DLN: 93493135039439 OMB No. 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 D Employer identification number B Check if applicable WILLOWSFÖRD CONSERVANCY □ Address change 45-0609461 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 44095 PIPELINE PLAZA NO 140 ☐ Amended return ☐ Application pending (571) 252-3980 City or town, state or province, country, and ZIP or foreign postal code ASHBURN, VA $\,$ 20147 G Gross receipts \$ 2,585,542 Name and address of principal officer H(a) Is this a group return for DANIEL J AUTINO ☐Yes ☑No subordinates? 44095 PIPELINE PLAZA NO 140 H(b) Are all subordinates ASHBURN, VA 20147 ☐Yes ☐No ıncluded? ☐ 501(c)(3) **☑** 501(c)(4) **◄** (Insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW WILLOWSFORD COM/VISION/CONSERVANCY L Year of formation 2010 M State of legal domicile VA Summary 1 Briefly describe the organization's mission or most significant activities TO GENERATE, PRESERVE & ENHANCE THE WILLOWSFORD COMMUNITY THROUGH PROGRAMS, ACTIVITIES & SERVICES Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 7 4 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 **6** Total number of volunteers (estimate if necessary) 6 67 Total unrelated business revenue from Part VIII, column (C), line 12 15,627 **b** Net unrelated business taxable income from Form 990-T, line 34 -54,249 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 1,041,592 1,537,230 Ravenua 17,716 9 Program service revenue (Part VIII, line 2g) . 36,052 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 6,286 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 206,227 516,129 1,290,157 2,071,075 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 510,252 521,665 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 511,341 650,569 1,021,593 1,172,234 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 268,564 898,841 Net Assets or Fund Balances Beginning of Current Year End of Year 1,883,742 3,132,858 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 391,143 741,418 22 Net assets or fund balances Subtract line 21 from line 20 . 1,492,599 2,391,440 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-05-15 Signature of officer Sign Here DANIEL J AUTINO VICE PRESIDENT, FINANCE Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf P01292788 Paid self-employed Firm's name MITCHELL & CO PC Firm's EIN ► 54-1853459 Preparer Use Only Firm's address ▶ 110 EAST MARKET ST 200 Phone no (703) 777-4900 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 Form 990 (2018)

Form	990 (2018)					Page 2
Pai	t III Statement	of Program Service	e Accomplis	hments		
	Check If Sche	dule O contains a respo	onse or note to	any line in this Part III .		🗹
1	Briefly describe the o	organization's mission				
SEE [DETAIL STATEMENT IN	SCHEDULE O				
2	-	· -		vices during the year wh		
						☐ Yes 🗹 No
_	•	ese new services on Sch				
3	<u>-</u>	- :	-	changes in how it conduc	cts, any program	
						🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Schedul	e O			
4	Section $501(c)(3)$ an		ons are required	to report the amount of	argest program services, as measu grants and allocations to others, t	
4a	(Code) (Expenses \$	1,118,778	including grants of \$) (Revenue \$	415,572)
	See Additional Data					
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4-	(C-1-) /Funance #) (Paulanua #	
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d		ces (Describe in Schedi	•			
	(Expenses \$		uding grants of	·) (Revenue \$)
4e	Total program serv	vice expenses ▶	1,118,7	78		Form 990 (2018)

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Pai	tIV 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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
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		No
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		
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
	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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🥞	11c		No
	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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
f	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	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a		No
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		No
13	Is the organization a school described in section $170(b)(1)(A)(u)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No

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,"

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,

18

19

20a

20b

21

22

No

Νo

No

Νo

No

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

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

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

18

19

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orm 9	90 (2018)			Page 4
Part	Checklist of Required Schedules (continued)			
			Yes	No
	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? <i>If "Yes," complete Schedule J</i>	23		No
•	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	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 to defease any tax-exempt bonds?	24c		
d	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 transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
•	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
1	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
	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 of any of these persons? If "Yes," complete Schedule L, Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L,</i> Part IV	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	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		
1	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		
	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		No
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Part	V Statements Regarding Other IRS Filings and Tax Compliance			

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

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? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

14b

15

Nο

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ırt VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sched Check if Schedule O contains a response or note to any line in this Part VI	lule O	See instructions	5		lines
ectio	n A. Governing Body and Management					
					Yes	No
Ente	er the number of voting members of the governing body at the end of the tax year	1a		7		
bod	nere are material differences in voting rights among members of the governing y, or if the governing body delegated broad authority to an executive committee or ilar committee, explain in Schedule O					

1a	Enter the number of voting members of the governing body at the end of the tax year	1a		7		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b		7		
2	Did any officer, director, trustee, or key employee have a family relationship or a busine officer, director, trustee, or key employee?			2		No
3	Did the organization delegate control over management duties customarily performed b of officers, directors or trustees, or key employees to a management company or other			on 3		No
4	Did the organization make any significant changes to its governing documents since the	prior F	Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization	nızatıo	n's assets? .	5		No
6	Did the organization have members or stockholders?			6		No
7a	Did the organization have members, stockholders, or other persons who had the power members of the governing body?		t or appoint one or mor	re 7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by persons other than the governing body?			7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions the following	undert	aken during the year b	У		
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i> 0			9		No
Se	ction B. Policies (This Section B requests information about policies not requ	ured b	y the Internal Rever	านe Cod	e.)	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		No
b	If "Yes," did the organization have written policies and procedures governing the activiti and branches to ensure their operations are consistent with the organization's exempt p			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its go form?	vernin	g body before filing the	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form	990				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 .			12a		No
b	Were officers, directors, or trustees, and key employees required to disclose annually in conflicts?	terests	that could give rise to	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the Schedule O how this was done	policy •	? If "Yes," describe in	12c		
13	Did the organization have a written whistleblower policy?	_		13		No

7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8 a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	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 organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction 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 Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s			

only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year 19

State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION 44095 PIPELINE PLAZA NO 140 ASHBURN, VA 20147 (571) 252-3980 20

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Part VII

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours		ne b	ox, ι n of tor/t	t ch unle: ficer	s pers	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) MARK TROSTLE PRESIDENT	1 00	Х		x				0	0	0
(2) STACEY KESSINGER SECRETARY	1 00	Х		x				0	0	0
(3) STANLEY SETTLE TREASURER	1 00	х		х				0	0	0
(4) RICHARD DIBELLA VICE PRESIDENT	1 00	Х		х				0	0	0
(5) CLAUDETTE PAPATHANASOPOULOUS DIRECTOR	1 00	х						0	0	0
(6) CHRIS BODLEY DIRECTOR	1 00	x						0	0	0
(7) MARY HEGEDUS DIRECTOR	1 00	Х						0	0	0
(8) IRIS GESTRAM EXECUTIVE DIRECTOR	40 00			х				0	121,000	8,352

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Part VII Section A. Officers, Direc	tors, Trustees	, Key E	mpl	oyee	s, and	High	nest Compensate	d Employees (co	ntinued)
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	than o	ne bo oth a	x, un n offic	hest con ployee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations

	ual trustee otor	acnal Trustee	pioyee	ee compensated			
_							

1b Sub-Total			>			
d Total (add lines 1b and 1c)	 		▶ _	0	121,000	8,352

b Sub-Total				•		
c Total from continuation sheets to Pa	art VII , Section	Α		▶[
d Total (add lines 1b and 1c)				>	0	121,00

1b	Sub-Total						•			
С	Total from continuation sheets to Pa	art VII , Section	Α				▶[
d	Total (add lines 1b and 1c)						•	0	121,000	8,352
2	Total number of individuals (including of reportable compensation from the c			e list	ed a	bove	e) who	received more than	\$100,000	

c Total from continuation sheets to Part VII, Section A ▶			
d Total (add lines 1b and 1c)	0	121,000	8,352
2 Total number of individuals (including but not limited to those listed above) who received freportable compensation from the organization ▶ 0	ived more than \$100,0	000	

c ·	Total from continuation sheets to Part VII, Section A ▶									
d.	Total (add lines 1b and 1c)	0		8,352						
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0									
			Yes	No						
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on									

С	Iotal from continuation sneets to Part VII, Section A								
d	Total (add lines 1b and 1c)	00		8,352					
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0								
			Yes	No					
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on								

ď	Total (add lines 1b and 1c)	0		8,352				
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0							
			Yes	No				
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on							

q.	Total (add lines 1b and 1c)	00		8,352
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \blacktriangleright 0			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	_		

4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such					
	ındıvıdual	4		No		
5	5		No			
Section B. Independent Contractors						
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of contractors.	npensa	ation			

5	5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person								
Se	Section B. Independent Contractors								
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year								

	services rendered to the organization?If "Yes," complete Schedule J for such person		5	No				
Section B. Independent Contractors								
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year							
	(A) Name and business address	(B) Description of services	(Compe					

1	from the organization. Report compensation for the calendar year ending with or within the organization's tax year.					
	(A) Name and business address	(B) Description of services	(C) Compensation			

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2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

Part	VIII								
		Check if Schedule	e O contains a	respo	onse or note to any	(A)	(B)		⊔ (D)
						Total revenue	Related or exempt	Unrelated business	Revenue excluded from
							function	revenue	tax under sections
	1:	Federated campaigr	ns	1a			revenue		512 - 514
nts		b Membership dues .		1 b					
Gra		c Fundraising events		1c					
ts, T		d Related organization	ns	1d	1,537,230				
ija ji		e Government grants (co	ontributions)	1e					
ıns, Sin	1	F All other contributions, and similar amounts no	gifts, grants,						
utic ier		above	ot included	1f					
들충	!	9 Noncash contribution in lines 1a - 1f \$	ns included						
Contributions, Gifts, Grants and Other Similar Amounts		h Total. Add lines 1a-	1f		•				
					Business	1,537,230			
돌	2 a	PROGRAM EVENTS/ACTI	VIT		Business		13,757	13,757	
A. A.		OTHER OPERATIONAL IN				611600	3,959	3,959	
- E	_					611600			
Program Service Revenue	d			_					
SE	e								
gra	f	All other program ser	vice revenue						
ĕ	g	Total. Add lines 2a-2	f		>	17,716			
	3	Investment income (ir	ncluding divid	ends, ı	nterest, and other				
		similar amounts) . Income from investme			and proceeds				
		Royalties					1		
			(ı) Real		(II) Personal				
	6a	Gross rents							
	Ŀ	Less rental expenses				1			
		Rental Income or				_			
	•	(loss)							
	C	Net rental income or	· ,]			
	7-	Gross amount	(ı) Securit	ies	(II) Other	-			
	/ a	Gross amount from sales of assets other							
		than inventory							
	Ŀ	Less cost or other basis and				1			
		sales expenses				-			
		Gain or (loss) Net gain or (loss)			•	-			
		Gross income from fu	ındraising eve						
ne		(not including \$ contributions reporte	d on line 1c)	of					
Other Revenue		See Part IV, line 18		а					
å		Less direct expenses		b		╛			
her		: Net income or (loss) : Gross income from g			ents 🕨	1			
ō		See Part IV, line 19							
	L	• I	_	a		-			
		Less direct expenses : Net income or (loss)		b activit	les	J			
		Gross sales of invent	ory, less						
		returns and allowance	es	a	397,856				
	Ŀ	Less cost of goods s	old	b	-	_			
		: Net income or (loss)		ınvent	ory >	-116,61	1 -132,23	15,627	
		Miscellaneous			Business Code				
	11	aRESIDENT ASSESSM	1ENTS		90009	9 344,76	0 344,76	50	
	_					0	0	20	
	Ŀ	TRANSFER FEE INCO	ME		90009	9 287,98	0 287,98	30	
						-	1		
	•	:							
		All other revenue .							
		Total. Add lines 11a-			<u> </u>	1	+		
		Total revenue. See				632,74	0		
				- '		2,071,07	5 518,22	15,627	0 Form 990 (2018)

Part IX	Statement of Functional Expenses
C + F O :	(-)(3) F04(-)(4)

orm 990 (2018)				Page 1
Part IX Statement of Functional Expenses ection 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	ınızatıons must comp	elete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX .			\square
Do 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	129,352	127,264	2,088	
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	340,226	312,909	27,317	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	19,197	14,398	4,799	
L 0 Payroll taxes	32,890	30,546	2,344	
L1 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	1,847		1,847	
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)	38,350	36,198	2,152	
.2 Advertising and promotion	6,705	6,705		
3 Office expenses	43,855	42,517	1,338	
4 Information technology	9,179	9,179		
5 Royalties	5,175	3,2.3		
6 Occupancy				
.7 Travel	3,406	3,406		
8 Payments of travel or entertainment expenses for any federal, state, or local public officials	5,100	3,133		
9 Conferences, conventions, and meetings	14,790	14,790		
O Interest	= 1,7.23	2.7,.23		
1 Payments to affiliates				
2 Depreciation, depletion, and amortization	222,489	222,489		
23 Insurance	38,371	28,778	9,593	
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)	30,371	25,776	3,333	
a MAINTENANCE	204,338	202,360	1,978	
b PROPERTY TAXES	41,558	41,558		
c SUPPLIES, TOOLS, & EQUI	16,919	16,919		
d EVENTS	8,762	8,762		
e All other expenses				
75 Total functional expenses. Add lines 1 through 24e	1,172,234	1,118,778	53,456	
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)				

Form 990 (2018)

19

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25

Liabilities 22

Net Assets or Fund

30

31

32

33

34

Deferred revenue .

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties

Organizations that do not follow SFAS 117 (ASC 958), check here > \quad \text{and complete lines 30 through 34.}

Capital stock or trust principal, or current funds . . .

Total net assets or fund balances

Total liabilities and net assets/fund balances

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

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

		Check if Schedule O contains a response or not	e to an	y line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			19,828	1	119,165
	2	Savings and temporary cash investments .		[2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		[387,790	4	733,682
	5 6	Loans and other receivables from current and for trustees, key employees, and highest compensate Part II of Schedule L	ated em fied per	nployees Complete rsons (as defined under		5	
ssets	7	section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations Part II of Schedule L Notes and loans receivable, net		6			
\$S 6	8	Inventories for sale or use				8	
¥	9	Prepaid expenses and deferred charges		F		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	3,110,657			
	b	Less accumulated depreciation	10b	830,764	1,476,124	10 c	2,279,893
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities See Part IV, line	11 .			12	
	13	Investments—program-related See Part IV, line	e 11 .			13	
	14	Intangible assets		[14	
	15	Other assets See Part IV, line 11			0	15	118
	16	Total assets.Add lines 1 through 15 (must equ	ial line 3	34)	1,883,742	16	3,132,858
	17	Accounts payable and accrued expenses			388,236	17	736,924
	18	Grants navable				18	

		Complete Part X or Schedule D			
	26	Total liabilities.Add lines 17 through 25	391,143	26	741,418
lances	27	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	1,492,599	27	2,391,440
Bal	28	Temporarily restricted net assets		28	
ᅙ	29	Permanently restricted net assets		29	

2.907

19

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22 23

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33

34

1,492,599

1,883,742

4.494

2,391,440

3,132,858

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Form	990 (2018)				Page 12
Pa	Reconcilliation 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			,071,075
2	Total expenses (must equal Part IX, column (A), line 25)	2			,172,234
3	Revenue less expenses Subtract line 2 from line 1	3			898,841
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,	,492,599
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		2	,391,440
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>	
				Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ 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		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a		No

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 in Schedule O and describe any steps taken to undergo such audits

lo__

Form **990** (2018)

3b

Additional Data

Software Version: EIN: 45-0609461

Software ID:

Name: WILLOWSFORD CONSERVANCY

Form 990 (2018)

Form 990, Part III, Line 4a:

SEE SCHEDULE O FOR DETAIL STATEMENT

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

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.

DLN: 93493135039439 OMB No 1545-0047

Internal Revenue Service

(Form 990)

▶ Attach to Form 990.

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

Open to Public Department of the Treasury Inspection 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 7 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 7/25/06, 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 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 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) 2018

Par	t IIII	Organizations M	aintaining Col	lections o	of Art, I	Histori	cal T	reası	ires, oi	r Other	Similar A	ssets (ca	ntınued)	
3		the organization's acq (check all that apply)	juisition, accessioi	n, and other	records	, check	any of	the fo	llowing t	that are a	significant	use of its	collection	
а		Public exhibition				d		Loan	or exch	ange prog	ırams			
b		Scholarly research				е		Othe	r					
c		Preservation for future	e generations											
4		e a description of the		lections and	l explain	how the	ey furtl	ner the	e organız	zation's ex	kempt purpo	ose in		
5		g the year, did the org to be sold to raise fui									ular	☐ Yes		No
Pai	rt IV	Escrow and Cust Complete if the or X, line 21.			" on For	m 990	, Part	IV, lı	ne 9, o	r reporte	ed an amo		orm 990,	, Part
1a		organization an agent ed on Form 990, Part		an or other	ıntermed	liary for	contri	bution	s or othe	er assets	not	☐ Yes	r	No
Ь	If "Ver	s," explain the arrange	ement in Part VIII	and comple	ate the fo	llowing	table					Amount		_
c		ning balance	ement in Fart XIII	and comple	ete the it	Mowning	table			1c		anount		_
d	_	ons during the year								1d				
е		outions during the year	r							1e				_
f		p balance								1f				_
2a	Did th	e organization include	an amount on Fo	rm 990, Par	rt X, line	21, for	escrow	or cu	ıstodıal a	ccount lia	ability?	☐ Yes	□ r	— No
b	If "Yes	s," explain the arrange	ement in Part XIII	Check here	e if the e	xplanati	on has	been	provide	d in Part)	ΧΙΙΙ			
Pa	rt V	Endowment Fun	ds. Complete ıf	the organ	ızatıon	answer	ed "Y	es" or	n Form	990, Par	t IV, line :	10.		
				(a)Curren	nt year	(b) P	rıor yea	r	(c) Two y	ears back	(d)Three ye	ars back (e) Four yea	ars back
1 a	Beginnii	ng of year balance .												
b	Contribi	utions												
		estment earnings, gair	•											
		or scholarships												
е		xpenditures for faciliting rams	es											
f	Adminis	strative expenses .												
g	End of y	year balance												
2 a		e the estimated perce designated or quasi-e	=	ent year end	d balance	(line 1	g, colu	mn (a)) held a	ıs				
b	Perma	nent endowment >												
c		orarily restricted endo	wment >											
·		, ercentages on lines 2a		ld equal 100	0%									
За	Are th	ere endowment funds	not in the posses	sion of the	organizat	tion that	t are h	eld an	d admın	istered fo	r the			
	-	zation by										<u> </u>	Yes	No
	• •	related organizations					•					3a(
b		lated organizations .s" on 3a(ii), are the re		s listed as r	equired	on Sche	dule R	, ,				. 31		
4		be in Part XIII the inte	-		•			-	•				l	
Pai	rt VI	Land, Buildings,	and Equipme	nt.										
		Complete If the or	ganızatıon ansv	vered "Yes										
	Descrip	otion of property	(a) Cost or oth (investme		(b) Cost	or other	basis (other)	(c) Acc	umulated o	lepreciation	(d) Book vali	ue
1 a	Land .													
b	Building	gs					1,96	53,857			244,621			1,719,236
c	Leaseho	old improvements												
d	Equipm	ent					75	54,286			401,961			352,325
е	Other						39	92,514			184,182			208,332

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

Part VII Investments—Other Securities.	Complete if the organizat	ion answe	rea res on r	orm 550, rare iv, mie 115.
See Form 990, Part X, line 12. (a) Description of security or cal (including name of security		(b) Book value	(c Cost o	c) Method of valuation r end-of-year market value
1) Financial derivatives				
2) Closely-held equity interests 3)Other	· · · · · · · ·			
A)				
3)				
))				
5)				
)				
5)				
H)				
otal. (Column (b) must equal Form 990, Part X, col (B) line 1	2)			
Treatments—Program Related. Complete if the organization answe		art IV line	11c See Form	n 990 Part Y line 13
(a) Description of investment		ok value	(0	c) Method of valuation
.)			Cost o	r end-of-year market value
2)				
3)				
, (1)				
· · · · · · · · · · · · · · · · · · ·				
· ·)				
· ')				
3)				
9)				
9) ntal. (Column (h) must equal Form 990, Part X, col (R) line 1	3 }			
otal. (Column (b) must equal Form 990, Part X, col (B) line 1. Part IX Other Assets. Complete if the organize	ation answered 'Yes' on Fori	n 990, Part	IV, line 11d Sec	
otal. (Column (b) must equal Form 990, Part X, col (B) line 1.		n 990, Part	IV, line 11d Sei	e Form 990, Part X, line 15 (b) Book value
Otal. (Column (b) must equal Form 990, Part X, col (B) line 1. Part IX Other Assets. Complete if the organiz	ation answered 'Yes' on Fori	n 990, Part	IV, line 11d Sei	
Otal. (Column (b) must equal Form 990, Part X, col (B) line 1. Part IX Other Assets. Complete if the organize.)	ation answered 'Yes' on Fori	n 990, Part	IV, line 11d Sei	
otal. (Column (b) must equal Form 990, Part X, col (B) line 1. art IX Other Assets. Complete if the organize)	ation answered 'Yes' on Fori	n 990, Part	IV, line 11d Sec	
Otal. (Column (b) must equal Form 990, Part X, col (B) line 1. Other Assets. Complete if the organize.)	ation answered 'Yes' on Fori	n 990, Part	IV, line 11d Sec	
Otal. (Column (b) must equal Form 990, Part X, col (B) line 1. Other Assets. Complete if the organize.)	ation answered 'Yes' on Fori	n 990, Part	IV, line 11d Ser	
otal. (Column (b) must equal Form 990, Part X, col (B) line 1. Part IX Other Assets. Complete if the organize)))	ation answered 'Yes' on Fori	n 990, Part	IV, line 11d Ser	
otal. (Column (b) must equal Form 990, Part X, col (B) line 1. Part IX Other Assets. Complete if the organize () () () () () () () () () (ation answered 'Yes' on Fori	n 990, Part	IV, line 11d Ser	
Other Assets. Complete if the organize Other Assets. Othe	ation answered 'Yes' on Fori	n 990, Part	IV, line 11d Ser	
Other Assets. Complete if the organize Other	ation answered 'Yes' on Form	n 990, Part	IV, line 11d Sec	
Other Assets. Complete if the organize Other Liabilities.	ation answered 'Yes' on Form (a) Description (B) line 15)			(b) Book value
tal. (Column (b) must equal Form 990, Part X, col (B) line 1. art IX Other Assets. Complete if the organiz)))))))))))) ptal. (Column (b) must equal Form 990, Part X, col (Part X) Other Liabilities. Complete if the Control See Form 990, Part X, line 25.	ation answered 'Yes' on Form (a) Description (B) line 15) organization answered 'Yes' on Form (a) Description		n 990, Part IV,	(b) Book value
otal. (Column (b) must equal Form 990, Part X, col (B) line 1. Other Assets. Complete if the organize Other Liabilities. Complete if the organize See Form 990, Part X, line 25. (a) Description of liabilities.	ation answered 'Yes' on Form (a) Description (B) line 15) organization answered 'Yes' on Form (a) Description	es' on Forr	n 990, Part IV,	(b) Book value
Other Assets. Complete if the organize Other Liabilities. Complete if the organize See Form 990, Part X, line 25. (a) Description of liabilities. Federal income taxes	ation answered 'Yes' on Form (a) Description (B) line 15) organization answered 'Yes' on Form (a) Description	es' on Forr	n 990, Part IV,	(b) Book value
otal. (Column (b) must equal Form 990, Part X, col (B) line 1. Other Assets. Complete if the organize of the	ation answered 'Yes' on Form (a) Description (B) line 15) organization answered 'Yes' on Form (a) Description	es' on Forr	n 990, Part IV,	(b) Book value
otal. (Column (b) must equal Form 990, Part X, col (B) line 1. Other Assets. Complete if the organize of the	ation answered 'Yes' on Form (a) Description (B) line 15) organization answered 'Yes' on Form (a) Description	es' on Forr	n 990, Part IV,	(b) Book value
otal. (Column (b) must equal Form 990, Part X, col (B) line 1. Other Assets. Complete if the organize of the	ation answered 'Yes' on Form (a) Description (B) line 15) organization answered 'Yes' on Form (a) Description	es' on Forr	n 990, Part IV,	(b) Book value
Other Assets. Complete if the organization of the complete if	ation answered 'Yes' on Form (a) Description (B) line 15) organization answered 'Yes' on Form (a) Description	es' on Forr	n 990, Part IV,	(b) Book value
Other Assets. Complete if the organize Other Liabilities. Complete if the organize Other Liabilities. Complete if the organize See Form 990, Part X, line 25. (a) Description of liabilities. Other Liabilities. O	ation answered 'Yes' on Form (a) Description (B) line 15) organization answered 'Yes'	es' on Forr	n 990, Part IV,	(b) Book value
Other Assets. Complete if the organization of	ation answered 'Yes' on Form (a) Description (B) line 15) organization answered 'Yes'	es' on Forr	n 990, Part IV,	(b) Book value
Other Assets. Complete if the organization of the complete if the complete	ation answered 'Yes' on Form (a) Description (B) line 15) organization answered 'Yes'	es' on Forr	n 990, Part IV,	(b) Book value
Other Assets. Complete if the organization of	ation answered 'Yes' on Form (a) Description (B) line 15) organization answered 'Yes'	es' on Forr	n 990, Part IV,	(b) Book value

	3				
d	Other (Describe in Part XIII)	2d			
е	Add lines 2a through 2d		 	2e	
3	Subtract line 2e from line 1		 _	3	

3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4 Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990. Part VIII, line 12 Net unrealized gains (losses) on investments

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Schedule D (Form 990) 2018

2

5

1

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3

4

b

а

Part XII

4a 4b

2a

2h

2c

2d

2a

2b

20

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1

4c

4c

2e 3

Schedule D (Form 990) 2018

e	2,	Part

Page 4

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Part XIII **Supplemental Information** Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information Return Reference Explanation

Schedule D (Fo	orm 990) 2018	Page 5	
Part XIII	Supplemental Info	rmation (continued)	
Return Reference		Explanation	
			Schedule D (Form 990) 2018

efile GRAPHIC p	rint - DO NOT PROCESS As Filed Data -		DLN:	93493135039439
SCHEDULE O (Form 990 or 990- EZ)	Complete to provide information for Form 990 or 990-EZ or to provi	r responses to specific questi ide any additional informatio n 990 or 990-EZ.	ons on n.	OMB No 1545-0047 2018 Open to Public
Department of the Treasury	► Go to <u>www.irs.gov/Form99</u>	90 for the latest information.		Inspection
Name l Bคthe อโตลก่ะat WILLOWSFORD CONSERV			Employer identi	fication number
WILLOWS OND CONSENT			45-0609461	
990 Schedule O, S	Supplemental Information			
Return Reference		Explanation		
PART III, LINE 1 ORGANIZATION'S MISSION	THE WILLOWSFORD CONSERVANCY PROTECTS THE LAND, INTEGRATING FARMING, RECREATION FOR LIFE FOR THE RESIDENTS OF WILLOWSFOR STEWARDSHIP (RESPECT FOR THE LAND) CONSERVANCY VEGETATION, WILDLIFE AND ON WHOLE HUMAN RESOURCES AND UTILIZING APPROPRIEFFECT ON THE LAND THROUGH ALL ASPECTS AGRICULTURAL PRODUCTION, SHELTER AND SIRESOURCES COMMUNITY (WHO WE ARE) CREATED SETTEM OF THE LAND AND TO RECREATIONAL, CULINARY AND SOCIAL PROGEMITHIN, AND CONTRIBUTE TO THE BETTERMEN HEALTH AND RECREATION (GO PLAY OUTSIDE) ENGAGING OUTDOOR RECREATIONAL OPPORT WHILE ENHANCING LIFELONG LEARNING CONSTHELP FOSTER A PASSION AND COMMITMENT TO ENSURING THAT THEY CAN BE APPRECIATED BE GREAT) STRIVING TO DO OUR BEST AND BE OUTSIDED SAFE PRODUCTS, EVENTS, AND INTERACTIONS THAT CULTIVATES SAFE, FRIENDLY, AND ETHIC (EXPLORATION, DISCOVERY AND UNDERSTAND ECOLOGICAL LITERACY, FOOD LITERACY, HISTOCRITICAL THINKING, TO CULTIVATE ENGAGED OF SUPPORTING OUR COMMUNITY WITH FOOD THE INTEGRATING THE FARM INTO THE FABRIC OF THE RESOURCE FOR THE COMMUNITY SUSTAINABLY AND SOCIAL HEALTH AND RECOGNIZING THAT	DN, CONSERVATION AND EDL D AND THE GREATER COMMI SIDERING OUR COMMUNITY'S E NATURAL SYSTEMS, CELEE ATE TECHNOLOGIES REALIZI OF OUR OPERATIONS, INCLU TRUCTURES, MATERIALS US ATING AN AUTHENTIC SENSE OF EACH OTHER THROUGH CU RAMS, ACTIVITES, AND SERVI IT OF, WILLOWSFORD AND TH INSPIRING AND PROMOTING CUNITIES AND ACTIVITIES TO SERVATION (LOVE OF NATURI O THE CONSERVATION OF WI BY FUTURE GENERATIONS OF CORREST IN ALL THAT WE DO, S, CREATING AN OUTSTANDIR COLORIOL IN THE CONSERVATION OF WI COLORIOL INTERPRETATIONS OF CORREST OR ALL THAT WE DO, S, CREATING AN OUTSTANDIR COLORIOL INTERPRETATIONS OF COLORIOL INTERPRETATIONS COLORIOL INTERPR	JCATION TO ENH UNITY GUIDING F SIMPACTS ON TH BRATING LOCAL I ING A POSITIVE, I JDING LAND USE E, ENERGY, AND S OF PLACE AND S OF PLACE AND S OF ENERGY AND THAT OF ENERGY AND THE OF ENERGY AND THAT OF ENERGY AND OF ENE	ANCE THE QUALITY PRINCIPLES HE LAND ON SOIL, MATERIALS AND REGENERATIVE AND HUMAN SHARED PURPOSE IC, MUSICAL, NCE THE LIFESTYLE G COMMUNITY STYLE THROUGH DDY, AND SPIRIT OGRAMS THAT URAL HABITATS EGRITY (BEING CE HIGH QUALITY, LAY ENVIRONMENT NITY EDUCATION EAS ABOUT HER TOOLS FOR NG (GOOD FOOD) I TASTES GREAT EDUCATIONAL ON ECOLOGICAL

Return Reference	Explanation
PART III LINE 4 PROGRAM SERVICE ACCOMPLISHMENTS	WILLOWSFORD CONSERVANCY IS THE STEWARD OF MORE THAN 2,000 ACRES OF OPEN SPACE, INTEGRATED WITHIN THE WILLOWSFORD NEIGHBORHOOD, AND SET ASIDE FOR CONSERVATION, RECREATION, EDUCATION, AD AGRICULTURAL USE ITS LOCATION WITHIN LOUDOUN COUNT'S TRANSITION ZONE MAKE IT AN IMP ORTANT RESOURCE IN PROTECTING AND ENHANCING THE REGION'S NATURAL, AGRICULTURAL AND SCENIC LANDSCAPE RESOURCES FRESH FOOD PRODUCTION FROM SUSTAINABLE FARMING, RECREATION OPPORTUNIT IES WITH NATURE TRAILS, CAMPSITES, FORESTS AND WETLANDS THAT SUPPORT DIVERSE NATIVE WILDLI FE AND VEGETATION, AND THE CONSERVANCY'S LAND STEWARDSHIP PROGRAMS-INCLUDING HABITAT RESTOR ARTION, WILDLIFE MANAGEMENT, AND INVASIVE SPECIES CONTROL-CONTRIBUTE POSITIVELY TO THE REG ION'S QUALITY OF LIFE IN 2018, THE CONSERVANCY CONTINUED TO CONDUCT AND EXPAND ACTIVITIES SPECIFICALLY SUPPORTING ITS MISSION, SUPPORTED BY MORE THAN 60 VOLUNTEERS WHO CONTRIBUTED 397 VOLUNTEER HOURS FARMING IN SUPPORT OF ITS MISSION FOR LONG-TERM PROTECTION AND VIABLE USE OF THE LAND, THE CONSERVANCY FOLLOWS SUSTAINABLE FARMING PRACTICES THAT ENHANCE THE ECOLOGICAL RESOURCES OF THE LAND AND ARE INTEGRATED WITH THE RESIDENTIAL LIFE OF THE COMMUNITY, EDUCATION, AND CONSERVANTON ACTIVITIES SUSTAINABLE AGRICULTURE PROVIDES FRESH, NOUR ISHING FOOD FOR WILLOWSFOOD RESIDENTS AND THE LOCAL COMMUNITY, AND SUPPORTS THE CONSERVANCY SO CONSERVATION EFFORTS THE FARM ALSO PLAYS AN ACTIVE ROLE IN THE GREATER COMMUNITY, SUPPORTING LOCAL AGRICULTURE AND ARTISANAL FOOD PRODUCTION, FOOD LITERACY, HEALTHY NUTRITION, AND A VIBRANT COMMUNITY LIFE IN 2018, THE CONSERVANCY FARM SOLD MORE THAN 300 UNIQUE SHA RES IN ITS COMMUNITY SUPPORTED AGRICULTURE (CSA) PROGRAM, INCLUDING VEGETABLES, EGGS, MILK, FLOWERS, AND MEAT SHARES, IN ADDITION TO SUPPORTING FAMILIES THROUGH DIRECT SALES AT THE FARM STAND ABOUT HALF OF THE CSA MEMBERS CONTINUE TO BE NON-RESIDENTS FROM OUTSIDE WILLO WSFORD IN ADDITION, THE CONSERVANCY FOR CONTINUE TO BE NON-RESIDENTS FROM OUTSIDE WILLO WSFORD IN ADDITION, THE CONSERVANCY POWER CONTINUED TO SERVE HARM F

Return Reference	Explanation
PART III LINE 4 PROGRAM SERVICE ACCOMPLISHMENTS	NSERVATION, NUTRITION AND CULINARY ARTS, AND RESPONSIBLE OUTDOOR RECREATION THROUGH THESE ACTIVITIES, THE CONSERVANCY AIMS TO FACILITATE INFORMED DECISION-MAKING AND INSPIRE PEOPLE TO BECOME LIFELONG ADVOCATES FOR ENVIRONMENTAL SUSTAINABILITY, CONSERVATION AND HEALTHY LIFESTYLES WILLOWSFORD CONSERVANCY OFFERS OUTDOOR ENVIRONMENTAL EDUCATION PROGRAMS FOR AL LAGES TO CULTIVATE CITIZEN STEWARDSHIP, ENVIRONMENTAL LITERACY AND A DEEP EMOTIONAL CONNE CTION TO THE NATURAL WORLD PROVIDING RESIDENTS WITH INFORMATION AND RESOURCES TO CREATE A ND MANAGE ENVIRONMENTALLY FRIENDLY HOME LANDSCAPES CONTRIBUTES POSITIVELY TO OVERALL HABIT AT HEALTH AND CONNECTIVITY NOT ONLY AT WILLOWSFORD BUT IN THE REGION THROUGH PARTNERSHIPS WITH ORGANIZATIONS INCLUDING BANSHEE REEKS NATURE PRESERVE, THE VIRGINIA DEPARTMENT OF GA ME AND INLAND FISHERIES, THE DEPARTMENT OF FORESTRY, THE SMITHSONIAN CONSERVATION BIOLOGY INSTITUTE, LOUDDOUN WILDLIFE CONSERVANCY (LWC), BLUE RIDGE WILDLIFE CENTER, PIEDMONT ENVIRON MENTAL COUNCIL AND OTHERS, THE CONSERVANCY RECEIVES INSIGHTS AND BUILDS EXPERTISE ON HOW IT CAN BEST PROMOTE NATIVE HABITAT AND WILDLIFE IN THE COMMUNITY THROUGHOUT 2018, WILLOWS FORD CONSERVANCY DELIVERED A VARIETY OF PROGRAMS WITH LWC, THE BLUEBIRD NEST BOX MONITORI NG PROGRAM CONTINUED WITH THE TWO ESTABLISHED NEST BOX TRAILS IN THE GRANGE AND GROVE VILL AGES, 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 THE ADDOWN HABITAT RESTORATION PROJECT IN THE GRANGE CONSERVATION DISTRICT 2018 PROGRAMMING KICKED OFF WITH "LANDSCAPEFS INTO HEALTHY WILLDLIFE HABITAT THE PROGRAM RAN FEBR UARY 13-APRIL 3, IN PARTNERSHIP WITH THE LOUDOUN WILDLIFE CONSERVANCY, PIEDMONT ENVIRONMENT TO AND MAINTENNESS AY SONGEROWAND ON TRANSFORMING HOME LANDSCAPES INTO HEALTHY WILLDLIFE HABITAT THE PROGRAM RAN FEBR UARY 13-APRIL 3, IN PARTNERSHIP WITH THE LOUDOUN WILDLIFE CONSERVANCY, PIEDMONT ENVIRONMENT

Return Reference	Explanation
PART III LINE 4 PROGRAM SERVICE ACCOMPLISHMENTS	AND SUPPLIES TO PLANT AN EDIBLE SCHOOL GARDEN WITH ELEMENTARY STUDENTS AND TEACHERS AT AL DIE ELEMENTARY SCHOOL WITH SUPPORT FROM THE LOUDOUN COUNTY SOIL AND WATER CONSERVATION DI STRICT, THE CONSERVANCY CONTINUED ITS RIPARIAN PLANTING PROGRAM WITH ADDITIONAL PLANTINGS OF NATIVE TREES AND SHRUBS IN THE GREENS AND THE GRANT VILLAGES FROM JULY 23-27, THE CONS ERVANCY PRESENTED A WEEKLONG OUTDOOR NATURE EXPLORATION SUMMER CAMP FOR AGES 9-12, TITLED "LOOT AND FOUND IN THE WILDS OF WILLOWSFORD" "YOUNG NATURALISTS LEARNED ABOUT OUTDOOR SURV IVAL 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 WEE KLONG "DISCOVER" "CAMP FOR AGES 9-12 IN JUNE, WHERE CHILDREN LEARNED ABOUT SUSTAINABLE FARM ING AND GROWING OF FOOD, AS WELL AS KAYAKING, CANOEING, FISHING, WILDLIFE AND PLANT IDENTI FICATION THROUGH TOURS OF THE FARM AND KITCHEN, HARVESTING AND COOKING FRESH FOOD, WATER A CTIVITIES ON WILLOW LAKE, AND WOODLAND EXPLORATION IN JUNE, WORK STARTED ON THE CONSERVAN CY TRAIL APP TO PROVIDE TRAIL NAVIGATION AND MAPPING TOOLS, WILDLIFE AND HABITAT INFORMATION TO TRAIL USERS VIA HANDHELD DEVICES THE TRAIL APP IS SCHEDULED TO LAUNCH IN 2019 FROM AUGUST - OCTOBER, THE CONSERVANCY CONTINUED WORK WITH THE SMITHSONIAN CONSERVANTON BIOLOG Y INSTITUTE TO CONDUCT PHASE II OF A 3-YEAR DEER IMPACT STUDY ON CONSERVANTON BIOLOG Y INSTITUTE TO CONDUCT PHASE II OF A 3-YEAR DEER IMPACT STUDY ON CONSERVANTON BIOLOG Y INSTITUTE TO CONDUCT PHASE II OF A 3-YEAR DEER IMPACT STUDY ON CONSERVANTON BIOLOG Y INSTITUTE TO CONSERVANCY'S DEER POPULATION MANAGEMENT PROGRAM WHICH STARTED IN 2016 IN PARTNERSHIP WITH THE VIRGINIA DEPARTMENT OF GAME AND INLAND FISHERIES, TO PROTEC T THE CONSERVANCY'S NATURAL FOREST ECOSYTEMS FROM DEER OVER-BROWSING OUR ANNUAL COMMUNITY BONFIRE AND CAMP-OVER FAMILY EVENT, SEPTEMBER 6-7 WAS FOLLOWED BY THE TRAIL MIX DAY OF TRAIL AND ALCOMMUNITY BONFIRE AND CAMPOVER FAMILY EVENT, SEPTEMBER 6-7 WAS FOLLOWED BY THE

	,
Return Reference	Explanation
PART III LINE 4 PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)	OUTDOOR RECREATION OUTDOOR RECREATION PROGRAMS AND EVENTS ENRICH WILLOWSFORD'S SENSE OF CO MMUNITY 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 PARTINER WITH 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-FR IENDLY OUTDOOR MULTISPORT EXPERIENCE THAT FACILITATES INDIVIDUAL ACTIVITY AND TEAM WORK IN 2018, THE PARTNERSHIP PRESENTED 5K, 10K AND HALF-MARATHON RACES, A VARIETY OF MOUNTAIN B IKE RACES FOR CHILDREN AND ADULTS DURINGTHE SEPTEMBER 22 TRAIL MIX EVENT IN 2018, THE CON SERVANCY ADDED HIDDEN MEADOW EVENT FIELD AND GROUP CAMPSITE FOR OUTDOOR GROUP ACTIVITIES A ND GROUP CAMPISITE FOR OUTDOOR GROUP ACTIVITIES AND GROUP CAMPISITE FOR OUTDOOR GROUP ACTIVITIES AND GROUP CAMPISITE FOR OUTDOOR RECREATION AND EDUCATION PROGRAMS AND SMALL EVENTS BOTH NEW FACILITIES ARE LOCATED TRAIL-SIDE FACI LITATING OUTDOOR RECREATION AND EDUCATION PROGRAMS AND SMALL EVENTS BOTH NEW FACILITIES ARE LOCATED TRAIL-SIDE FACI LITATING OUTDOOR RECREATION AND EDUCATION PROGRAMMING RELATED TO LAND CONSERVANCY OVEN AGING FAMILLES TO CAMP, HIKE, OBSERVE WILDLIFE, AND EXPLORED THE OUTDOOR THE WALK-IN TENT SITE INCLUDES SEVEN FAMILLY-SIZE TENT PADS, LOCATED ON THE GRANT LOOP TRAIL WITH OPPORTUNI TIES FOR HIKING, TRAIL RUNNING, MOUNTAIN BIKING, NATURE EXPLORATION AND WILDLIFE WALK-IN TENT SITE INCLUDES SEVEN FAMILY-SIZE TENT PADS, LOCATED ON THE GRANT LOOP TRAIL WITH OPPORTUNI TIES FOR HIKING, TRAIL USERS TRAIL CONNECTORS WERE ADDED THROUGHOUT THE TRAIL SYSTEM, AND TRAIL UPGRADES AND REPAIRS COMPLETED UPGRADE

Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	A FULL-TIME LAND STEWARDSHIP MANAGER WAS HIRED IN FEBRUARY TWO WILLOWSFORD RESIDENTS JOIN ED THE CONSERVANCY BOARD OF TRUSTEES IN JANUARY 2018 FOR 2019, THE BOARD APPROVED THE ADD ITION OF A FULL-TIME RANGER FIELD POSITION TO SUPPORT OPEN SPACE MAINTENANCE, AND A FULL-T IME BUSINESS OPERATIONS MANAGER TO SUPPORT THE TRANSITION OF THE CONSERVANCY TOWARD A SELF -SUSTAINED NON-PROFIT OPERATING WITHOUT ADMINISTRATIVE SUPPORT FROM THE DEVELOPMENT TEAM

Return Reference	Explanation
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 7A	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
	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 -**SCHEDULE R** (Form 990)

Department of the Treasury

WILLOWSFORD CONSERVANCY

Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 2018

DLN: 93493135039439

Open to Public Inspection

Employer identification number

							45-0	609461				
Part I Identification of Disregarded Entities Complete	e if the organ	ization ans	wered "Yes'	' on Fori	m 990, Part	IV, lını	e 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity			(b) Imary activity		(c) Legal domicile (state or foreign country)		(d) Income	(e) End-of-year assets		(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organization	tions Comple	ete if the or	ganization i	answere	d "Yes" on F	orm 9	90, Part I'	/, line 34	because	it had one or m	nore	
related tax-exempt organizations during the tax yea			J				•	•				
(a) Name, address, and EIN of related organization		(b) ry activity	(c) Legal domici or foreign c	le (state ountry)	(d) Exempt Code s	section	Public cha	ity status	Dire	(f) ect controlling entity	Section (13) co ent	g) n 512(b) ontrolled tity?
											Yes	No
(1)WILLOWSFORD HOME OWNER'S ASSOCIATION INC 23506 FOUNDERS DRIVE ASHBURN, VA 20148 45-0645880	НОА	ноа			528		N/A		WILLOWS LLC	FORD OPERATIONS		No
For Paperwork Reduction Act Notice, see the Instructions for For	m 990.		Ca	t No 50:	135Y				Sch	edule R (Form 9	90) 20	018

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predomina income(rela unrelated excluded fi tax unde sections 5 514)	ated, tot d, rom er	(f) Share of tal income	(g) Share of end-of-year assets	(h Dispropi allocat	tionate ions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	ral or iging	(k Percen owner	tage
					314)				Yes	No		Yes	No		
(1) TIMBER RIDGE AT WILLOWSFORD MM LLC		REAL ESTATE	NY							No			No		
131 JERICHO TURNPIKE PH 1 JERICHO, NY 11753 81-2177824															
(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 Organization because it had one or more related organization.							ion ansv	vered "Yes	" on F	orm 9	990, Part IV	', line	34		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c Lee dom (state oi	gal licile r foreign			(e) Type of (C corp, to or tru	entity S corp,	(f) Share of total Income		(g) e of end year assets	l-of- Perc	h) entage ership		(ı) Section ! (13) con entit	trolled
		cour	ntry)											Yes	No
		+											\dashv	-	
		-									Schedule I	(Fo	rm 9	90) 20	18

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

Schedule R (Form 990) 2018		Pa	ge 3
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 organization 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)	1 i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	10	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1 q		No

K	Lease of facilities, equipment, or other assets from related organization(s)	TK		NO
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
n	n Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
О	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	1р		No
q	Reimbursement paid by related organization(s) for expenses	1 q		No
r	Other transfer of cash or property to related organization(s)	1r		No
		-	-	

1s Yes 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 (a) Name of related organization (d)
Method of determining amount involved (c) Amount involved

(b) Transaction type (a-s) C 1,537,230 N

(1)WILLOWSFORD OPERATIONS LLC (2)WILLOWSFORD OPERATIONS LLC (3)WILLOWSFORD OPERATIONS LLC 0 733,680 (4) WILLOWSFORD HOME OWNER'S ASSOCIATION INC 344,760 COLLECT ON BEHALF OF CONSERVANCY

Schedule R (Form 990) 2018

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

(a) Name, address, and EIN of entity	(b) Primary activity	domicile	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	section		Are all partners section		Are all partners section		Are all partners section		Are all partners section		Are all partners section		Are all partners section		Are all partners section		Are all partners section		partners Share of		(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No																	
	ı									Schedul	e R (Form	199	0) 2018																

