

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2024

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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

A For the 2024 calendar year, or tax year beginning APR 1, 2024 and ending MAR 31, 2025

Header section containing organization name (WESTMORELAND SANCTUARY, INC.), EIN (13-1855977), address (260 CHESTNUT RIDGE ROAD, MOUNT KISCO, NY 10549), and principal officer (CHRISTOPHER HAYWARD).

Part I Summary

Summary section with rows 1-7b detailing mission (NATURE CENTER AND WILDLIFE PRESERVE), governance, and revenue/expenses.

Table with 3 columns: Description, Prior Year, Current Year. Rows 8-19 detailing revenue and expenses, and rows 20-22 detailing net assets or fund balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block containing officer signature (CHRISTOPHER HAYWARD), preparer name (ALEXANDER LAZZARUOLO), and firm information (CONDON O'MEARA MCGINTY & DONNELLY LLP).

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: ESTABLISHED AS A NOT-FOR-PROFIT NATURE CENTER AND WILDLIFE PRESERVE WITH ITS MISSION TO ESTABLISH, MAINTAIN AND CONSERVE ITS 669 ACRES OF LAND AND 8.5 MILES OF HIKING TRAILS FOR THE FREE USE, ENJOYMENT AND EDUCATION OF THE PUBLIC.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? No

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 \$ 311,679. including grants of \$ ) (Revenue \$ 118,211. ) EDUCATIONAL PROGRAMS. WESTMORELAND OFFERS A VARIETY OF ENVIRONMENTAL PROGRAMS EMPLOYING THE GREEN STEM (SCIENCE, TECHNOLOGY, ENGINEERING, AND MATHEMATICS) LEARNING APPROACH TO FINDING EDUCATIONAL SOLUTIONS THAT REDUCE THE ECOLOGICAL FOOTPRINT IN SUSTAINING THE BENEFIT TO THE ENVIRONMENT. THESE PROGRAMS EDUCATE 10,000 PARTICIPANTS EACH YEAR FROM VARIOUS SCHOOLS (I.E., CHARTER, PUBLIC, ALTERNATIVE, ETC.) IN WESTCHESTER AND NEW YORK CITY. FOR EXAMPLE, IN FISCAL 2024, 492 PROGRAMS WERE OFFERED ATTRACTING A TOTAL OF 8,084 PARTICIPANTS. THE GOALS OF THESE PROGRAMS ARE TO CREATE AN APPRECIATION OF NATURE WHILE PROVIDING ACADEMIC SUPPORT THROUGH IMMERSIVE EXPERIENTIAL EDUCATION. TO MEET THE DEMAND FOR WESTMORELAND'S GROWING EDUCATIONAL AND CONSERVATION

4b (Code: ) (Expenses \$ 141,796. including grants of \$ ) (Revenue \$ 0. ) CONSERVATION AND LAND MANAGEMENT. WESTMORELAND'S CHALLENGE WITH THE MANAGEMENT OF 669 ACRES IS TO CONCENTRATE ITS CONSERVATION FUNDING EFFORTS ON FIVE HABITATS REQUIRING IMMEDIATE RESTORATION, NAMELY (1) WHEELER FIELD, A WET FIELD HABITAT WITH AN ATTACHING SHRUB/WOODLAND CORRIDOR, (2) CATBIRD FIELD, A DRY FIELD HABITAT, (3) LOST POND VERNAL POOL, A SEASONAL POND REQUIRING MONITORING, (4) BETCHEL LAKE, A LARGE OPEN WATER WETLAND, AND (5) RIPARIAN STREAM HABITAT, A NYS REGULATED WETLAND. WESTMORELAND MANAGES ITS ENTIRE ACREAGE OF LAND FOR THE FREE USE AND ENJOYMENT OF THE PUBLIC, INCLUDING 8.5 MILES OF HIKING TRAILS, TWO TOWN OF BEDFORD CEMETERIES, AND HOSTS 3 MILES OF HORSE TRAILS.

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 453,475.

Handwritten signature

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Contains 21 rows of questions regarding organizational activities and financial reporting.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows 1a-9. Includes questions about voting members, family relationships, and governance decisions.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows 10a-16b. Includes questions about local chapters, conflict of interest policies, and whistleblower policies.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows 17-20. Includes questions about state filing requirements, public inspection, and record keeping.

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANN L. BEATTIE EXECUTIVE DIRECTOR	40.00			X			120,000.	0.	14,465.	
(2) CHRISTOPHER HAYWARD PRESIDENT	1.00	X	X				0.	0.	0.	
(3) MATTHEW BROMLEY VICE PRESIDENT	1.00	X	X				0.	0.	0.	
(4) MR. GLENN T. TICEHURST VICE PRESIDENT	1.00	X	X				0.	0.	0.	
(5) CINDY FEUREISEN SECRETARY	1.00	X	X				0.	0.	0.	
(6) GRAHAM D. S. ANDERSON TREASURER	1.00	X	X				0.	0.	0.	
(7) LIZA CLYMER BOARD MEMBER	1.00	X					0.	0.	0.	
(8) ALEXANDER HAMER BOARD MEMBER	1.00	X					0.	0.	0.	
(9) KENNETH KRASNOW BOARD MEMBER	1.00	X					0.	0.	0.	
(10) ARTHUR J. LIKA BOARD MEMBER	1.00	X					0.	0.	0.	
(11) ANTOINETTE MUTI BOARD MEMBER	1.00	X					0.	0.	0.	
(12) OLIVIA ROBINSON REIGHLEY BOARD MEMBER	1.00	X					0.	0.	0.	
(13) BONNIE H. TISI BOARD MEMBER	1.00	X					0.	0.	0.	
(14) Cecilia Wolfson	1.00	X					0.	0.	0.	

Name of organization <b>WESTMORELAND SANCTUARY, INC.</b>	Employer identification number <b>13-1855977</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<p>SARAH K. DE COIZART</p> <p>JP MORGAN, 390 MADISON AVE., 14TH FLOOR</p> <p>NEW YORK, NY 10017</p> <p style="font-size: small; margin-left: 200px;"><i>Was My M. Stake on Error!</i></p>	<p><i>Pr. br Fiscal yr.</i></p> <p>\$ 13,500.</p>	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p style="font-size: x-small;">(Complete Part II for noncash contributions.)</p>
14	<p>HELEN CLAY FRICK FOUNDATION</p> <p>3021 N ST. NW</p> <p>WASHINGTON, DC 20007</p>	<p>\$ 50,000.</p>	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p style="font-size: x-small;">(Complete Part II for noncash contributions.)</p>
	<p><i>Hudson Valley Heritage Site</i></p> <p><i>625 Broadway 4th FL</i></p> <p><i>Albany, NY 12207</i></p>	<p>\$ 17,711</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p style="font-size: x-small;">(Complete Part II for noncash contributions.)</p>
		<p>\$ _____</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p style="font-size: x-small;">(Complete Part II for noncash contributions.)</p>
		<p>\$ _____</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p style="font-size: x-small;">(Complete Part II for noncash contributions.)</p>
		<p>\$ _____</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p style="font-size: x-small;">(Complete Part II for noncash contributions.)</p>

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange program
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	7,407,651.	6,747,378.	7,698,030.	6,504,765.	4,930,885.
b Contributions	177,918.	248,799.	203,701.	593,224.	102,150.
c Net investment earnings, gains, and losses	472,620.	1,218,055.	-356,230.	917,373.	1,848,255.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,530,867.	806,581.	798,123.	317,332.	376,525.
f Administrative expenses					
g End of year balance	6,527,322.	7,407,651.	6,747,378.	7,698,030.	6,504,765.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 66.1997 %
- b Permanent endowment 23.4590 %
- c Term endowment 10.3405 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations? \_\_\_\_\_
- (ii) Related organizations? \_\_\_\_\_

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? \_\_\_\_\_

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,150,775.		2,150,775.
b Buildings 1,800,000	EBL	704,327	385,756.	318,571.
c Leasehold improvements				
d Equipment		126,133.	76,607.	49,526.
e Other		1,848,659.	19,018.	1,829,641.
<b>Total.</b> Add lines 1a through 1e. (Column (c) must equal Form 990, Part X, line 10c, column (B))				4,348,513.

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

Museum  
2 Residential Houses  
Not sure how this was done in the past