Form 990

Return of Organization Exempt From Income Tax

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

2017

DLN: 93493316030688 OMB No 1545-0047

•	nent of the Treasu l Revenue Service		nter social security numbers on to about Form 990 and its instr					pen to Public Inspection			
A Fo	or the 2017 c		r beginning 01-01-2017 ,a	nd ending 12-	31-2017						
☐ Add	ck if applicable dress change me change	C Name of organization WILLOWSFORD CONSERVA	NCY			D Employe 45-0609		ation number			
	tial return	Doing business as									
☐ Am	al return/terminated lended return plication pending	Number and street (or P O 44095 PIPELINE PLAZA NO	box if mail is not delivered to street 140	address) Room/	suite	E Telephone (571) 25					
			nce, country, and ZIP or foreign post	al code		(,					
		ASHBURN, VA 20147				G Gross rec	eipts \$ 1,9:	13,973			
		F Name and address of DANIEL J AUTINO	principal officer		H(a) Is this		urn for				
		44095 PIPELINE PLAZA I ASHBURN, VA 20147	NO 140			dinates? subordinate	es	□Yes ☑No			
I Tax				D 503	includ `	ed?		☐ Yes ☐No			
- 1 \A/.	absita. > \/\/	W WILLOWSFORD COM/V) (4) ◀ (insert no)	(1) or \square 527	I	," attach a lis exemption i	•	•			
	edsite. P WW	W WILLOWS ORD COM, V	1510N/CONSERVANCT		() () ()	- CACHIPATON					
K Forn	n of organization	☑ Corporation ☐ Trust	☐ Association ☐ Other ▶		L Year of forma	ation 2010	M State of	flegal domicile VA			
Pa											
			iission or most significant activit CE THE WILLOWSFORD COMMU		I PROGRAMS, AC	TIVITIES &	SERVICES	5			
nce		·			,						
Ē											
Activities & Governance			ation discontinued its operations		more than 25%	of its net as	sets				
			governing body (Part VI, line 1a				3	4			
~sə		4 Number of independent voting members of the governing body (Part VI, line 1b)									
ŽĘ.		• •	ed in calendar year 2017 (Part v te if necessary)	•		•	5 6				
Act		·	om Part VIII, column (C), line 1			•	7a	-8,073			
•			ome from Form 990-T, line 34				7b	-65,313			
			<u> </u>		Pri	or Year		Current Year			
Qı	8 Contribut	ions and grants (Part VIII	953,9	85	1,041,592						
Rəvenue	9 Program	service revenue (Part VIII	60	36,052							
Rev		·	mn (A), lines 3, 4, and 7d) .				0	6,286			
		, , ,	A), lines 5, 6d, 8c, 9c, 10c, and	•		44,7		206,22			
			11 (must equal Part VIII, colun			1,000,8	_	1,290,15			
			art IX, column (A), lines 1–3) art IX, column (A), line 4)...				0				
(0		·	loyee benefits (Part IX, column	(A) lines 5–10	,	489,0	1-	510,252			
Expenses	,		IX, column (A), line 11e)			103/0	0				
p e	b Total fundr	aising expenses (Part IX, colui	mn (D), line 25) ▶ 0								
ā	17 Other exp	oenses (Part IX, column (A	A), lines 11a–11d, 11f–24e) .			406,7	02	511,34:			
	18 Total exp	enses Add lines 13-17 (n	nust equal Part IX, column (A),	line 25)		895,7		1,021,593			
- /8	19 Revenue	less expenses Subtract li	ne 18 from line 12			105,0		268,564			
Net Assets or Fund Balances					Beginning	of Current Ye	ar	End of Year			
set	20 Total ass	ets (Part X, line 16)				1,473,6	02	1,883,742			
nd E	21 Total liab	ılıtıes (Part X, lıne 26)				247,9	16	391,143			
žZ	22 Net asset	s or fund balances Subtra	act line 21 from line 20			1,225,6	86	1,492,599			
Par		ature Block									
knowl			ve examined this return, includir complete Declaration of prepare								
	*****	•			201	8-11-12					
Sign	Signati	ure of officer			Date						
Here	. 1 k	J AUTINO VICE PRESIDENT,	FINANCE								
		r print name and title									
Dair	Is	rınt/Type preparer's name ANDRA TONDREAU	Preparer's signature SANDRA TONDREAU		Date Che		ΓΙΝ 01292788				

Firm's address ► 110 EAST MARKET ST 200 Phone no (703) 777-4900 **Use Only** LEESBURG, VA 20176 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y

Firm's name MITCHELL & CO PC

Preparer

Firm's EIN ▶ 54-1853459

Form	990 (2017)					Page	2
Par	t IIII Statement	of Program Service	Accomplishm	ents			_
	Check If Sche	edule O contains a respoi	se or note to any	line in this Part III .		🗹	l
1	Briefly describe the o	organization's mission					_
SEE	DETAIL STATEMENT IN	N SCHEDULE O					_
							_
							_
2	-	undertake any significar					
	·	or 990-EZ?				🗌 Yes 🗹 No	
_	•	ese new services on Scho					
3	-	cease conducting, or ma	-	-	· · · -		
						🗌 Yes 🗹 No	
	If "Yes," describe the	ese changes on Schedule	0				
4	Section 501(c)(3) an		ns are required to	report the amount of gr	est program services, as measur ants and allocations to others, th		
4a	(Code) (Expenses \$	953,849 in	cluding grants of \$) (Revenue \$	506,516)	-
	See Additional Data	, , ,	·		, ,	, ,	
							-
4b	(Code) (Expenses \$	ın	cluding grants of \$) (Revenue \$)	-
							_
							_
							-
							_
							_
							-
							-
							_
							_
	(C-1-	\		-1) (P		-
4c	(Code) (Expenses \$	ın	cluding grants of \$) (Revenue \$)	
							-
							_
							_
							-
							-
							_
							_
							-
	·						_
4d	Other program servi	ces (Describe in Schedu	e O)				-
	(Expenses \$	ınclu	ding grants of \$) (Revenue \$)	
4e	Total program ser	vice expenses ▶	953,849				_
						Form 990 (201	71

Checklist of Required Schedules

Page 3

No

Nο

Nο

Nο

Nο

No

Nο

Nο

Nο

Nο

Nο

Nο

No

Nο

Form **990** (2017)

11d

11e

11f

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18

19

to provide advice on the distribution or investment of amounts in such funds or accounts?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

Nο Nο Nο 8 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 No 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Nο permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Nο assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 11b Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c 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

12a b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

ın Part X, line 16? *If "Yes," complete Schedule D, Part IX* 😼

12a Did the organization obtain separate, independent audited financial statements for the tax year?

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

13 14a business, investment, and program service activities outside the United States, or aggregate foreign investments

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.

29

Page 4

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Part IV Checklist of Required Schedules (continued)

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 🔧

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🔧

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Yes

20a

20b

21

22

23

24a

24b

24c

24d

25a

25b

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28a

28b

28c

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35a

35h

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Yes

Yes

Form 990 (2017)

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Nο

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No

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Nο

Nο

Νo

orm	990 (2017)			Page 5
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
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 38			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
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			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
ъ	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of $$1,000$ or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
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		No
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		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		1,10
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
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?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
.1	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)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		0 (2017

01111	330 (LOI/)					raye (
Par		ance, Management, and DisclosureFor each "Yes" response to lines 2 th. or 10b below, describe the circumstances, processes, or changes in Schedul	,	" respo	nse to li	nes
	Check If	Schedule O contains a response or note to any line in this Part VI				✓
Se	ction A. Gov	erning Body and Management				
					Yes	No
1a	Enter the num	ber of voting members of the governing body at the end of the tax year	1a 4			
	body, or if the	aterial differences in voting rights among members of the governing governing body delegated broad authority to an executive committee or tee, explain in Schedule O				
b	Enter the num	ber of voting members included in line 1a, above, who are independent	1b 4			
2		, director, trustee, or key employee have a family relationship or a business r, trustee, or key employee?	relationship with any other	2		No
3		zation delegate control over management duties customarily performed by dectors or trustees, or key employees to a management company or other pe		3		No
4	Did the organia	zation make any significant changes to its governing documents since the pi	rior Form 990 was filed?	4		No
5	Did the organiz	zation become aware during the year of a significant diversion of the organi	zation's assets?	5		No
6	Did the organiz			6		No
7a	'a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?					
,				7a	Yes	
b			members, stockholders, or	7 b	Yes	
8	Did the organize the following	zation contemporaneously document the meetings held or written actions u	ndertaken during the year by			
а	The governing	body ⁷		8 a	Yes	
b	Each committe	e with authority to act on behalf of the governing body?		8 b		No
9		ficer, director, trustee, or key employee listed in Part VII, Section A, who ca mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>		9		No
Se	ction B. Poli	cies (This Section B requests information about policies not requir	ed by the Internal Revenue	e Code	⊋.)	
					Yes	No
10a	Did the organiz	zation have local chapters, branches, or affiliates?		10a		No
b		e organization have written policies and procedures governing the activities to ensure their operations are consistent with the organization's exempt pur		10b		
11a	Has the organi form?	zation provided a complete copy of this Form 990 to all members of its gove	erning body before filing the	11a	Yes	
b	Describe in Sch	nedule O the process, if any, used by the organization to review this Form 9	90			
12a	Did the organiz	zation have a written conflict of interest policy? If "No," go to line 13		12a		No
b	Were officers, conflicts?	directors, or trustees, and key employees required to disclose annually inte	rests that could give rise to	12b		
c		zation regularly and consistently monitor and enforce compliance with the p w this was done	olicy? If "Yes," describe in	12c		
13		zation have a written whistleblower policy?		13		No
14	-	zation have a written document retention and destruction policy?		14		No
15	Did the proces	s for determining compensation of the following persons include a review ar arability data, and contemporaneous substantiation of the deliberation and				
а	The organization	on's CEO, Executive Director, or top management official		15a		No
ь	Other officers	or key employees of the organization		15b		No
	If "Yes" to line	15a or 15b, describe the process in Schedule O (see instructions)				
16a	Did the organiz	zation invest in, contribute assets to, or participate in a joint venture or sim	ılar arrangement with a	16a		No
ь	If "Yes," did th	e organization follow a written policy or procedure requiring the organizatio	n to evaluate its participation			
	ın joint venture	e arrangements under applicable federal tax law, and take steps to safeguar pect to such arrangements?		16b		
Se	ction C. Disc	losure				
17	List the States	with which a copy of this Form 990 is required to be filed▶				
18	Section 6104 r available for po	equires an organization to make its Form 1023 (or 1024 if applicable), 990, ublic inspection. Indicate how you made these available. Check all that appl	and 990-T (501(c)(3)s only) y			
	Own webs	ite 🔲 Another's website 🗹 Upon request 🔲 Other (explain in Sch	edule O)			
19	Describe in Sch	nedule O whether (and if so, how) the organization made its governing docu ancial statements available to the public during the tax year	·			
20		e, address, and telephone number of the person who possesses the organiz ZATION 44095 PIPELINE PLAZA NO 140 ASHBURN, VA 20147 (571) 252-3				

(A)

Part VII

(F)

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

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

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

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

(C)

(D)

(E)

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

- List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations • List all of the organization's former officers, key employees, or 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 List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(B)

(A) Name and Title	Average hours per week (list any hours for related	than o	ne bo oth a direct	ox, in of tor/t	ot ch unle fficei trust	and a	son	Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
(1) MARK TROSTLE PRESIDENT	1 00	Х		x				0	0	0
(2) STACEY KESSINGER SECRETARY	1 00	Х		х				0	0	0
(3) STAN SETTLE TREASURER	1 00	Х		x				0	0	0
(4) RICHARD DIBELLA VICE PRESIDENT	1 00	Х		х				0	0	0
(5) IRIS GESTRAM EXECUTIVE DIRECTOR	40 00					x		0	115,500	7,427
	l							ı		Form 990 (2017)

(A)

Name and Title

compensation from the organization ▶ 0

Part VII

(F)Estimated amount of other

(E)

Reportable

compensation

Page 8

	organization and related organizations		
ightharpoonup			
\bot			
+			
+			
+			
+			
\top			
		7,427	
1			
	Yes	No	
3		No	
		No	
_		+140	
5		No	
5		No	
	sation	No	
	(No (C) ensation	
	((C)	
		Yes Yes	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

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

(C)

Position (do not check more

than one box, unless person

(D) Reportable

compensation

(B)

Average

hours per

Part		II Statement of	Revenue									rage 3
		Check if Schedul		a respo	onse or r	ote to any	line in t	hıs Part VIII				🗆
								(A) revenue	(B) Related exem function	pt on	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1:	a Federated campaign	ns	1a					reveni	ie		512-514
tributions, Gifts, Grants Other Similar Amounts		b Membership dues		1b								
3ra not		c Fundraising events		1c								
IS. (d Related organizatio		1d		1,041,592						
<u>G</u> ::a		e Government grants (co		1e								
S E		f All other contributions,										
tio S r		and similar amounts no above		1f								
혈粪		g Noncash contribution	ons included									
Contributions, Gifts, Grants and Other Similar Amounts		ın lınes 1a-1f \$										
<u>ة</u> ك	ַ_ר	Total. Add lines 1a-1	.f			<u> </u>		1,041,592				
ı.						Business	Code					
٧٠	2 a	OTHER OPERATIONAL IN	NCO				611600		28,900	28,9		
Service Revenue	b	PROGRAM EVENTS/ACTI	IVIT				611600		7,152	7,1	52	
Š	c	-				·						
₹	d	l 										
ran	e	•										
Program		All other program se					36,052					
<u> </u>		Total.Add lines 2a-2f			<u> </u>		_		1			
		Investment income (ii similar amounts) .			ınterest,	and other	.					
	4	Income from investme	ent of tax-exe	mpt b	ond proc	eeds 🕨						_
	5	Royalties				. •	· [
		_	(ı) Real		(II) F	Personal	_					
	6a Gross rents											
	Ł	Less rental expenses					1					
		Rental income or					-					
	,	(loss)										
	C	Net rental income o	r (loss)	•]					
	_	6	(ı) Securit	ies	(11)	Other	4					
	7a Gross amount from sales of				9,00	0						
		assets other than inventory										
	Ŀ	Less cost or					1					
		other basis and sales expenses				2,71						
		Gain or (loss)				6,28	5					
		Net gain or (loss)				<u> </u>		6,286				6,286
a)	oa	Gross income from for for the control of the contro		ents of								
n He		contributions reporte See Part IV, line 18		a	}							
ě	ŀ	Less direct expense		ь			-					
7		: Net income or (loss)			ents .		_					
Other Revenue	9a	Gross income from g		es			1					
U		See Part IV, line 19		а	ļ							
	Ŀ	Less direct expense	s	ь			┨					
		Net income or (loss)		activit	ies .	· •	_					
	10	Gross sales of invent returns and allowand	ory, less									
		returns and allowand	ces	a	}	464,178						
	Ŀ	Less cost of goods s	sold	Ь		621,102	┙					
		Net income or (loss)		ınveni	tory .	. •	_	-156,924	1	-148,851	-8,073	
		Miscellaneous				ess Code						_
	11	aTRANSFER FEE INCO	OME			90009	9	243,223	L	243,221		
	ŀ	RESIDENT ASSESSM	1ENTS			90009	9	119,930	D	119,930		
	(:										
					L							
		All other revenue .										
	•	Total. Add lines 11a	-11d			•		363,15	L			
	12	Total revenue. See	Instructions					1,290,157		250,352	-8,073	6 286
								1,230,131	1	_55,552	0,073	6,286 Form 990 (2017)

Part IX Statement of Functional Exper

orm 990 (2017)				Page 1		
Part IX Statement of Functional Expenses lection 501(c)(3) and 501(c)(4) organizations must complete all co	_	·	elete column (A)			
Check if Schedule O contains a response or note to any	line in this Part IX					
Oo not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses		
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21						
2 Grants and other assistance to domestic individuals See Part IV, line 22						
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16						
4 Benefits paid to or for members						
5 Compensation of current officers, directors, trustees, and key employees						
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)						
7 Other salaries and wages	440,783	398,470	42,313			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)						
9 Other employee benefits	37,425	28,069	9,356			
LO Payroll taxes	32,044	28,683	3,361			
11 Fees for services (non-employees)						
a Management						
b Legal						
c Accounting	2,525		2,525			
d Lobbying						
e Professional fundraising services See Part IV, line 17						
f Investment management fees						
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	39,518	39,518				
.2 Advertising and promotion	9,281	9,281				
3 Office expenses	42,415	40,032	2,383			
4 Information technology	1,044	1,044				
5 Royalties						
.6 Occupancy 						
7 Travel	2,196	2,196				
L8 Payments of travel or entertainment expenses for any federal, state, or local public officials	,	,				
.9 Conferences, conventions, and meetings	3,792	3,792				
20 Interest	· .	,				
1 Payments to affiliates						
2 Depreciation, depletion, and amortization	167,663	167,663				
3 Insurance	29,515	22,136	7,379			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)		25,211	.,			
a MAINTENANCE	125,103	124,676	427			
b SUPPLIES, TOOLS, & EQUI	47,353	47,353				
c PROPERTY TAXES	28,143	28,143				
d EVENTS	12,793	12,793				
e All other expenses						
25 Total functional expenses. Add lines 1 through 24e	1,021,593	953,849	67,744			
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)						

2

3

Assets

18

19

20

21

23

Liabilities 22

Fund Balances

Assets or 30

Net

27

28

29

31

32

33

34

End of year

(A)

Beginning of year

100,947

222,250

1.150.005

400

1,473,602

247.916

247.916

1.225.686

1,225,686

1.473.602

1

2

3

4

5

6

8 9

10c

11

12

13

14

15

16

17

18

19

20

21

22 23

24

25

26

27

28

29

30

31

32

33

34

Page **11**

19,828

387,790

1,476,124

1.883,742

388,236

2,907

391,143

1.492.599

1,492,599

1.883.742

Form **990** (2017)

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

1	Cash-non-interes

Cash-non-interest-bearing .

Savings and temporary cash investments . . . Pledges and grants receivable, net . . . Accounts receivable, net .

2,084,399

608.275

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L

Notes and loans receivable, net . . Inventories for sale or use .

Prepaid expenses and deferred charges . 10a Land, buildings, and equipment cost or other

basis Complete Part VI of Schedule D Less accumulated depreciation 11

10a 10b

Investments—publicly traded securities . Investments—other securities See Part IV, line 11 . Investments—program-related See Part IV, line 11 . Intangible assets Other assets See Part IV, line 11 .

12 13 14 15 16 Total assets.Add lines 1 through 15 (must equal line 34) . . . 17 Accounts payable and accrued expenses

Grants payable . . .

Deferred revenue . . .

Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees,

key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . Secured mortgages and notes payable to unrelated third parties . . . 24

Unsecured notes and loans payable to unrelated third parties . Other liabilities (including federal income tax, payables to related third parties,

and other liabilities not included on lines 17-24) Complete Part X of Schedule D

Total liabilities. Add lines 17 through 25 .

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

25 26

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

complete lines 27 through 29, and lines 33 and 34.

Organizations that follow SFAS 117 (ASC 958), check here ightharpoonup and Unrestricted net assets

Temporarily restricted net assets

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in 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 Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

c 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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

2b

2c

3a

3b

Nο

No

Form 990 (2017)

Consolidated basis

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

☐ Separate basis

consolidated basis, or both Separate basis

Audit Act and OMB Circular A-133?

Additional Data

Software Version: EIN: 45-0609461

Name: WILLOWSFORD CONSERVANCY

Software ID:

Form 990 (2017)

Form 990, Part III, Line 4a:

SEE SCHEDULE O FOR DETAIL STATEMENT

SCHEDULE D Supplemental Fina

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.

2017

DLN: 93493316030688OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **Employer identification number** WILLOWSFORD CONSERVANCY 45-0609461 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 (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 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? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure 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 Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 52283D Schedule D (Form 990) 2017

Par		Organizations Maintaining Col	lections of Art,	Histor	ical Tı	reasu	res, or	Other	Similar A	ssets (continue	d)
3		the organization's acquisition, accession (check all that apply)	n, and other record	s, check	any of	the fol	llowing th	nat are a	sıgnıfıcant ı	use of its	s collection	on
а		Public exhibition		d		Loan	or excha	nge prog	rams			
b		Scholarly research		e		Other	r					
c		Preservation for future generations										
4	Provid Part >	de a description of the organization's col KIII	lections and explai	n how th	ey furth	ner the	organiza	ation's ex	empt purpo	se in		
5		g the year, did the organization solicit o s to be sold to raise funds rather than to							ılar	☐ Ye	es 🗆	No
Pa	rt IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		orm 990), Part	IV, lıı	ne 9, or	reporte	d an amou	unt on f	Form 99	0, Part
1a		e organization an agent, trustee, custodi ded on Form 990, Part X?	an or other interme	ediary for	contril	butions	s or othe	r assets ı	not	☐ Ye	es 🗆	No
ь	If "Y∈	es," explain the arrangement in Part XIII	and complete the	following	table				Α	mount		
С	Begin	ining balance						1c				
d	Addıt	ions during the year					Γ	1d				
е	Dıstrı	butions during the year						1e				
f	Endın	g balance						1f				
2 a	Did th	ne organization include an amount on Fo	rm 990, Part X, lin	e 21, for	escrow	or cu	stodial ad	count lia	ıbılıty?	□ Ye	·	No
ь	16 "Va	s," explain the arrangement in Part XIII	Charle hara if the	ovnlanat	on has	haan	nroudod	in Dort \	/111			7
	rt V	Endowment Funds. Complete if		'			<u> </u>					
Fe	II C V	Endownient i unus. Complete ii	(a)Current year		rior yea				(d)Three year		(e)Four v	years back
1a	Beginn	ing of year balance	(=,====,===	(-)-	,		(-)		(-,,-		(-,	,
b	Contrib	putions										
С	Net inv	estment earnings, gains, and losses										
d	Grants	or scholarships										
е		expenditures for facilities ograms										
f	Admını	strative expenses										
g	End of	year balance										
2	Provid	de the estimated percentage of the curre	ent year end baland	ce (line 1	g, colu	mn (a))) held as	;				
а	Board	d designated or quasi-endowment 🕨										
b	Perm	anent endowment ▶										
С	Temp	orarily restricted endowment >										
	The p	ercentages on lines 2a, 2b, and 2c shou	ld equal 100%									
3а		nere endowment funds not in the posses iization by	sion of the organiz	ation tha	t are h	eld and	d adminis	stered fo	r the		Ye	s No
	(i) ur	nrelated organizations									a(i)	
		elated organizations									a(ii)	
ь 4		is" on 3a(ii), are the related organization Tibe in Part XIII the intended uses of the				· •				L.	3b	
_				ownient	Turius							
Pa	rt VI	Land, Buildings, and Equipment Complete if the organization answ		orm 990). Part	IV. lu	ne 11a.	See For	m 990. Pa	ırt X. lır	ne 10.	
	Descri	ption of property (a) Cost or oth (investme	ner basis (b) Co	st or other					epreciation		(d) Book v	alue ·
1a	Land											
b	Buildin	gs			98	32,467			164,752			817,715
С	Leaseh	old improvements										
		nent			64	19,090			301,346			347,744
	Other				45	52,842			142,177			310,665
Tota	al. Add	lines 1a through 1e (Column (d) must e	qual Form 990, Par	t X, colu	mn (B)	, line 1	10(c)) .		>			1,476,124

Part VII	Saa Form GGII Darf Y lina 17				
	See Form 990, Part X, line 12. (a) Description of security or category (including name of security)		(b) Book value		Method of valuation end-of-year market value
	al derivatives				
	Tied equity interests				
A)					
(B)					
(C)					
(D)					
(E)					
F)					
(G)					
(H)					
	nn (b) must equal Form 990, Part X, col (B) line 12)	•			
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on (a) Description of investment		art IV, line		990, Part X, line 13. Method of valuation
	(a) bescription of investment	(0) 50	ok value		end-of-year market value
(1)					
(2)					
(3)					
4)					
5)					
6)					
(7)					
(8)					
(9) 「otal. (Colum	on (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization answere	ed 'Yes' on Forr	n 990, Part	IV, line 11d See	Form 990, Part X, line 15
9) Total. (Column Part IX			n 990, Part	IV, line 11d See	Form 990, Part X, line 15 (b) Book value
9) Total. (Column Part IX 1)	Other Assets. Complete if the organization answere		m 990, Part	IV, line 11d See	
Fotal. (Column Part IX 1)	Other Assets. Complete if the organization answere		m 990, Part	IV, line 11d See	
Part IX 1) 2)	Other Assets. Complete if the organization answere		m 990, Part	IV, line 11d See	
(9) Fotal. (Column Part IX 1) 2) 3)	Other Assets. Complete if the organization answere		m 990, Part	IV, line 11d See	
(9) Fotal. (Column Part IX 1) 2) 3) 4)	Other Assets. Complete if the organization answere		n 990, Part	IV, line 11d See	
9) Total. (Column Part IX 1) 2) 3) 4) 5)	Other Assets. Complete if the organization answere		m 990, Part	IV, line 11d See	
(9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6)	Other Assets. Complete if the organization answere		m 990, Part	IV, line 11d See	
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answere		m 990, Part	IV, line 11d See	
9) Part IX 1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answere (a) Description		m 990, Part	IV, line 11d See	(b) Book value
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answere (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization	on .			(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X	Other Assets. Complete if the organization answere (a) Description (b) must equal Form 990, Part X, col (B) line 15	on .			(b) Book value
(9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X	Other Assets. Complete if the organization answere (a) Description (a) Description (b) Must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization See Form 990, Part X, line 25.	on .	es' on Form		(b) Book value
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal (Other Assets. Complete if the organization answere (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability	on .	es' on Form		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal (1)	Other Assets. Complete if the organization answere (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability	on .	es' on Form		(b) Book value
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) Fotal. (Column Part X 1) Federal (1) 2) 3)	Other Assets. Complete if the organization answere (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability	on .	es' on Form		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X 1) Federal (1) 2) 3)	Other Assets. Complete if the organization answere (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability	on .	es' on Form		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X 1) Federal (1) 2) 3) 4)	Other Assets. Complete if the organization answere (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability	on .	es' on Form		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X 1) Federal (2) 3) 4) 5)	Other Assets. Complete if the organization answere (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability	on .	es' on Form		(b) Book value
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 66) 7) 88) 9) Fotal. (Column Part X 1) Federal (1) Federal (2) 3) 4) 5) 6)	Other Assets. Complete if the organization answere (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability	on .	es' on Form		(b) Book value
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 6) 7) Part X 1. 1) Federal (1) 2) 3) 4) 5) 6) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7)	Other Assets. Complete if the organization answere (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability	on .	es' on Form		(b) Book value
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) Fotal. (Column Part X 1.	Other Assets. Complete if the organization answere (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability	on .	es' on Form		(b) Book value

1

2

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Schedule D (Form 990) 2017

1

Schedule D (Form 990) 2017

Page 4

а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line $\mathbf{2e}$ from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Par	Reconciliation of Expenses per Audited Financial States Complete if the organization answered 'Yes' on Form 990, Pa		Retur	n.
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			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	3)	5	
Par	t XIII Supplemental Information			
	ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provid		rt V, line	4, Part X, line 2, Part
	Return Reference Explanation			

Schedule D (Fo	orm 990) 2017	Page 5	
Part XIII	Supplemental Info		
Return Reference		Explanation	
			Schedule D (Form 990) 2017

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493316030688 OMB No 1545-0047 Supplemental Information to Form 990 or 990-EZ SCHEDULE O (Form 990 or 990-Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. EZ) ▶ Attach to Form 990 or 990-EZ. Open to Public ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at Department of the Treasury Inspection www.irs.gov/form990. Name of the organization Employer identification number WILLOWSFORD CONSERVANCY 45-0609461 990 Schedule O, Supplemental Information Return Reference **Explanation** PART III, LINE 1 THE WILLOWSFORD CONSERVANCY PROTECTS, MAINTAINS, AND PROMOTES THE VIABLE, LONG-TERM USE OF ORGANIZATION'S THE LAND. INTEGRATING FARMING. RECREATION. CONSERVATION AND EDUCATION TO ENHANCE THE QUALITY MISSION OF LIFE FOR THE RESIDENTS OF WILLOWSFORD AND THE GREATER COMMUNITY GUIDING PRINCIPLES STEWARDSHIP (RESPECT FOR THE LAND) CONSIDERING OUR COMMUNITY'S IMPACTS ON THE LAND ON SOIL, WATER, VEGETATION, WILDLIFE AND ON WHOLE NATURAL SYSTEMS, CELEBRATING LOCAL MATERIALS AND HUMAN RESOURCES AND UTILIZING APPROPRIATE TECHNOLOGIES REALIZING A POSITIVE. REGENERATIVE EFFECT ON THE LAND THROUGH ALL ASPECTS OF OUR OPERATIONS. INCLUDING LAND USE AND AGRICULTURAL PRODUCTION, SHELTER AND STRUCTURES, MATERIALS USE, ENERGY, AND HUMAN RESOURCES COMMUNITY (WHO WE ARE) CREATING AN AUTHENTIC SENSE OF PLACE AND SHARED PURPOSE BY CONNECTING PEOPLE TO THE LAND AND TO EACH OTHER THROUGH CULTURAL, ARTISTIC, MUSICAL, RECREATIONAL, CULINARY AND SOCIAL PROGRAMS, ACTIVITES, AND SERVICES THAT ENHANCE THE LIFESTYLE WITHIN, AND CONTRIBUTE TO THE BETTERMENT OF, WILLOWSFORD ADN THE SURROUNDING COMMUNITY HEALTH AND RECREATION (GO PLAY OUTSIDE) INSPIRING AND PROMOTING A HEALTHY LIFESTYLE THROUGH ENGAGING OUTDOOR RECREATIONAL OPPORTUNITIES AND ACTIVITIES TO ENRICH MIND, BODY, AND SPIRIT WHILE ENHANCING LIFELONG LEARNING CONSERVATION (LOVE OF NATURE) CREATING PROGRAMS THAT HELP FOSTER A PASSION AND COMMITMENT TO THE CONSERVATION OF WILDLIFE AND NATURAL HABITATS ENSURING THAT THEY CAN BE APPRECIATED BY FUTURE GENERATIONS. QUALITY AND INTEGRITY (BEING GREAT) STRIVING TO DO OUR BEST AND BE OUR BEST IN ALL THAT WE DO, AND TO PRODUCE HIGH QUALITY. SAFE PRODUCTS, EVENTS, AND INTERACTIONS, CREATING AN OUTSTANDING WORK AND PLAY ENVIRONMENT THAT CULTIVATES SAFE, FRIENDLY, AND ETHICAL PRACTICES BASED ON RESPECT AND DIGNITY EDUCATION (EXPLORATION, DISCOVERY AND UNDERSTANDING) TEACHING, MODELING AND SHARING IDEAS ABOUT ECOLOGICAL LITERACY, FOOD LITERACY, HISTORICAL LITERACY, SOCIAL LITERACY AND OTHER TOOLS FOR CRITICAL THINKING, TO CULTIVATE ENGAGED CITIZENS AND COMMUNITY MEMBERS FARMING (GOOD FOOD)

SUPPORTING OUR COMMUNITY WITH FOOD THAT IS FRESH, CLEAN AND HEALTHY AND THAT TASTES GREAT INTEGRATING THE FARM INTO THE FABRIC OF WILLOWSFORD TO SERVE AS A SOCIAL AND EDUCATIONAL RESOURCE FOR THE COMMUNITY SUSTAINABILITY (THE LONG HAUL) PLACING HIGH VALUE ON ECOLOGICAL AND SOCIAL HEALTH AND RECOGNIZING THAT ECONOMIC VIABILITY IS A CRITICAL PRECURSOR TO SUCCESS

Return Reference	Explanation
PART III LINE 4 PROGRAM SERVICE ACCOMPLISHMENTS	WILLOWSFORD CONSERVANCY IS THE STEWARD OF 2,000 ACRES OF OPEN SPACE, INTEGRATED WITHIN THE WILLOWSFORD NEIGHBORHOOD, AND SET ASIDE FOR CONSERVATION, RECREATION, EDUCATION AND AGRIC ULTURAL USE ITS LOCATION WITHIN LOUDOUN COUNTY'S TRANSITION ZONE MAKE IT AN IMPORTANT RES OURCE IN PROTECTING AND ENHANCING THE REGION'S NATURAL, AGRICULTURAL AND SCENIC LANDSCAPE RESOURCES FRESH FOOD PRODUCTION FROM SUSTAINABLE FARMING, RECREATION OPPORTUNITIES WITH N ATURE TRAILS, CAMPSITES, FORESTS AND WETLANDS THAT SUPPORT DIVERSE NATIVE WILDLIFE AND VEG ETATION, AND THE CONSERVANCY'S LAND STEWARDSHIP PROGRAMS-INCLUDING HABITAT RESTORATION, WI LDLIFE MANAGEMENT, AND INVASIVE SPECIES CONTROL-CONTRIBUTE POSITIVELY TO THE REGION'S QUAL ITY OF LIFE IN 2017, THE CONSERVANCY CONTINUED TO CONDUCT AND EXPAND ACTIVITIES SPECIFICA LLY SUPPORTING ITS MISSION, SUPPORTED BY 52 VOLUNTEERS FARMING IN SUPPORT OF ITS MISSION FOR LONG-TERM PROTECTION AND VIABLE USE OF THE LAND, THE CONSERVANCY FOLLOWS SUSTAINABLE F ARMING PRACTICES THAT ENHANCE THE ECOLOGICAL RESOURCES OF THE LAND AND ARE INTEGRATED WITH THE RESIDENTIAL LIFE OF THE COMMUNITY, EDUCATION, AND CONSERVATION ACTIVITIES SUSTAINABLE FARMING PRACTICES THAT ENHANCE THE CONSERVANCY'S CONSERVATION EFFORTS. THE FARM ALSO PLAYS AN ACTIVE ROLE IN THE GREATER COMMUNITY, SUPPORTING HOR SEPECIFICALLY AND SUPPORTS THE CONSERVANCY'S CONSERVATION EFFORTS. THE FARM ALSO PLAYS AN ACTIVE ROLE IN THE GREATER COMMUNITY, SUPPORTING LOCAL AGRICULTURE NOD PRODUCTION, FOOD LITERACY, HEALTHY NUTRITION, AND A VIBRANT COMMUNITY LIFE IN 2017, THE CONSERVANCY FARM SOLD MORE THAN 300 UNIQUE SHARES IN ITS COMMUNITY SUPPORTED AGRICULTURE (CSA) PROGRAM, INCLUDING VEGETABLES, EGGS, MILK, FLOWERS, AND CHICKEN SHARES, IN ADDITION TO SUPPORTING FAMILIES THAN AS OUT OF THE FARM STAND ABOUT HALF OF THE CSA MEMBERS CONTINUE TO BE NON-RESIDENTS FROM OUTSIDE WILLOWSFORD IN ADDITION, THE CONSERVANCY DONATED FRESH FARM FOOD TO AREA FOOD BANKS THE CONSERVANCY FARM CONTINUED ITS LAND MANAGEMENT PROGRAM WITH A HERD OF GOATS USED FO

	1
Return Reference	Explanation
PART III LINE 4 PROGRAM SERVICE ACCOMPLISHMENTS	CONSERVATION, NUTRITION AND CULINARY ARTS, AND RESPONSIBLE OUTDOOR RECREATION THROUGH TH ESE ACTIVITIES, THE CONSERVANCY AIMS TO FACILITATE INFORMED DECISION-MAKING AND INSPIRE PE OPLE TO BECOME LIFELONG ADVOCATES FOR ENVIRONMENTAL SUSTAINABILITY, CONSERVATION AND HEALT HY LIFESTYLES WILLOWSFORD CONSERVANCY OFFERS OUTDOOR ENVIRONMENTAL EDUCATION PROGRAMS FOR ALL AGES TO CULTIVATE CITIZEN STEWARDSHIP, ENVIRONMENTAL LITERACY AND A DEEP EMOTIONAL CO NNECTION TO THE NATURAL WORLD PROVIDING RESIDENTS WITH INFORMATION AND RESOURCES TO CREAT E AND MANAGE ENVIRONMENTALLY FRIENDLY HOME LANDSCAPES CONTRIBUTES POSITIVELY TO OVERALL HA BITAT HEALTH AND CONNECTIVITY NOT ONLY AT WILLOWSFORD BUT IN THE REGION THROUGH PARTNERSH IPS WITH ORGANIZATIONS INCLUDING BANSHEE REEKS NATURE PRESERVE, THE VIRGINIA DEPARTMENT OF GAME AND INLAND FISHERIES, THE DEPARTMENT OF FORESTRY, THE SMITHSONIAN CONSERVATION BIOLO GY INSTITUTE, LOUDOUN WILDLIFE CONSERVANCY (LWC), BLUE RIDGE WILDLIFE CENTER, PIEDMONT ENV IRONMENTAL COUNCIL AND OTHERS, THE CONSERVANCY RECEIVES INSIGHTS AND BUILDS EXPERTISE ON HOW IT CAN BEST PROMOTE NATIVE HABITAT AND WILDLIFE IN THE COMMUNITY THROUGHOUT 2017, WILL OWSFORD CONSERVANCY DELIVERED A VARIETY OF PROGRAMS WITH LWC, THE BLUEBIRD NEST BOX MONIT ORING PROGRAM CONTINUED WITH THE TWO ESTABLISHED NEST BOX TRAILS IN THE GRANGE AND GROVE VILLAGES, FOR PEOPLE TO LEARN ABOUT LOCAL CAVITY NESTERS, AND TO SUPPORT NATIVE SONGBIRDS WITH HABITAT AND NESTING SITES RESIDENTS VOLUNTEERED THEIR TIME MONITORING AND MAINTAINING THE NESTING BOXES AND TRAIL LOOPS THE WET MEADOW HABITAT RESTORATION PROJECT IN THE GRAN GE CONTINUED WITH IMPROVEMENTS TO THE NATIVE WILDFLOWER MEADOW - PARTIALLY FUNDED THROUGH A GRANT FROM THE LOUDOUN COUNTY SOIL AND WATER CONSERVATION DISTRICT UPGRADES INCLUDED PL ANTING OF ADDITIONAL NATIVE WILDFLOWERS, GRASSES AND SHRUBS AS WELL AS INSTALLATION OF STEPPING STONES, SEATING BOULDERS, A SEATING WALL, AND INTERPRETIVE SIGNS TO IMPROVE EDUCATIONAL NATIVE WILDFLOWERS, GRASSES AND SHRUBS AS WELL AS INSTALLAT

Return Reference	Explanation
PART III LINE 4 PROGRAM SERVICE ACCOMPLISHMENTS	IN CONSERVANCY FIELDS AND FORESTS SURVEYS INCLUDED BREEDING BIRDS, BUMBLE BEE, INVASIVE PLANT AND MAMMAL SURVEYS IN THEIR SURVEY REPORT. VWL RECORDED 38 BREEDING BIRD SPECIES AT WILLOWSFORD CONSERVANCY, 10 OF WHICH ARE SPECIES OF REGIONAL AND CONTINENTAL CONCERN SEV EN BUMBLEBEE SPECIES WERE OBSERVED, INCLUDING 3 SPECIES NOT COMMONLY SEEN IN THE AREA THE MAMMAL SURVEY NOTED 10 MAMMAL SPECIES THAT WERE PHOTOGRAPHED ON CAMERA TRAPS, WITH WHITE- TAILED DEER BEING THE MOST COMMON IN JULY, THE CONSERVANCY PRESENTED A WEEKLONG OUTDOOR NATURE EXPLORATION SUMMER CAMP FOR AGES 9-12, TITLED "LOST AND FOUND IN THE WILDS OF WILLOW SFORD" YOUNG NATURALISTS LEARNED ABOUT OUTDOOR SURVIVAL SKILLS, LOCAL PLANTS AND ANIMALS, WATER AND NATURALISTS LEARNED ABOUT OUTDOOR SURVIVAL SKILLS, LOCAL PLANTS AND ANIMALS, WATER AND NATURAL HABITATS THROUGHOUT WILLOWSFORD'S TRAILS, WOODS AND WETLANDS IN ADDITION, THE CONSERVANCY PROGRAMMED THREE DAYS OF THE WEEKLONG "DISCOVER" CAMP FOR AGES 9-12, W HERE CHILDREN LEARNED ABOUT SUSTAINABLE FARMING AND GROWING OF FOOD, AS WELL AS KAYAKING, CANOEING, FISHING, WILDLIFE AND PLANT IDENTIFICATION THROUGH TOURS OF THE FARM AND KITCHEN, HARVESTING AND COOKING FRESH FOOD, WATER ACTIVITIES ON WILLOW LAKE, AND WOODLAND EXPLORATION IN JULY, THE CONSERVANCY COMMISSIONED THE SMITHSONIAN CONSERVANCY OPEN SPACE THE STUDY HELPS INFORM THE CONSERVANCY'S DEER POPULATION ON CONSERVANCY OPEN SPACE THE STUDY HELPS INFORM THE CONSERVANCY'S DEER POPULATION MANAGEMENT PROGRAM WHICH STARTED IN 2016 IN PARTNERSHIP WITH THE VIRIGINIA DEPARTMENT OF GAME AND INLAND FISHERIES, TO PROTECT THE CON SERVANCY'S NATURAL FOREST ECOSYSTEMS FROM DEER OVER-BROWSING AN AUGUST 6 NATURE WALK, GUI DED BY LWC VOLUNTEERS, WAS FOLLOWED BY THE AUGUST 26 GRANGE WET MEADOW GUIDED WALK AND POL LINATOR EDUCATION ACTIVITIES, PRESENTED BY CONSERVANCY STAFF AND VOLUNTEERS WITH NATIVE ME ADOW LANDSCAPE DESIGNER SUSAN ABRAHAM A MIGRATORY BIRD WALK ON SEPTEMBER 17 WAS FOLLOWED BY OUR ANNUAL COMMUNITY FOR FOR SUSCEPTED FOR SUSCEPTED BY WATERMARK WOODS

Return Reference	Explanation
PART III LINE 4 PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)	OUTDOOR RECREATION OUTDOOR RECREATION PROGRAMS AND EVENTS ENRICH WILLOWSFORD'S SENSE OF COMMUNITY AND HEALTHY LIFESTYLE THE CONSERVANCY CONTINUES TO MAKE SIGNIFICANT INVESTMENTS IN THE CONSTRUCTION AND MANAGEMENT OF ITS TRAIL SYSTEM FOR RECREATIONAL AND EDUCATIONAL USE, INCLUDING SIGNAGE, MAPS FOR ORIENTATION AND INFORMATION, GUIDED TRAIL WALKS, AND AMENITIES THAT FACILITATE THE USE OF THE TRAILS THE CONSERVANCY CONTINUES TO PARTNER WITH ADVENTURE ENABLERS (FORMERLY "REV3 ADVENTURE") TO OFFER ADVENTURE RACES ON THE CONSERVANCY TRAILS ADVENTURE RACING MIXES CERTAIN OUTDOOR SPORTS INTO A CHALLENGING AND EXCITING EXPERIENCE TO ENCOURAGE COMMUNITY MEMBERS TO BECOME AND STAY ACTIVE MOUNTAIN BIKING, TRAIL RUNNING, TREKKING, AND WATER SPORTS ARE BUILT OFF A NAVIGATION FOUNDATION, MAKING FOR A FAMILY-FRIENDLY OUTDOOR MULTISPORT EXPERIENCE THAT FACILITATES INDIVIDUAL ACTIVITY AND TEAM WORK IN 2017, THE PARTNERSHIP PRESENTED 10 EVENTS IN THE SPRING AND FALL, INCLUDING 5K, 10K AND HALF-MARATHON RACES, A VARIETY OF MOUNTAIN BIKE RACES FOR CHILDREN AND ADULTS, A FAMILY TENDERFOOT ADVENTURE RACE, AND A FAMILY GLOW RUN EVENT THE FAMILY-FRIENDLY GRANT CAMPSTIE CONTINUES TO BE POPULAR WITH RESIDENTS, ENCOURAGING FAMILIES TO CAMP, HIKE, OBSERVE WILDLIFE, AND EXPLORE THE OUTDOORS THE WALK-IN TENT SITE INCLUDES SEVEN FAMILY-SIZE TENT PADS, LOCATED ON THE GRANT LOOP TRAIL WITH OPPORTUNITIES FOR HIKING, TRAIL RUNNING, MOUNTAIN BIKING, NATURE EXPLORATION AND WILDLIFE WATCHING THE CONSERVANCY PARTNERS WITH LOCAL CHAPTERS OF THE BOY SCOUTS OF AMERICA TO PROMOTE OUTDOOR ETHICS AND CONSERVATION ONE OF THE MAIN TENETS IN SCOUTING IS TO GIVE BACK TO THE COMMUNITY IN THE FORM OF SERVICE THE CONSERVANCY TEAMS UP WITH THE SCOUTS TO PROVIDE OPPORTUNITIES TO PERFORM TRAIL MAINTENANCE, WILDLIFE HABITAT RESTORATION AND CONSERVATION PROJECTS ORGANIZATIONAL DEVELOPMENT AND CAPACITY BUILDING IN 2017, THE CONSERVANCY COMPLETED A NEW 2,600 SF MAINTENANCE FACILITY TO SUPPORT ITS LAND MANAGEMENT AND CONSERVATION FOR THE 2018 BUDGET YEAR WORK ON A CONSER

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	WILLOWSFORD, LLC (FOUNDER), IS AUTHORIZED TO APPOINT, REMOVE, AND REPLACE ALL OF THE TRUSTEES FOR SO LONG AS IT, ANY OF ITS AFFILIATES, OR ANY CONSENTING OWNERS OWN REAL PROPERTY IN WILLOWSFORD, OR THE FOUNDER HAS AN UNEXPIRED OPTION TO EXPAND WILLOWSFORD PURSUANT TO COMMUNITY COVENANT, OR UNTIL SUCH EARLIER TIME AS IT RELINQUISHES SUCH RIGHT IN ADDITION, THE FOUNDER RETAINS THE FOLLOWING RIGHTS -FOR SO LONG AS THE FOUNDER, OR ANY FOUNDER AFFILIATE, OWNS REAL PROPERTY IN WILLOWSFORD, OR THE FOUNDER HAS AN UNEXPIRED OPTION TO EXPAND WILLOWSFORD PURSUANT TO A COMMUNITY COVENANT, THE FOUNDER'S CONSENT IS REQUIRED TO DISSOLVE THE CONSERVANCY, OR FOR ANY MERGER OR CONSOLIDATION OF THE CONSERVANCY -NO AMENDMENT TO THE CONSERVANCY'S BYLAWS MAY REMOVE, REVOKE, OR MODIFY ANY RIGHT OR PRIVILEGE OF THE FOUNDER WITHOUT THE WRITTEN CONSENT OF THE FOUNDER (OR THE ASSIGNEE OF SUCH RIGHT OR PRIVILEGE)

Return

Reference	
FORM 990,	WILLOWSFORD, LLC (FOUNDER), IS AUTHORIZED TO APPOINT, REMOVE, AND REPLACE ALL OF THE TRUSTEES FOR
PART VI,	SO LONG AS IT, ANY OF ITS AFFILIATES, OR ANY CONSENTING OWNERS OWN REAL PROPERTY IN WILLOWSFORD,
SECTION A,	OR THE FOUNDER HAS AN UNEXPIRED OPTION TO EXPAND WILLOWSFORD PURSUANT TO COMMUNITY COVENANT,
LINE 7B	OR UNTIL SUCH EARLIER TIME AS IT RELINQUISHES SUCH RIGHT IN ADDITION, THE FOUNDER RETAINS THE
	FOLLOWING RIGHTS -FOR SO LONG AS THE FOUNDER, OR ANY FOUNDER AFFILIATE, OWNS REAL PROPERTY IN
	WILLOWSFORD, OR THE FOUNDER HAS AN UNEXPIRED OPTION TO EXPAND WILLOWSFORD PURSUANT TO A
	COMMUNITY COVENANT, THE FOUNDER'S CONSENT IS REQUIRED TO DISSOLVE THE CONSERVANCY, OR FOR ANY
	MERGER OR CONSOLIDATION OF THE CONSERVANCY -NO AMENDMENT TO THE CONSERVANCY'S BYLAWS MAY
	REMOVE, REVOKE, OR MODIFY ANY RIGHT OR PRIVILEGE OF THE FOUNDER WITHOUT THE WRITTEN CONSENT OF
I	THE FOUNDER (OR THE ASSIGNEE OF SUCH RIGHT OR PRIVILEGE)

Explanation

Return Explanation

FORM 990, PART VI, SECTION A, LINE 8B

Return Explanation
Reference

FORM 990, PART VI, PREPARE THE FORM THE ORGANIZATION'S TREASURER REVIEWS THE RETURN AS PREPARED BY THE PREPARER SECTION B, A COPY OF THE RETURN IS THEN PROVIDED TO ALL MEMBERS OF THE BOARD OF TRUSTEES PRIOR TO FILING LINE 11B

Return Explanation
Reference

FORM 990, THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST SECTION C, LINE 18

Return
Reference

Explanation

Explanation

LINE 19

FORM 990, FINANCIAL STATEMENTS ARE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST PART VI, SECTION C.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493316030688 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2017 (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Department of the Treasury Inspection Internal Revenue Service **Employer identification number** Name of the organization WILLOWSFORD CONSERVANCY 45-0609461 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (f) (b) (e) Name, address, and EIN (if applicable) of disregarded entity Legal domicile (state Direct controlling Total income End-of-year assets Primary activity or foreign country) entity

Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	s Complete if the o	rganization answere	ed "Yes" on Form 9	990, Part IV, line 34	because it had one or	- more
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b) (13) controlled entity?

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related unrelated, excluded from tax under sections 512- 514)			Disprop alloca	itions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		ral or aging ner?	(k) Percenta ownersh							
(1) TIMBER RIDGE AT WILLOWSFORD MM LLC		REAL ESTATE	NY					Yes	No No		Yes	No No								
131 JERICHO TURNPIKE PH 1 JERICHO, NY 11753 81-2177824		NEXE ESTATE																		
(2) TIMBER RIDGE AT WILLOWSFORD LLC		REAL ESTATE	NY						No			No								
131 JERICHO TURNPIKE PH 1 JERICHO, NY 11753 81-2164437																				
(3) WILLOWSFORD OPERATIONS LLC		MANAGEMENT	VA						No			No								
44095 PIPELINE PLAZA SUITE 140 ASHBURN, VA 20147 81-1481673																				
(4) LOUDOUN CONSERVANCY LLC		NOT FOR PROFIT	VA						No			No								
44095 PIPELINE PLAZA SUITE 140 ASHBURN, VA 20147 81-1492312		ACTIVITES																		
(5) WILLOWSFORD MANAGEMENT LLC		MANAGEMENT	VA						No			No								
44095 PIPELINE PLAZA SUITE 140 ASHBURN, VA 20147 81-1546225																				
Part IV Identification of Related Organiza because it had one or more related or						zation ansv	wered "Ye	s" on I	Form 9	990, Part I\	/, line	e 34								
(a) Name, address, and EIN of related organization	(b) Primary activity	Le dom (state o	gal gal nicile r foreign		entity (C c	(e) e of entity orp, S corp, or trust)	(f) Share of tota Income	ıl Shai	(g) re of end year assets	d-of- Perc	(h) entage ership		(ı) Section 51 (13) contr entity							
		Cour		- Country)		Country)	country)			itry)										Yes
								- 1												

(1)WILLOWSFORD OPERATIONS LLC

(2)WILLOWSFORD OPERATIONS LLC

(3)WILLOWSFORD OPERATIONS LLC

(4)WILLOWSFORD HOME OWNER'S ASSOCIATION INC

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . .

Name of related organization

Reimbursement paid to related organization(s) for expenses . . .

Reimbursement paid by related organization(s) for expenses .

r Other transfer of cash or property to related organization(s) . . .

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.							
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No				
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?							
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No				
b Gift, grant, or capital contribution to related organization(s)	1b		No				
c Gift, grant, or capital contribution from related organization(s)	1c	Yes					
d Loans or loan guarantees to or for related organization(s)	1d		No				
e Loans or loan guarantees by related organization(s)	1e		No				
f Dividends from related organization(s)	1f		No				
g Sale of assets to related organization(s)	1g		No				
h Purchase of assets from related organization(s)	1h		No				
i Exchange of assets with related organization(s)	1i		No				
			-				

Page 3

Yes

No

No

No

1n 10 Yes

1r

1s Yes

Schedule R (Form 990) 2017

(d)

Method of determining amount involved

j Lease of facilities, equipment, or other assets to related organization(s) |1j No No **k** Lease of facilities, equipment, or other assets from related organization(s) 11 No 1m No

(b)

Transaction

type (a-s)

C

0

(c)

Amount involved

1,041,592

0

694,394

119.930

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

was not a related organization. See instructions regarding exclusion for certain investment partiterships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
	Schedule R (Form 990) 2017												0) 2017

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017