Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

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

Α	For the	2022 ca	lendar year, or tax year b	peginning			, and e	nding		-			
В	Check if a	pplicable:	C Name of organization	The Sakonne	t Preservatior	n Association	, Inc.	D	Employe	r identific	ation numb	er	
П	Address o	hange	Doing business as										
一		-	Number and street (or P.O	. box if mail is not	delivered to str	eet address)	Room/suite	23-	-722598	7			
Ш	Name cha	inge	PO BOX 945					Е	Telephon	e number			
	Initial retu	rn	City or town			State	ZIP code	40	1 COE 0	200			
Ħ			LITTLE COMPTON			RI	02837	40	1-635-88	500			
Ш	Final return/	terminated	Foreign country name	Foreign	province/state/	county	Foreign posta	l code					
	Amended	return						G	Gross red	ceipts \$		1,4	23,486
Ħ			F Name and address of princ	singl officer:								٦., [<u></u>
Ш	Applicatio	n pending	· '	•		_		H(a) Is this a			_	_ :	X No
			Abigail Brooks Box 945	, Little Compt	ton, RI 0283	37 <u> </u>		H(b) Are all	subordina	tes include	d?	Yes	No
1	Tax-exen	npt status:	X 501(c)(3) 501(c)	((insert no.)	4947(a)(1) or 527	If "No,"	' attach a l	ist. See ins	tructions		
_	Website:	sak	onnetpreservation.org		<u> </u>		<u> </u>	H(c) Group	evemntion	numher			
		rganizatior	: X Corporation Tr	ust Associa	ation Oth	ner	L Ye	ar of formation	1972	M Sta	ate of legal o	lomicile:	RI
•	Part I	Su	mmary										
	1	Briefly d	escribe the organization	's mission or	most signific	cant activitie	es: The	Sakonnet I	Preserva	ation Ass	ociation,		
92		Inc.,is d	edicated to preserving th	ne rural chara	cter & natura	al resource:	s of Little Cor	npton,					
٦ar			sland, for the lasting ber					77					
ē	2	Check tl	· · · · · · · · · · · · · · · · · · ·	ganization dis		onoration	or disposed	of more th	an 25%	of ite no	t accata		
ó				-						1 1	เ สออบเอ.		11
٥	3		of voting members of th							3			14
Se	4		of independent voting n							4			14
ŧ	5		mber of individuals emp			22 (Part V,	line 2a)			5			4
Activities & Governance	6		mber of volunteers (esti							6			124
Ĭ	7a		related business revenu							7a			0
	b	Net unre	elated business taxable i	income from I	Form 990-T,	Part I, line	11			7b			
								Pri	ior Year		Curr	ent Year	
Ō	8	Contribu	utions and grants (Part V	/III, line 1h) .					3,59	1,665		1,2	09,481
ű	9	Program	n service revenue (Part \	VIII, line 2g).	(1,000			1,000
Revenue	10		ent income (Part VIII, co						7	3,783			46,301
ď	11		evenue (Part VIII, columr							0			81,677
	12		enue—add lines 8 through						3 66	6,448			75,105
	13		and similar amounts paid						0,00	0		.,,	0,100
	14		paid to or for members							0			
			other compensation, emp						7	8,237		1	18,012
ses	15												
e	16a		onal fundraising fees (P	A =	. ,	e)				0			0
Expenses	b		ndraising expenses (Par				60,872		0.70	5 0.40			20.000
ш	17		kpenses (Part IX, columi							5,043			00,282
	18		penses. Add lines 13-17	,		. ,	e 25)			3,280			18,294
	19	Revenu	e less expenses. Subtra	ct line 18 fron	<u>n line 12..</u>					3,168			<u>56,811</u>
Sor	3							Beginning	of Curren	t Year	End	of Year	
sets	20		sets (Part X, line 16).						7,76	7,895		8,1	55,545
AB	21	Total lia	bilities (Part X, line 26) .						3	8,372			74,213
Net Assets or	22	Net ass	ets or fund balances. Su	btract line 21	from line 20)			7,72	9,523		8,0	81,332
	art II	Sig	nature Block										
Und	ler penaltie	es of perjur	y, I declare that I have examine	d this return, inclu	uding accompar	nying schedule	s and statements	s, and to the be	est of my k	nowledge			
and	belief, it is	true, corre	ect, and complete. Declaration o	of preparer (other	than officer) is t	pased on all inf	ormation of whic	h preparer has	s any know	/ledge.			
Sig	nr												
He	_	Signatu	ure of officer						Date				
116	16	Abiga	il Brooks				Pres	sident					
			Type or print name and title										
		Prin	t/Type preparer's name		Preparer's sign	nature		Date			PTIN	ı	
Pa	id					. = .		<u> </u>			if	0 4 -	_
	eparer	Kat	harine G Estes		Katharine G	Estes		6/20/2	2023	self-employ	/ed P01	21036	υ
	e Only		o's name Katharine G	. Estes, CPA				Fin	m's EIN	05-051	9237		
	y	l l	's address 34 Schaeffe	r St., Wakefie	eld, RI 02879	9		Ph	one no.	401-25	8-3031		
	_										X	Yes	No

Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
	<u>-</u>
1	Briefly describe the organization's mission: The Sakonnet Preservation Association, Inc. is dedicated to preserving the rural character
	and natural resources of Little Compton, Rhode Island for the lasting benefit of the
	community. Since its inception in 1972, the Organization has protected approximately 469
	acres, which it monitors & stewards on a regular basis.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	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?
	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 \$ 64,094 including grants of \$) (Revenue \$)
	Land stewardship - approximately 469 acres preserved to date
4b	(Code:) (Expenses \$ 1,713 including grants of \$) (Revenue \$)
	Provide information to the general public about the importance of land conservation.
4c	(Code: (Code:) (Expenses \$ 427,112 including grants of \$) (Revenue \$ 1,000)
	Land protection - approximately 469 acres preserved to date
4d	Other program services (Describe on Schedule O.)
→u	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
4e	Total program service expenses 492,919

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
6	assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		Х
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," complete Schedule D, Part II	7	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			,,
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	Х	
122	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	11f	Х	
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	146		_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		Х
16	for any foreign organization? <i>If</i> "Yes," complete Schedule F, Parts II and IV	15		Х
	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? <i>If "Yes," complete Schedule G, Part I.</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? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	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
202	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
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

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Par	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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines</i>			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		 ^`
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			1
·	to defease any tax-exempt bonds?	24c		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		1
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 1	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	25a		┝
D				
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	256		
00	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Χ
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
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	00-		
L	"Yes," complete Schedule L, Part IV	28a 28b		X
b		200		-
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i> "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Х	├^
30	Did the organization receive more than \$25,000 in non-cash contributions? If res, complete schedule in	29	^	
30	conservation contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	- 31		 ^
-	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<u> </u>
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			Ť
	III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
-	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
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? If "Yes," complete Schedule R, Part VI	37		Χ
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
va	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	- Ou		
	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	Χ	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Χ	
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			
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		Χ
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? . Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
8	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	Ů		
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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13 a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.	150		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Χ
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Χ
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Part VI

Sect	ion 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 14			
	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 14			
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Χ	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	-		
1 a	one or more members of the governing body?	7a	Χ	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,	1 a	^	
b	stockholders, or persons other than the governing body?	7b	Χ	
0		70	^	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following: The governing body?	8a	Χ	
a	Each committee with authority to act on behalf of the governing body?	8b	X	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	00	^	
9	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Soct	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C		1	^
Jeci	ion b. I oncies (This Section & Tequesis information about policies not required by the internal Nevenue C	oue.	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Χ	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	114		
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	Χ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i>	120		
·	describe on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official.	15a		Х
b	Other officers or key employees of the organization	15b		X
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100		,
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 5	01(c)		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	. ,		
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest pol	icy,		
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Sakonnet Preservation Association, Abigail Brooks 401 635-8800			
	Box 945, Little Compton, RI 02837			

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ンス	7225987	

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

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

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	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	Position (do not check more than one box, unless person is both an officer and a director/trustee) or not be a figure of the control of the c	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation from the							

	hours	offic		_		or/truste		compensation	compensation	of other
	per week (list any	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employée	Former	from the organization (W-2/	from related organizations (W-2/	compensation from the
	hours for	vidu	ij	Ger .	em	nest	ner	1099-MISC/	1099-MISC/	organization and
	related organizations	ot a	ona		oldt	ee .		1099-NEC)	1099-NEC)	related organizations
	below	rust	1		yee	npe				
	dotted line)	ee	ste			insa				
			O			ted				
(1) Charlie Whipple	8.00									
Director	0.00	X						4,992		
(2) Phil Goodnow	1.00									
Director	0.00	Х								
(3) Warren Jagger	6.00									
Director	0.00	Χ								
(4) Paul Bazzoni	1.00									
Director	0.00	Χ								
(5) Nan Haffenreffer	1.00									
Director	0.00	Χ								
(6) Michal Brownell	0.50									
Director	0.00	Χ								
(7) John Cook	1.00									
Director	0.00	Χ								
(8) David Palumb	0.00									
Director	0.00	Χ								
(9) Maureen Harrington	0.50									
Director	0.00	Χ								
(10) Judy Melanson	1.00									
Director	0.00	Χ								
(11) Davy Cutts	1.00									
Director	0.00	Χ								
(12) Geoff Manning	1.00									
Director	0.00	Х								
(13) Peter Rowley	1.50									
Director	0.00	Х								
(14) Bill Theriault	1.00									
Treasurer	0.00	Χ		Χ						

Part VII Section A. Officers, Directors, Tru	ıstees, Key Em	ploye	es,	and	iH b	ghes	t C	ompensated Em	ployees (co	<u>ntinu</u>	ıed)	
					C) sition							
(A)	(B)	`		neck	more	than o		(D)	(E)			(F)
Name and title					Reportable compensation			ited amount f other				
	per week							from the	from related	t	com	pensation
	(list any hours for	Individual to or director	l šti	Officer	Key employee	Highest co	Former	organization (W-2/ 1099-MISC/	organizations (\ 1099-MISC			om the ization and
	related organizations	ctor	iona		nplo	t cor /ee	_	1099-NEC)	1099-NEC)	1	related of	organizations
	below	Individual trustee or director	Institutional truste		yee	npei						
	dotted line)	8	stee			Highest compensated employee						
(15) Abigail Brooks	50.00									+		
President	0.00	Χ		Х								
(16) Sheila Mackintosh	15.00											
Vice President	0.00	Χ		Х								
(17) Ann Beardsley	2.00			.,								
Secretary	0.00	Х		Х								
<u>(18)</u>												
(19)												
(20)												
				L,)]					
(21)												
(22)		*										
(23)					Ť							
		X										
(24)												
(25)	•											
1b Subtotal								4,992		0		0
1b Subtotal			-		-			4,992		0		0
d Total (add lines 1b and 1c)								4,992		0		0
2 Total number of individuals (including but not lin							ved		0.000 of	<u> </u>		
reportable compensation from the organization				,				,	,			0
											,	Yes No
3 Did the organization list any former officer, dire employee on line 1a? If "Yes," complete Sched											3	Х
4 For any individual listed on line 1a, is the sum of												
the organization and related organizations grea	•	-						•	h			
						-					4	Х
5 Did any person listed on line 1a receive or accr											-	
for services rendered to the organization? <i>If "Ye</i>	•			-			_				5	Х
Section B. Independent Contractors												
1 Complete this table for your five highest compe compensation from the organization. Report co										n's ta	ax vea	nr
(A)	inpendation for t		41011	uui	jua	. 0110	g	(B)	organizatio		(C)	
Name and business add	ress							Description of serv	vices	Co	ompens	
None												0
												0
												0
												0
2 Total number of independent contractors (include	ding but not limit	ed to	tho	se l	iste	d abo	ve)	who received				
more than \$100,000 of compensation from the	organization					0						

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Part VIII Statement of Revenue

function revenue business revenue from			Check if Schedule O contains a response or	note to any line in	this Part VIII			
1					, ,	Related or exempt	Unrelated	(D) Revenue excluded from tax under sections 512–514
Total. Add lines 2a-2f 1,000 1,0	oiπs, Grants llar Amounts	b c d	Membership dues	43,045 160,050 0			_	
Total. Add lines 2a-2f 1,000 1,0	contributions, and Other Simi	f g	All other contributions, gifts, grants, and similar amounts not included above . Noncash contributions included in lines 1a–1f	1,000,289 \$ 547,635	4 000 404		3	
Q Total. Add lines 2a-2f. 1,000 3 Investment income (including dividends, interest, and other similar amounts) 46,015 4 Income from investment of tax-exempt bond proceeds 0	1			Business Code				
Q Total. Add lines 2a-2f. 1,000 3 Investment income (including dividends, interest, and other similar amounts) 46,015 4 Income from investment of tax-exempt bond proceeds 0	Revenue	b c		551111	0	1,000		
1	901 P. P. P.	f	All other program service revenue		0			
Second Company Compa		3	Investment income (including dividends, interest other similar amounts)	t, and oceeds	4 5,015			45,015
Net rental income or (loss) 10 10 10 10 10 10 10 1		6a b	Gross rents 6a Less: rental expenses . 6b	(ii) Personal	0			
b Less: cost or other basis and sales expenses. c Gain or (loss). d Net gain or (loss). See Part IV, line 18. b Less: direct expenses. c Net income or (loss) from fundraising events. c Net income or (loss) from gaming activities. See Part IV, line 19. b Less: direct expenses. c Net income or (loss) from gaming activities. See Part IV, line 19. c Net income or (loss) from gaming activities. See Part IV, line 19. d Cross sales of inventory, less returns and allowances. b Less: cost of goods sold. c Net income or (loss) from sales of inventory. Solution Business Code d All other revenue. D 104,699 1,286 1,2		d	Net rental income or (loss)	(ii) Other	0			
8a Gross income from fundraising events (not including \$ 160,050 of contributions reported on (line 1c). See Part IV, line 18	Revenue		Less: cost or other basis and sales expenses . Gain or (loss)	104,699				
C Net income or (loss) from fundraising events	Other		Gross income from fundraising events (not including \$ 160,050 of contributions reported on line 1c).	62,005	1,286			
9a Gross income from gaming activities. See Part IV, line 19				,	81 677			
C Net income or (loss) from gaming activities		9a	Gross income from gaming activities. See Part IV, line 19 9a	0	-01,077			
C Net income or (loss) from sales of inventory		С	Net income or (loss) from gaming activities Gross sales of inventory, less	· · · · · · · · · · · · · · · · · · ·	0			
11a					0			
a All other revenue	Zevenue	b c		Business Code	0			
12 Total revenue See instructions 1 175 105 1 000 0		е	Total. Add lines 11a-11d		0	1 000	0	45 015

Part IX Statement of Functional Expenses

Section 501	1(c)(3) and 501(c)(4)	organizations must	complete all columns.	All other organizations must com	plete column (A).

	Check if Schedule O contains a response or note t	o any line in this Pa	art IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		'	j	
	and domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,	-			
·	trustees, and key employees	0		0	
6	Compensation not included above to disqualified	0		Ü	
·	persons (as defined under section 4958(f)(1)) and			·	
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	108,735	38,153	32,620	37,962
8	Pension plan accruals and contributions (include	100,733	30,133	32,020	37,902
0	section 401(k) and 403(b) employer contributions)	0			
0		0			
9	Other employee benefits		2.255	0.702	2 220
10	Payroll taxes	9,277	3,255	2,783	3,239
11	Fees for services (nonemployees):	0			
a	Management	0			
b	Legal		V	10.000	
C	Accounting	12,620		12,620	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	14,508	13,365	0	1,143
12	Advertising and promotion	2,000		500	1,500
13	Office expenses	11,622	254	3,979	7,389
14	Information technology	0			
15	Royalties	0			
16	Occupancy	16,004	5,616	4,801	5,587
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	351	226	105	20
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	250	250	0	0
23	Insurance	6,954	3,060	3,894	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	Impairment loss, conservation easements	426,999	426,999		
b	Dues and fees	7,846	732	3,082	4,032
С	Materials and supplies	1,128	1,009	119	
d		0			
е	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	618,294	492,919	64,503	60,872
26	Joint costs. Complete this line only if the	•		·	•
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				
_					

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X.			
			(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing	63,691	1	252,585
	2	Savings and temporary cash investments	313,396	2	0
	3	Pledges and grants receivable, net	332,004	3	359,029
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0	5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	
Assets	7	Notes and loans receivable, net	0	7	0
SS	8	Inventories for sale or use	0'	8	
Q	9	Prepaid expenses and deferred charges	26,912	9	1,590
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 12,731			
	b	Less: accumulated depreciation	0	10c	7,264
	11	Investments—publicly traded securities	1,616,207	11	2,069,018
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	5,415,685	15	5,466,059
	16	Total assets. Add lines 1 through 15 (must equal line 33)	7,767,895	16	8,155,545
	17	Accounts payable and accrued expenses	8,763	17	23,160
	18	Grants payable	0	18	
	19	Deferred revenue	25,000	19	
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
Liabilities	22	Loans and other payables to any current or former officer, director,			
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%			
ja		controlled entity or family member of any of these persons	0	22	
_	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete	4 000		= 4 0 = 0
		Part X of Schedule D	4,609	25	51,053
	26	Total liabilities. Add lines 17 through 25	38,372	26	74,213
Ses		Organizations that follow FASB ASC 958, check here X			
anc		and complete lines 27, 28, 32, and 33.			
3a	27	Net assets without donor restrictions	6,141,361	27	7,286,259
Þ	28	Net assets with donor restrictions	1,588,162	28	795,073
Ë		Organizations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balances	l	and complete lines 29 through 33.			
<u>1</u>	29	Capital stock or trust principal, or current funds	0	29	
se	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	
As	31	Retained earnings, endowment, accumulated income, or other funds	0	31	.
let	32	Total net assets or fund balances	7,729,523	32	8,081,332
_	33	Total liabilities and net assets/fund balances	7,767,895	33	8,155,545

Par	Reconciliation of Net Assets			,
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)		1,175	5,105
2	Total expenses (must equal Part IX, column (A), line 25)		618	3,294
3	Revenue less expenses. Subtract line 2 from line 1		556	5,811
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		7,729	,523
5	Net unrealized gains (losses) on investments		-205	5,002
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))		8,081	,332
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
·	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain on	20		
	Schedule 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		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2022)

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service

Attach to your tax return. Go to www.irs.gov/Form4562 for instructions and the latest information.

Sequence No. 179

Name(s) shown on return		ness or activity	to which this i	form relates		Identifying num	ber	
The Sakonnet Preservation Association		aartuu IIndar	Cootion 1	70		23-7225987		
Part I Election To Expense	-	-						
Note: If you have any liste								
1 Maximum amount (see instruction	,						1	
2 Total cost of section 179 property							3	
3 Threshold cost of section 179 pro							4	
4 Reduction in limitation. Subtract lin							4	0
5 Dollar limitation for tax year. Subtr					•		_	0
separately, see instructions 6 (a) Description of		· · · · · ·		ost (business use		(c) Elected cos	5	0
6 (a) Description of	property		(b) C	ost (busiliess use	offiy)	(C) Elected cos	ot .	
7 Listed property. Enter the amount	from line 20				7			
8 Total elected cost of section 179 p					J		8	0
9 Tentative deduction. Enter the sm							9	0
10 Carryover of disallowed deduction							10	
11 Business income limitation. Enter	•						11	
12 Section 179 expense deduction. <i>A</i>							12	0
13 Carryover of disallowed deduction							0	0
Note: Don't use Part II or Part III below				<u> </u>	13		U	
Part II Special Depreciation				n (Don't incl	ude listed pr	onerty See inc	truction	<u>- </u>
14 Special depreciation allowance fo						operty. See ins	luction	5.]
during the tax year. See instruction							14	
15 Property subject to section 168(f)(15	
							16	250
16 Other depreciation (including ACF Part III MACRS Depreciation	n /Don't includ	do listad pro	norty Soc	instructions			10	
WACKS Depreciation	II (DOIT (IIICIAC		Section A	irisii uciioris.,				
17 MACRS deductions for assets pla	red in service in			2022			17	
18 If you are electing to group any as							.,	
asset accounts, check here								
						<u></u>		
Section B - Asse				ar Using the	Jenerai Depre	eciation System	1	
(a) Classification of property	(b) Month and	` '	depreciation	(d) Recovery				
(a) Classification of property	year placed in service	,	vestment use instructions)	period	(e) Convention	(f) Method	(g) Depreci	iation deduction
40 - 2	III Service	only—see	instructions)					
19 a 3-year property								
b 5-year property								
c 7-year property								
d 10-year property								
e 15-year property								
f 20-year property				25		C/I		
g 25-year property				25 yrs.	N 4 N 4	S/L		
h Residential rental				27.5 yrs.	MM	S/L		
property	+	+		27.5 yrs.	MM	S/L		
i Nonresidential real				39 yrs.	MM	S/L		
property					MM	S/L		
Section C - Assets	s Placed in Serv	ice During 20	J22 Tax Yea	r Using the A	ternative Dep		m T	
20 a Class life				10		S/L		
b 12-year				12 yrs.	N 4 N 4	S/L	1	
c 30-year				30 yrs.	MM	S/L	1	
d 40-year				40 yrs.	MM	S/L	ļ	
Part IV Summary (See instru							0.1	
21 Listed property. Enter amount fro							21	
22 Total. Add amounts from line 12,	•			,				
here and on the appropriate lines	•	•	•		tructions	<u> </u>	22	250
23 For assets shown above and place		-	ιτ year, enter	tne				
portion of the basis attributable to	section 263A co	SIS			23	1		

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number 22 7225097

HE	San	torinet Preservation Association,	IIIC.				23-12	23901	
Pai	rt I	Reason for Public Char	ity Status. (All or	ganizations must co	mplete t	his part.)	See instructions.		
he	orga	anization is not a private foundati	•	•			•		
1		A church, convention of church				170(b)(1)	(A)(i).		
2		A school described in section 1	170(b)(1)(A)(ii). (Att	ach Schedule E (Form	990).)				
3		A hospital or a cooperative hos	pital service organiz	zation described in sec	tion 170(b)(1)(A)(iii	i).		
4		A medical research organizatio	n operated in conju	nction with a hospital o	lescribed	in section	170(b)(1)(A)(iii). En	ter the	
		hospital's name, city, and state:	·						
5		An organization operated for th section 170(b)(1)(A)(iv). (Com		e or university owned	or operate	ed by a go	vernmental unit desc	cribed in	
6		A federal, state, or local govern	ment or governmer	ntal unit described in s e	ection 170)(b)(1)(A)(v).		
7	Χ	An organization that normally redescribed in section 170(b)(1)(m a gove	rnmental ι	unit or from the gene	ral public	
8		A community trust described in	section 170(b)(1)(A	A)(vi). (Complete Part	II.)				
9		An agricultural research organiz				d in coniur	nction with a land-gra	ant college	
		or university or a non-land-gran university:							
10		An organization that normally re							
		receipts from activities related t support from gross investment							
		acquired by the organization af						5565	
11		An organization organized and				•			
12	-	An organization organized and	•		•			he nurnoses	
-		of one or more publicly support Check the box on lines 12a thro	ed organizations de	escribed in section 509	9(a)(1) or	section 50	9(a)(2). See section	n 509(a)(3).	
		Type I. A supporting organiz	•		• •		•		
а	l	the supported organization(s organization. You must con	s) the power to regu	larly appoint or elect a					
b)	Type II. A supporting organiz	•		on with its	supporte	d organization(s), by	having	
		control or management of th			ime perso	ns that co	ntrol or manage the	supported	
		organization(s). You must c					16 0 0 0 1		
С	;	Type III functionally integral its supported organization(s)						rated with,	
d	ı	Type III non-functionally in		-			•	anization(s)	
	-	that is not functionally integra	ated. The organizat	ion generally must sat	isfy a distr	ibution red	quirement and an att		
		requirement (see instruction							
е		Check this box if the organize functionally integrated, or Ty					Type I, Type II, Typ	e III	
f		Enter the number of supported			•				0
g		Provide the following information	J						
-		Name of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of	
				(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support (se instructions)	е
				above (see instructions))	docu	non:	mon donons)	instructions)	
					Yes	No			
A)									
B)									
C)									
-,									
D)									
E)									
ota	ıl						0		0
							•		_

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

Sec	tion 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.")	362,052	2,019,381	430,473	3,591,665	1,209,481	7,613,052
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	,	, ,	,			0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 5	Total. Add lines 1 through 3	362,052	2,019,381	430,473	3,591,665	1,209,481	7,613,052
	shown on line 11, column (f)						3,493,646
6	Public support. Subtract line 5 from line 4						4,119,406
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	362,052	2,019,381	430,473	3,591,665	1,209,481	7,613,052
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	7,501	7,150	9,816	73,783	46,301	144,551
9	Net income from unrelated business activities, whether or not the business is regularly carried on	•	G				0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	•					0
11	Total support. Add lines 7 through 10						7,757,603
12 13	Gross receipts from related activities, etc. (so First 5 years. If the Form 990 is for the organization, check this box and stop here	anization's first, sec		or fifth tax year as a			5,000
Sec	tion C. Computation of Public Su	pport Percenta	age				
15	Public support percentage for 2022 (line 6, c Public support percentage from 2021 Sched	ule A, Part II, line 1	4			14 15	53.10% 49.93%
	33 1/3% support test—2022. If the organiz and stop here. The organization qualifies as	s a publicly support	ed organization .				<u>X</u>
b	33 1/3% support test—2021. If the organiz box and stop here. The organization qualified						
17a	10%-facts-and-circumstances test—2022 10% or more, and if the organization meets to Part VI how the organization meets the facts organization	the facts-and-circur s-and-circumstance	nstances test, che s test. The organiz	ck this box and sto ation qualifies as a	op here . Explain in publicly supported	d	
b	10%-facts-and-circumstances test—2021 15 is 10% or more, and if the organization m in Part VI how the organization meets the factorganization.	neets the facts-and- cts-and-circumstan	circumstances tes ces test. The orga	t, check this box ar nization qualifies as	nd stop here . Expl s a publicly suppor	ain ted	
18	Private foundation. If the organization did instructions	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		

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.)

Sec	tion A. Public Support			· 1	,		
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.")						0
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						•
_	organization without charge	0		0		0	0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0
L	·						U
D	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						0
c	Add lines 7a and 7b	0	. • 0	0	0	0	0
8	Public support (Subtract line 7c from	-					<u> </u>
	line 6.)						0
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,	•					
	payments received on securities loans, rents,	_1					
	royalties, and income from similar sources						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business	X					
	activities not included on line 10b, whether						0
12	or not the business is regularly carried on .						0
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						0
	and 12.)	0	0	0	0	0	0
14	First 5 years. If the Form 990 is for the orga	ŭ					
	organization, check this box and stop here						
Sec	tion C. Computation of Public Su	pport Percenta	age				·
15	Public support percentage for 2022 (line 8, c			(f))		15	0.00%
16	Public support percentage from 2021 Sched	ule A, Part III, line	15			16	0.00%
	tion D. Computation of Investmer						
17	Investment income percentage for 2022 (line	e 10c, column (f), d	ivided by line 13, c	olumn (f))		17	0.00%
18	Investment income percentage from 2021 Se					18	0.00%
19a	33 1/3% support tests—2022. If the organi						·
	not more than 33 1/3%, check this box and \$	-			-		
b	33 1/3% support tests—2021. If the organi						Ι
••	line 18 is not more than 33 1/3%, check this		=				
20	Private foundation. If the organization did it	not check a box on	line 14, 19a, or 19	b, check this box a	and see instructions	8	

Supporting Organizations Part IV

(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

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status, under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? 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?
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

i		Yes	No
	1		
	2		
	3a		
	3b		
	SD		
	20		
	3с		
	4a		
	4b		
	4c		
	70		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	- 4-		
	9b		
	7.5		
	9c		
	36		
	4.6		
	10a		
	46:		
	10b		
dule	A (Fo	rm 990	1 2022

Page **5**

Part	Supporting Organizations (continued)			
44	Here the consequential and a miff on contain their frame and of the fellowing property.		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
а	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
C	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide</i>	110		
	detail in Part VI .	11c		
Secti	ion 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 Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations			
0001.	on or type it outporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	ion D. All Type III Supporting Organizations		ı	
			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			
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
2	organization(s) or (ii) serving on the governing body of a supported organization? <i>If</i> " <i>No</i> ," explain in <i>Part VI</i> 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		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ction	s).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruct	ione)	
		ristructi		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	Za		
-	one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in</i>			
	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.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	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.	3a		
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.	3b		

The Sakonnet Preservation Association, Inc.

2 Enter 0.85 of line 1.

4 Enter greater of line 2 or line 3.

5 Income tax imposed in prior year

3 Minimum asset amount for prior year (from Section B, line 8, column A)

The Sakonnet Preservation Association, Inc. 23-7225987 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 2 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 Add lines 1 through 3. 4 0 5 **5** Depreciation and depletion 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 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 0 (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): **a** Average monthly value of securities 1b **b** Average monthly cash balances **c** Fair market value of other non-exempt-use assets 10 d Total (add lines 1a, 1b, and 1c) 0 e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. 0 0 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 0 0 6 Multiply line 5 by 0.035. 6 0 0 7 Recoveries of prior-year distributions 7 0 0 8 Minimum Asset Amount (add line 7 to line 6) 8 0 Section C - Distributable Amount **Current Year** 1 Adjusted net income for prior year (from Section A, line 8, column A)

6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		ĺ
7	Check here if the current year is the organization's first as a non-functionally	inte	egrated Type III supporting	organization (see
	instructions).			

2

3

4

0

0

Part '	Type III Non-Functionally Integrated 509(a)(3)) Supporting Organi	zations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt 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 purpos	es of supported organiza	ations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required—p	provide details in Part VI	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	0
8	Distributions to attentive supported organizations to which the	ne organization is respor		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2022 from Section C, line 6		9	0
10	Line 8 amount divided by line 9 amount		10	0.000
S	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required—explain in Part VI). See			
	instructions.		<u> </u>	
3	Excess distributions carryover, if any, to 2022		<u> </u>	
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e	0		
	Applied to underdistributions of prior years		0	
<u>h</u>	Applied to 2022 distributable amount			0
<u>i</u> _	Carryover from 2017 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4	Distributions for 2022 from Section D, line 7: \$ 0			
а	Applied to underdistributions of prior years		0	
b	Applied to 2022 distributable amount			0
С	Remainder. Subtract lines 4a and 4b from line 4.	0		
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.		0	
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain			
	in Part VI. See instructions.			0
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.	0		
8	Breakdown of line 7:			
<u>a</u>	Excess from 2018			
	Excess from 2019			
C	Excess from 2020			
<u>d</u>	Excess from 2021			
•	C 11 ESS 11010 2022			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2022

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-PF.

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

The Sakonnet Preservation Association, Inc. 23-7225987 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific. literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Name of organization
The Sakonnet Preservation Association, Inc.

Employer identification number
23-7225987

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Not available for public inspection Foreign State or Province: Foreign Country:	\$98,482	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Foreign State or Province: Foreign Country:	\$ 10,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Foreign State or Province: Foreign Country:	\$ 427,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Foreign State or Province: Foreign Country:	\$25,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Foreign State or Province: Foreign Country:	\$25,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Foreign State or Province: Foreign Country:	\$25,260	Person X Payroll

Name of organization
The Sakonnet Preservation Association, Inc.

Employer identification number
23-7225987

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Foreign State or Province: Foreign Country:	\$25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Occupation (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
The Sakennet Preservation Association, Inc.	22 7225027

The Sakonnet Preservation Association, Inc. Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (c) (d) from FMV (or estimate) Description of noncash property given Date received (See instructions.) Part I Publically traded securities 1 (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I Conservation easement 3 (a) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received (See instructions.) Part I (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) No. (c) (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I

Name of org	anization net Preservation Association, Inc.			Employer identification number 23-7225987
Part III	Exclusively religious, charitable, etc., co (10) that total more than \$1,000 for the year the following line entry. For organizations of contributions of \$1,000 or less for the year Use duplicate copies of Part III if additional	ear from any on the completing Part in (Enter this information)	one contributor. Complet III, enter the total of exclusion formation once. See instru	d in section 501(c)(7), (8), or e columns (a) through (e) and usively religious, charitable, etc.,
(a) No. from	(b) Purpose of gift) Use of gift	(d) Description of how gift is held
Part I		(e) T	ransfer of gift	
	Transferee's name, address, and 2	ZIP + 4	Relationsh	ip of transferor to transferee
	For. Prov. Country			
(a) No. from Part I	(b) Purpose of gift	(с) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and 2		ransfer of gift Relationsh	ip of transferor to transferee
	For. Prov. Country			
(a) No. from Part I	(b) Purpose of gift	(с) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and 2		ransfer of gift Relationsh	ip of transferor to transferee
	For Prov. Country			
(a) No. from Part I	(b) Purpose of gift	(с) Use of gift	(d) Description of how gift is held
		(e) T	ransfer of gift	
	Transferee's name, address, and 2	ZIP + 4	Relationsh	ip of transferor to transferee
	For. Prov. Country			

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

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

OMB No. 1545-0047 **2022**

Open to Public Inspection

Employer identification number

The Sakonnet Preservation Association, 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, line 6. (a) Donor advised funds 1 Total number at end of year 2 Aggregate value of contributions to (during year) . . . Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). X Preservation of land for public use (for example, recreation or education) X Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat X Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements 220.45 c Number of conservation easements on a certified historic structure included in (a) 2c 0 Number of conservation easements included in (c) acquired after July 25, 2006, and not 0 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 9 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: **b** Assets included in Form 990, Part X.

Part	Organizations Maintaining Co									
3	Using the organization's acquisition, acce	ession, and other r	ecords, d	check any	of the following	ing that n	nake significant	use of it	S	
	collection items (check all that apply):									
а	Public exhibition		d	Loan or	exchange pr	ogram				
b	Scholarly research		е	Other						
С	Preservation for future generations		<u></u>	•						
4	Provide a description of the organization's	s collections and e	xplain h	ow thev fu	irther the ora	anization	's exempt purpo	se in Pa	art	
-	XIII.									
5	During the year, did the organization solid	cit or receive dona	tions of a	art. historio	cal treasures.	or other	similar			
	assets to be sold to raise funds rather that							Ye	es	No
Part	IV Escrow and Custodial Arrange	ements.	<u> </u>							
· art	Complete if the organization and		Form 9	90 Part	IV line 9 d	or report	ed an amoun	t on Fo	m	
	990, Part X, line 21.	3W0104 100 011	01111	oo, r are	17, 1110 0, 0	л тороп	od dir diriodir	. 0111 01		
1a	Is the organization an agent, trustee, cus	todian or other inte	ermediar	v for contr	ibutions or of	her asse	ts not			
·u	included on Form 990, Part X?			-		inci asse	is not	☐ Ye	es 🗌	No
b	If "Yes," explain the arrangement in Part						. •	ш.,	<i>"</i>	110
	Too, explain the arrangement in rare.	Am and complete	uno iono	virig table				Amount		
С	Beginning balance					1c	,	unount		0
d	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance					1f				0
2a	Did the organization include an amount o				ow or custodi	al accou	nt liahility?		es X	No
b	If "Yes," explain the arrangement in Part				,				" 	110
		Alli. Official ficial if	tile expi	anation na	as been provi	ded on i	art XIII			
Part		awarad "Vaa" an	Form (OO Dort	IV line 10					
	Complete if the organization ans					la a a la	-N Th	(-) [-		le e ele
4.	Designing of ween belones	(a) Current year	(b) Pric	or year	(c) Two years		d) Three years back		ur years	
1a	Beginning of year balance	0	_	0		0		0		0
b	Contributions									
С	Net investment earnings, gains,									
	and losses	*								
d	Grants or scholarships									
е	Other expenditures for facilities		>							
	and programs	4								
f	Administrative expenses	0		0						
g	End of year balance		-1 //	0		0		0		0
2	Board designated or quasi-endowment		aiance (i %	ine ig, co	numn (a)) nei	u as:				
a b	Permanent endowment	%	/0							
C	Term endowment %									
C	The percentages on lines 2a, 2b, and 2c		6							
3a	Are there endowment funds not in the po			n that are	held and ada	ministoro	d for the			
Ja	organization by:	33C33IOH OH HIC OIQ	gariizatio	ii iilat ai c	neid and adi	IIIIIISCIC	d for the		Yes	No
	(i) Unrelated organizations							3a(i)	163	110
								3a(ii)		
b	If "Yes" on line 3a(ii), are the related orga							3b		
4	Describe in Part XIII the intended uses of							30		
Part			GIIGOWI	nont lunus	J.					
rait	Complete if the organization ans		Form 9	00∩ Part	IV line 11s	See F	orm 990 Pari	X line	10	
	Description of property	(a) Cost or other			or other basis		ccumulated		ook value	
	Description of property	(a) Cost of other			other)	. ,	oreciation	(u) B	or value	,
1a	Land		0	`	0					0
b	Buildings		0		0		0			0
C	Leasehold improvements	-	0		0		0			0
d	Equipment		0		12,731		5,467			7,264
е	Other		0		0		0			0
Total	. Add lines 1a through 1e. (Column (d) mu	st equal Form 990	, Part X,	column (E	3), line 10c.)					7,264

Schedule D (Form 990) 2022 The Sakonnet Preservation Ass	sociation, Inc.	23-7225987	Page 3
Part VII Investments—Other Securities.			
	"Yes" on Form 990.	Part IV, line 11b. See Form 990, Part X,	line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financial derivatives	0	,	
(2) Closely held equity interests	0		
(2) Closely field equity interests			
(A)			
(B)			
(C)		A	
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.).	0		
Part VIII Investments—Program Related.			
Complete if the organization answered	<u>"Yes" on Form 990,</u>	Part IV, line 11c. See Form 990, Part X, l	ine 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1)			
(2)			
(3)			
(4)	•		
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.).	0		
Part IX Other Assets.			
Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11d. See Form 990, Part X,	line 15.
(a) Descri	ription	(b) Book	value
(1) Land and conservation easements held for protection			5,415,686
(2) ROU lease			49,373
(3) Deposit - lease			1,000
(4)	*		
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) I	line 15.)		5,466,059
Part X Other Liabilities.			
Complete if the organization answered line 25.	"Yes" on Form 990,	Part IV, line 11e or 11f. See Form 990, P	'art X,
	tion of liability	(b) Book	value
(1) Federal income taxes			0
(2) Refundable advances			
(3) Lease			51,053
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) I	line 25.)		51,053

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

Part		eturn.	
	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	
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		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
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.)		
	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	0
Part		Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	T . T	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	-	
b	Prior year adjustments	-	
C	Other losses	-	
d	Other (Describe in Part XIII.)	1 20	0
e	Other (Describe in Part XIII.) 2d Add lines 2a through 2d Subtract line 2e from line 1	2e 3	0
3 4	Subtract line 2e from line 1	3	0
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	0
Part	XIII Supplemental Information.	•	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	art V, line 4; Par	t X, line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		,
	Line 9 Pursuant to the national Land Trust Alliance standards and practices, the		
1 art i	Ellio o i disualit to the national Ealia mustralia loc standards and practices, the		
Sakor	nnet Preservation Association (the Association) shall monitor each of its conservation		
easen	nent properties within each calendar year and within twelve months of acquisition.		
Annua	al property monitoring strengthens the relationship with the landowner, ascertains		
chang	es in land ownership and ensures enforcement of the easement's terms. Effective		
	. (74		
prope	rty monitoring is required to uncover possible easement violations, initiate		
remed	diation, undertake enforcement actions and establish a record for possible legal		
action	. The Association is committed to monitoring, defending and enforcing their terms		
and re	estrictions in a consistent, timely manner.		
Dort II	Line 5 Purcuant to the national Land Trust Alliance standards and practices, the		
ran II	Line 5 Pursuant to the national Land Trust Alliance standards and practices, the		
Sakor	nnet Preservation Association (the Association) shall monitor each of its conservation		
Janul	mot 1 1000. Valiot 1 10000 alion (the 1 1000 alion) on an information caust of its conscivation		
easen			
	nent properties within each calendar year and within twelve months of acquisition.		
	nent properties within each calendar year and within twelve months of acquisition.		

Part XIII Supplemental Information (continued)
changes in land ownership and ensures enforcement of the easement's terms. Effective
property monitoring is required to uncover possible easement violations, initiate
remediation, undertake enforcement actions and establish a record for possible legal
action. The Association is committed to monitoring, defending and enforcing their terms
and restrictions in a consistent, timely manner.
Part II Line 5 continued The volunteer property monitor or Stewardship Director shall walk
the boundaries of the property, making every effort to locate them, following the baseline
Documentation Report, Management Plan or Survey Plan photographs. Overall supervision of
monitoring shall be the responsibility of the Stewardship Director who shall delegate
monitoring duties to the Association's trained volunteer monitors which may include the
Sakonnet Preservation Association's Board Members. Completed monitoring reports will be
archived in accordance with the Association's adopted Records Policy and Procedure.
Part X Line 2 The Organization accounts for uncertainty in income taxes in accordance with
ASC Topic Income Taxes. This standard clarifies the accounting for uncertainty in tax
positions and describes a recognition threshold and measurement attribute for the
financial statements regarding a tax position taken or expected to be taken in a tax
return. The Organization has determined that there are no uncertain tax positions which
qualify for either recognition or disclosure in the financial statements as of December
31, 2020.

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

The Sakonnet Preservation Association, Inc. 23-7225987 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants b Phone solicitations Special fundraising events С d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, 2a or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to b be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or control of contributions? (ii) Activity or entity (fundraiser) fundraiser listed in organization col. (i) Yes No 1 0 0 0 n 0 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 n 0 0 10 0 0 0 Total . List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990) 2022 The Sakonnet Preservation Association, Inc. 23-7225987 Page **2** Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported Part II more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events Anniversay Gala NONE (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue Gross receipts 222,055 222,055 Less: Contributions . . . 160,050 160,050 Gross income (line 1 minus line 2). 62,005 62,005 Cash prizes 0 Noncash prizes 0 Direct Expenses Rent/facility costs 28,830 28,830 Food and beverages . . . 77,568 0 77,568 Entertainment 6,834 6,834 Other direct expenses . . 30,450 30,450 Direct expense summary. Add lines 4 through 9 in column (d). 143,682) Net income summary. Subtract line 10 from line 3, column (d) -81,677 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. Revenue (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming col. (a) through col. (c)) bingo/progressive bingo Gross revenue. 0 Direct Expenses Cash prizes 0 2 Noncash prizes . . 0 Rent/facility costs . . . 0 Other direct expenses 0 5 Yes Yes Yes Volunteer labor . . . No Direct expense summary. Add lines 2 through 5 in column (d) 0)

	8 Net gaming income summary. Subtract line 7 from line 1, column (d)
9	Enter the state(s) in which the organization conducts gaming activities:
	 a Is the organization licensed to conduct gaming activities in each of these states?
	 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes
	Schedule G (Form 990) 2022

Sched	ule G (Form 990) 2022 The Sakonnet Preservation Association, Inc.	23-7225987 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes No
13	Indicate the percentage of gaming activity conducted in:	
а	The organization's facility	13a %
b	An outside facility	13b %
14	Enter the name and address of the person who prepares the organization's gaming/special events books at records:	nd
	Name	
	Address	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ 0 and the	
	amount of gaming revenue retained by the third party \$0	
С	If "Yes," enter name and address of the third party:	
	Name	
	Address	
16	Gaming manager information:	
	Name	
	Gaming manager compensation \$0	
	Description of services provided	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or	ſ
5 1	spent in the organization's own exempt activities during the tax year \$	0
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, column Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional	
	See instructions.	II IIIIOITIIalioti.
	OCC ITISH GOLOTIS.	
	· · · · · · · · · · · · · · · · · · ·	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

| Employer identification number | Employer identification number |

The Sakonnet Preservation Association, Inc. 23-7225987

Par	I Types of Property	1		, .	1			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash co			
1	Art—Works of art	Х	14		Auction pro	ceeds		
2	Art—Historical treasures			11,500	7 tuetien pre-	50040		
3	Art—Fractional interests							
4	Books and publications							
5	•							
Э	Clothing and household							
•	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded	Х	5	105,985	Market valu	e date	of gift	
10	Securities—Closely held stock							
11	Securities—Partnership, LLC,							
	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation							
	contribution—Historic							
	structures			•				
14	Qualified conservation							
	contribution—Other	Х	1	427,000	Appraisal			
15	Real estate—Residential							
16	Real estate—Commercial							
17	Real estate—Other		*. ()					
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archaeological artifacts							
25	_							
26	Other ()							
27	Other ()						
	Other (
28	Other () Number of Forms 8283 received by	v the ergen	ization during the tay year fo	ar contributions for	<u> </u>			
29	which the organization completed				00			4
	which the organization completed	FUIII 0203,	, Part V, Donee Acknowledg	ement	29		V	1
00-	Desire a the constitution of the state of			non out of its Double line of Addition			Yes	No
30a	During the year, did the organizati		• • • • • •	•	•			
	28, that it must hold for at least 3 y							.,
	to be used for exempt purposes for		holding period?			30a		X
b	If "Yes," describe the arrangement							
31	Does the organization have a gift a							
	contributions?					31	Χ	
32a	3		_					
	noncash contributions?					32a		Χ
b	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in o	column (c) for a type of prope	erty for which column (a) is				
	checked, describe in Part II.			. ,				

	orm 990) 2022	The Sakonnet Preservation Association, Inc.	23-7225987 Pa
Part II		ental Information. Provide the information required by Part I, lines 30b, 32b, and	l 33, and whethe
		ization is reporting in Part I, column (b), the number of contributions, the number	
	or a comb	sination of both. Also complete this part for any additional information.	
		· · · · · · · · · · · · · · · · · · ·	
			<u> </u>
Schedule M (For Part II)			
		•	
		(V)	

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

The Sakonnet Preservation Association, Inc. 23-7225987 Form 990, Part VI, Section A, Line 4: The By-laws, as changed allow the Board of Directors to alter, amend or repeal the by-laws except when such actions would prevent the Organization from qualifying as an exempt organization under Sections 170(c), 170b1A(v), and 501(c)(3), or otherwise, of the internal revenue code as may be amended from time to time. In the past any changes required the affirmative vote of two thirds of the Members present and voting at an annual or special meeting of the Members at which a quorum is present. Form 990, Part VI, Section A, Line 6&7: Article III of the Organization's by-laws defines members as anyone who pays annual dues according to a schedule set by the Board of Directors Article IV states that members will ratify the slate of Directors at each annual meeting for the ensuing year. Article XII, Section 2 states that the by-laws may not be amended to prevent the Organization from qualifying as an exempt organization under Sections 170(c), 170b1A(v). and 501(c)(3) or otherwise of the Internal Revenue Code as may be amended from time to time without the vote of one hundred percent (100%) of the Members present and voting at a meeting at which a quorum is present. Form 990, Part VI, Section B, Line 11b: The Board of Directors reviews and approves the Form 990 following review of the Finance and Executive Committees. Form 990, Part VI, Section B, Line 12c: Each member of the Board of Directors is required to report, sign and file a form affirming that they have read, understood and agree to abide by the Organization's conflict of interest policy. All directors, advisors and employees are required to submit to the President a list of businesses and other entities with which the Organization has or is contemplating entering into a relationship or transactions and with which the director, advisor or employee or a member of his or her immediate family is 1) an officer, director, trustee, member, employee or client; 2) a 5% shareholder; 3) is the owner of shares valued at more than \$10,000. Form 990, Part VI, Section B, Line 15: The Organization has no CEO, Executive Director or

other key employee. Members of the Board of Directors perform these functions on a voluntary

Schedule O (Form 990) 2022	Page	2
Name of the organization	Employer identification number	
The Sakonnet Preservation Association, Inc.	23-7225987	
basis.		
Form 990, Part VI, Section C, Line 19: The Organization publishes its Form 990 on its website.		
Governing documents, conflict of interest policy and financial statements available to the		
public upon request.		
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