature preserves, and operations and nearly half of	all					
volunteers were under the age of 18. WLT staff provide te	chnical					
assistance to farmland owners and farmers seeking land an	d use a					
previously urban conservation feasibility study to guide	its new work					
in urban communities.						
WLT accomplishes this through habitat restoration project	s at WLT					
preserves, education programs about land stewardship and	community					
resiliency, and guided volunteer events at its preserves.	WLT's					
protected lands are home to more than 1,300 species of na	tive plants					
and animals. Land stewardship is an important component o	f WLT's					
mission. WLT regularly conducts land management and habit	at restoration					
projects on publically accessible lands that it owns or h	olds					
conservation easements on. In 2022, WLT hired 30 youth co	nservationists					
to tackle forest health restoration projects on its preserves. WLT also						
employed 2 paid college conservation apprentices who learned all						
aspects of land trust work.						

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
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Schedule O (Form 990) 2022

committee thereof.

Each Director and Officer must acknowledge their familiararity with the 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
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Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization Westchester Land Trust, Inc.	Employer identification number **-**7910
statements are posted on the Organization's website.	
Form 990, Part XII, Line 2c:	
A draft copy of the Organization's audited financial stat	cements is
provided to the Audit Committee and the Management for re	eview and
approval.	
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