DLN: 93493192005080 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 01-01-2019 , and ending 12-31-2019 D Employer identification number B Check if applicable WILLOWSFÖRD CONSERVANCY INC □ 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) 440-2400 City or town, state or province, country, and ZIP or foreign postal code ASHBURN, VA $\,$ 20147 G Gross receipts \$ 1,655,751 Name and address of principal officer H(a) Is this a group return for MARY HEGEDUS ☐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 K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ 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 2019 (Part V, line 2a) 5 **6** Total number of volunteers (estimate if necessary) 6 50 Total unrelated business revenue from Part VIII, column (C), line 12 -6,758 **b** Net unrelated business taxable income from Form 990-T, line 39 -65,993 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 1,537,230 205,111 Ravenua 17,716 9 Program service revenue (Part VIII, line 2g) . 12.980 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 989,455 516,129 2,071,075 1,208,146 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) 521,665 728,306 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 650,569 596,262 1,172,234 1,324,568 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 898,841 -116,422 Net Assets or Fund Balances Beginning of Current Year End of Year 2,332,890 20 Total assets (Part X, line 16) . 3,132,858 21 Total liabilities (Part X, line 26) . 741,418 57,872 22 Net assets or fund balances Subtract line 21 from line 20 . 2,391,440 2,275,018 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 2020-07-08 Signature of officer Sign Here MARY HEGEDUS TREASURER 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 (2019)

Form	990 (2019)					Page 2
Pa	rt III Statement	of Program Service	e Accomplis	hments		
	Check if Sche	edule O contains a respo	onse or note to	any line in this Part III .		🗹
1	Briefly describe the	organization's mission				
SEE	DETAIL STATEMENT II	N SCHEDULE O				
2	-			vices during the year wh		
	the prior Form 990 o	or 990-EZ?				☐ Yes 🗹 No
	•	ese new services on Sch				
3	Did the organization	cease conducting, or m	nake significant	changes in how it condu	cts, any program	
	services?	🗌 Yes 🗹 No				
	If "Yes," describe the	ese changes on Schedu	le O			
4	Section 501(c)(3) ar		ons are required	to report the amount of	argest program services, as measu f grants and allocations to others, t	
4a	(Code) (Expenses \$	1,172,142	including grants of \$) (Revenue \$	1,004,712 }
	See Additional Data				, ,	, ,
	-					
4b	(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
	-					
	_					
4d	Other program serv	ıces (Describe in Schedi	ule O)			
	(Expenses \$	ıncl	uding grants of	\$) (Revenue \$)
4e	Total program ser	vice expenses >	1,172,1	42		
						Form 990 (2019)

Form 990 (2019) Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete No 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥞 . . . Yes Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 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 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 . . . Nο 5 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 No 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, No 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? If "Yes," 8

9 10

No 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 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 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? If "Yes," complete Yes 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

No

Nο

No

No

Nο

Nο

Nο

No

No

Nο

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14a

21

No 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 😼 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 Nο 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Nο 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 12a Nο

b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Nο 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 13 No

business, investment, and program service activities outside the United States, or aggregate foreign investments 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 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

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, 17

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

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

18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19

20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* . . . 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20h

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

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

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Pai	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. DID the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	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)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	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
33	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
34	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
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	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	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	. ;		
4 -	Entor the number reported in Boy 2 of Form 1000 Fatar 0 of sate analysis 1		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 25 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			
C	(gambling) winnings to prize winners?	1c	Yes	

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	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	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	3 b	Yes	
	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)? 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)	4a		No
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No.
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		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
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
	If "Yes," indicate the number of Forms 8282 filed during the year			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		No No
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
9	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
-	Gross income from members or shareholders			
ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	which the organization is licensed to issue qualified health plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	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? If "Yes," complete Form 4720, Schedule O	16		No

Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No	" resp	onse to i	ines
	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI.			✓
Se	ction A. Governing Body and Management			
	Established with a second and of the second and the second at the second		Yes	No_
1a	Enter the number of voting members of the governing body at the end of the tax year 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			
Ь	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 business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization'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 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?	8a	Yes	
Ь	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	2.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		NI.
		IVa		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?	10a		INO
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		Yes	NO
11a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	10b	Yes	NO
11a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	No
11a b 12a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990	10b 11a	Yes	
11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	10b 11a 12a	Yes	
11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in	10b 11a 12a 12b	Yes	
11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10b 11a 12a 12b 12c	Yes	No
11a b 12a b c	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	Yes	No No
11a b 12a b c 13 14	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	10b 11a 12a 12b 12c 13	Yes	No No
11a b 12a b c 13 14 15	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	10b 11a 12a 12b 12c 13 14	Yes	No No No
11a b 12a b c 13 14 15	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes	No No No
11a b 12a b c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	10b 11a 12a 12b 12c 13 14	Yes	No No No
11a b 12a b c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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	10b 11a 12a 12b 12c 13 14 15a 15b	Yes	No No No No
11a b 12a b c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	10b 11a 12a 12b 12c 13 14 15a 15b	Yes	No No No No
11a b 12a b c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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?	10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes	No No No No
11a b 12a b c 13 14 15 a b 16a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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?	10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes	No No No No
11a b 12a c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed check all that apply	10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes	No No No No
11a b 12a b c 13 14 15 a b 16a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Ection C. Disclosure List the states with which a copy of this Form 990 is required to be filed▶ 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 publ	10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes	No No No No
11a b 12a b c 13 14 15 a b 16a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed check all that apply	10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes	No No No No

(F)

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

(C)

(D)

- 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)

(B)

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

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

Name and title	Average hours per week (list any hours for related organizations below dotted line)		ne bo	ox, ι n of tor/t	inle: ficer	ss pers and a	son	Reportable compensation from the organization (W-2/1099- MISC)	Reportable compensation from related organizations (W-2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
(1) MARK TROSTLE PRESIDENT	1 00	×		х		<u>.</u>		0	0	0
(2) STACEY KESSINGER SECRETARY	1 00	х		х				0	0	0
(3) STANLEY SETTLE DIRECTOR	1 00	х						0	0	0
(4) RICHARD DIBELLA VICE PRESIDENT	1 00	Х		x				0	0	0
(5) CLAUDETTE PAPATHANASOPOULOUS DIRECTOR	1 00	Х						0	0	0
(6) CHRIS BODLEY DIRECTOR	1 00	Х						0	0	0
(7) MARY HEGEDUS TREASURER	1 00	Х		x				0	0	0
(8) IRIS GESTRAM EXECUTIVE DIRECTOR	40 00			х				121,685	0	9,983
										Form 990 (2019)

Form 990 (2019) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) **(F)** Estimated **(B)** Average (C)
Position (do not check more (**D)** Reportable **(E)** Reportable (A) Name and title

Name and title	hours per week (list any hours		ne b	ox, ι in of	inles ficer	s pers and a	on	compensation from the organization	compensation from related organizations	amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations

			·			
1b Sub-Total	-	 _	•	>		

b Sub-Total				>			
c Total from continuation sheets to Pa	art VII, Section	Α		▶			
d Total (add lines 1b and 1c)				▶	121,685	0	
T			 	S 1		+100 000	

d	Total (add lines 1b and 1c)	0		9,983
2	Total number of individuals (including but not limited to those listed above) who received more than of reportable compensation from the organization \blacktriangleright 1	\$100,000		
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensaline 1a? If "Yes." complete Schedule I for such individual	' '		

d	Total (add lines 1b and 1c)	0		9,983
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 \triangleright 1			
			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			

	Total (add lines 25 and 26) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-		- /
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 \triangleright 1			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	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			
	ındıvıdual	Ι 4		No

-	of reportable compensation from the organization > 1			
			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		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			NO

	line 1a? If "Yes," complete Schedule J for such individual	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			
	marriaga.	4		No
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	5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of coi	mpensa	ition	

•	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	No
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	5	No
Se	ection B. Independent Contractors		
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of confrom the organization. Report compensation for the calendar year ending with or within the organization's tax year.	mpensation	1

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

	section Branco penalent 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	(C) Compensation					
	Harrie una pasmess address	Description of services	сотпрепоилон					

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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

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Part	VIII								
		Check If Sched	dule O contains	a respo	onse or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
"	1a	a Federated campa	aigns	1a			revenue	l	312 - 314
Contributions, Gifts, Grants and Other Similar Amounts	ŀ	b Membership dues	5	1 b					
65.0		c Fundraising even	ts	1c					
ifts,	(d Related organizat	tions	1d	205,111				
, G	6	e Government grants	(contributions)	1e					
ions	f	 All other contribution and similar amounts 		1f					
tributio Other		above g Noncash contributio	ns included in	_ <u></u>					
antri.		lines 1a - 1f \$		1g					
Cont	י 📗	h Total. Add lines :	1a-1f		•	205,111			
					Business Code	12,980	12,980		
ı	2a	PROGRAM EVENTS/A	CTIVIT		611600	12,980	12,980		
Program Service Revenue	Ь								
æ	"								
Ž Ā	С								
3	d	I							
Jran.									
δ	e								
		All other program							
	—	Total. Add lines 2			12,980	1			
		Investment income similar amounts) .	(including divid		nterest, and other				
		Income from invest							
	5	Royalties	(ı) Re		(II) Personal	<u> </u>			
	_	Carana			, ,				
		Gross rents Less rental	6a	33,209	9				
		expenses	6b	28,128	3				
	С	Rental income or (loss)	6 c	5,081					
	d	Net rental income	or (loss)			5,081	l .		5,081
			(ı) Secui	ities	(II) Other				
	7a	Gross amount from sales of assets other	7a		600				
		than inventory							
	b	Less cost or other basis and	7b		0				
		sales expenses							
		Gain or (loss)	7 c		600	600	600		
		I Net gain or (loss) Gross income from fu			<u>···</u>]	, 600		
ıμe		(not including \$	of						
e∧ •		See Part IV, line 18		8a					
جّ		Less direct expen		8b]			
Other Revenue	C	: Net income or (los	s) from fundrais	sing ev	ents 🕨	1			
U	9a	Gross income from See Part IV, line 19							
	b	Less direct expen		9a 9b					
		: Net income or (los			les	J			
		- C							
	10a	aGross sales of inve returns and allowa		10a	434,574				
	Ь	Less cost of good	s sold	10 b	419,477]			
	С	Net income or (los		invent		15,097 I	21,855	-6,758	
	11	Miscellaneo RESIDENT ASSES			Business Code 900099	637,150	637,150		
			-: : <u>-</u> :				·		
	Ь	TRANSFER FEE IN	COME		900099	329,641	329,641		
	C	MISCELLANEOUS			900099	2,486	2,486		
		All other revenue			<u> </u>				
		Total. Add lines 1		•	•	969,277	7		
		Total revenue. Se	ee msu uctions	· ·	• • • •	1,208,146	1,004,712	-6,758	5,081

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must co	omplete all columns	All other organization	ins must complete colu	mn (A)
Check if Schedule O contains a response or note to an		_		ПП (А)
o 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) Fundraising expenses
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, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	131,668	98,751	32,917	
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	480,847	398,725	82,122	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	66,815	54,258	12,557	
D Payroll taxes	48,976	39,838	9,138	
1 Fees for services (non-employees)				
a Management				
b Legal	5,900	5,900		
c Accounting	3,631		3,631	
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)	48,861	44,822	4,039	
Advertising and promotion	20,365	20,365		
Office expenses	26,239	24,561	1,678	
Information technology	1,237	1,237		
Royalties				
Occupancy				
Travel	2,373	2,373		
Payments of travel or entertainment expenses for any federal, state, or local public officials				
Conferences, conventions, and meetings	3,963	3,963		
Interest				
Payments to affiliates				
Depreciation, depletion, and amortization	246,801	246,801		
Insurance	25,375	19,031	6,344	
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) a MAINTENANCE	152,046	152,046		
b PROPERTY TAXES	50,137	50,137		
	·	·		
c EVENTS	9,334	9,334		
d All abban suprass				
e All other expenses	1 224 552	1 170 110	450 401	
Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	1,324,568	1,172,142	152,426	
Check here ► ☐ If following SOP 98-2 (ASC 958-720)				

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1

2

3

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 Page **11**

51,166

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

Accounts receivable, net .

Inventories for sale or use .

b Less accumulated depreciation

Intangible assets .

Grants payable .

Deferred revenue . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Notes and loans receivable, net . . .

Prepaid expenses and deferred charges .

10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Other assets See Part IV, line 11 . . .

Accounts payable and accrued expenses .

Investments—other securities See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34) .

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 follow FASB ASC 958, check here ▶

Organizations that do not follow FASB ASC 958, check here ▶

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

Retained earnings, endowment, accumulated income, or other funds

and other liabilities not included on lines 17 - 24)

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

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

Investments—program-related See Part IV, line 11

basis Complete Part VI of Schedule D

	_
Cash-non-interest-bearing	
Savings and temporary cash investments	
Pledges and grants receivable, net	_

key employee, creator or founder, substantial contributor, or 35% controlled

10a

10b

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1), and persons described in section 4958(c)(3)(B).

Loans and other payables to any current or former officer, director, trustee,

3,192,874

1,073,465

Beginning of year

733.682

2,279,893

118 15

3,132,858

736.924

4.494

741.418

2.391,440

2,391,440

3,132,858

119,165

1

2

8

9

10c

11

12 13

14

16

17

18

19

20 21

22

23

24

25

26

27

28

29

30

31

32

33

125,970

2,119,409

36,345

7,868

50.004

57.872

2,275,018

2,275,018

2.332.890

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2,332,890

Form	990 (2019)				Page 12
Pa	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1	,208,146
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	,324,568
3	Revenue less expenses Subtract line 2 from line 1	3			-116,422
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	,391,440
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	,275,018
Pa	TXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990			Yes	No
2-	Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		l 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 Separate basis Consolidated basis Both consolidated and separate basis	on a			
ь	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				
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?		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 Sil Audit Act and OMB Circular A-133?	ngle	3a		No
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	red	3b		

Form **990** (2019)

Additional Data

Software Version: EIN: 45-0609461

Name: WILLOWSFORD CONSERVANCY INC.

Software ID:

Form 990 (2019)

Form 990, Part III, Line 4a:

SEE SCHEDULE O FOR DETAIL STATEMENT

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

DLN: 93493192005080

OMB No 1545-0047

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.

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

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

Open to Public Inspection

	me of the organization LOWSFORD CONSERVANCY INC				Em	ployer identification	number
VVII	LOWSFORD CONSERVAINCE INC				45-	0609461	
Pa	ort I Organizations Maintaining Donor Advi				or Ac	counts.	
	Complete if the organization answered "Ye			•		(1) 5 1 1 1	
	Tabal number at and of years	(a) Donor	advis	ea runas		(b) Funds and other	accounts
1	Total number at end of year						
2 3	Aggregate value of grapts from (during year)						
4	Aggregate value of grants from (during year) Aggregate value at end of year				_		
	,			h- h-ld d		6d kb	
5	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex	clusive legal control	>				Yes 🗌 No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?					rıng impermissible	Yes 🗌 No
Pa	rt II Conservation Easements. Complete if the organization answered "Ye	es" on Form 990, F	art I	V, line 7.			
1	Purpose(s) of conservation easements held by the orga						
	Preservation of land for public use (e.g., recreation	n or education)		Preservation of	an histoi	rically important land a	area
	Protection of natural habitat	•		Preservation of	a certifie	ed historic structure	
	Preservation of open space		_				
2	Complete lines 2a through 2d if the organization held a	gualified concentration	n con	stribution in the	form of	a concervation	
-	easement on the last day of the tax year	qualified Coffset valid	ni coi	ici ibacioni in the	101111 01 4	Held at the End of	of the Year
а	Total number of conservation easements				2a		
b	Total acreage restricted by conservation easements				2b		
c	Number of conservation easements on a certified historic	c structure included	ın (a)		2c		
d	Number of conservation easements included in (c) acqu structure listed in the National Register	ired after 7/25/06, a	nd no	ot on a historic	2d		
3	Number of conservation easements modified, transferre tax year ▶	ed, released, extingu	shed,	, or terminated b	y the or	ganization during the	
4	Number of states where property subject to conservation	on easement is locate	ed ►_			_	
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		g, ins	spection, handlin	g of viol	ations,	□ No
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of vio	lation	s, and enforcing	conserv	ation easements durir	ng the year
7	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violation	ıs, an	d enforcing cons	ervation	easements during the	e year
8	Does each conservation easement reported on line 2(d)	above satisfy the re	quire	ments of section	170(h)((4)(B)(ı)	
	and section 170(h)(4)(B)(II)?					☐ Yes	□ No
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the orga					
Pai	Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historica			ther Si	milar Assets.	
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	public exhibition, ed	ucatio	on, or research i	n further		
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items	.6 (ASC 958), to rep	ort in	its revenue state	ement a		
((i) Revenue included on Form 990, Part VIII, line 1					▶ \$	
C	ii)Assets included in Form 990, Part X					▶ \$	
2	If the organization received or held works of art, histori following amounts required to be reported under SFAS				nancıal <u>c</u>	gain, provide the	
а	Revenue included on Form 990, Part VIII, line 1	•	-			▶ \$	
b	Assets included in Form 990, Part X						
For	Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.		Cat N	o 5228	▶ \$ 3D Schedule D (Fo	orm 990) 201

d Equipment .

Par	t III	Organizations Ma	aintaining Col	lections of	Art, Histo	orical T	reası	ires, or	Other 9	Similar A	ssets (continued)	- rage =
3	Using	the organization's acq (check all that apply)											
а		Public exhibition			C	ı 🗆	Loan	or exchar	nge prog	rams			
b		Scholarly research			•		Othe	r					
c		Preservation for future	e generations										
4	Provid Part X	de a description of the KIII	organızatıon's coll	lections and e	xplain how	they furt	her the	e organıza	tion's ex	empt purpo	ose in		
5		g the year, did the org s to be sold to raise fur								ılar	□ Y	es 🗆 N	No
Pa	rt IV	Escrow and Cust Complete if the ord X, line 21.			on Form 9	90, Part	: IV, lı	ne 9, or	reporte	d an amoi			
1a		e organization an agent ded on Form 990, Part I		an or other in	termediary	for contr	ibution	s or other	assets r	not	□ Y	es 🗆 r	No
ь	If "Ye	es," explain the arrange	ement in Part XIII	and complete	the followi	na table		Г		Δ	mount		_
С		ining balance		,		,			1c				_
d		ions during the year							1d				_
e		butions during the year	r						1e				_
f		ig balance	•						1f				_
2a		ne organization include	an amount on Eo	rm 000 Part	V line 21 f	or occro	w or cu	∟ setodial ac	count lia	hilitu2			— No
		es," explain the arrange									_	es 🗆 r	10
	irt V	Endowment Fund		Check here i	r the explar	lation na	s been	provided	in Part X	.111			
- 6	IL V	Complete if the or		ered "Yes"	on Form 9	90, Part	IV, lı	ne 10.					
			-	(a) Current) Prior ye			ars back	(d) Three ye	ars back	(e) Four year	ars back
1a	Beginn	ing of year balance .											
b	Contrib	outions											
С	Net inv	estment earnings, gair	ns, and losses										
d	Grants	or scholarships											
e		expenditures for facilition	es										
f	Admını	strative expenses .											
g	End of	year balance											
2	Provid	de the estimated perce	ntage of the curre	nt year end b	alance (line	g 1g, colu	ımn (a)) held as					
а	Board	d designated or quasi-e	ndowment 🟲										
b	Perma	anent endowment 🕨											
С	Temp	orarily restricted endo	wment >										
	The p	ercentages on lines 2a	, 2b, and 2c shou	ld equal 100%	6								
3a		here endowment funds nization by	not in the posses	sion of the or	ganızatıon t	hat are h	neld an	d adminis	tered for	the		Yes	No
	(i) ur	nrelated organizations									3	a(i)	
_	` '	elated organizations .									⊢	a(ii)	
b		es" on 3a(II), are the rel	-		•		₹?.					3b	
4		ribe in Part XIII the inte			s enaowme	nt runds							
Pa	rt VI	Land, Buildings, Complete if the or			on Form 9	90. Part	- TV 11	ne 11a '	See For	m 990 Pa	art X lu	ne 10	
	Descri	ption of property	(a) Cost or oth	er basis (b) Cost or ot					epreciation		(d) Book valu	ue
			(investme	nt)									
1a	Land												
	Buildin					2,0	35,985			359,796			1,676,189
		old improvements											

764,375

392,514

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

277,297

165,923

2,119,409

487,078

226,591

	(Form 990) 2019					Page 3
Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on Form 990,	Part IV Ju	ne 11h	See Form 990 F	Part X line	12
	(a) Description of security or category	(b)	110	(c) Metho	d of valuation	n
	(including name of security)	Book value		Cost or end-of	year marke	t value
(1) Financia	al derivatives					
	held equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Part VIII	Investments—Program Related.	•				
	Complete if the organization answered 'Yes' on Form 990,	Part IV, lı	ne 11c		Part X, line	e 13.
	(a) Description of investment			(b) Book value		nod of valuation nd-of-year market
					2032 01 01	value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Part IX	on (b) must equal Form 990, Part X, col (B) line 13) Other Assets.		•			
Turcix	Complete if the organization answered 'Yes' on Form 990,	Part IV, lır	ne 11d.	See Form 990, Par		
/4)	(a) Description					b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total (Colu	ımn (b) must equal Form 990, Part X, col (B) line 15)				•	
Part X						
	Complete if the organization answered 'Yes' on Form 990, (a) Description of liability		ne 11e	or 11f.See Form	990, Part	X, line 25. (b) Book value
1. (1) Federal	Income taxes	Ly				(b) Book value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 25)			_		
	or uncertain tax positions In Part XIII, provide the text of the footnot					
organization	s's liability for uncertain tax positions under FIN 48 (ASC 740). Check	here if the	text of	the footnote has be	en provided	lın Part XIII

Schedule D (Form 990) 2019

1

Schedule D (Form 990) 2019

Page 4

2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			İ
а	Net unrealized gains (losses) on investments 2a			
b	Donated services and use of facilities			
c	Recoveries of prior year grants		1	
d	Other (Describe in Part XIII)		1	
e	Add lines 2a through 2d		2e	
3	Subtract line 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)		1	
С	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	XII Reconciliation of Expenses per Audited Financial Statements Wi		Return	า.
	Complete if the organization answered 'Yes' on Form 990, Part IV, line	12a.		
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			
c	Other losses			
d	Other (Describe in Part XIII)]	
e	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)		1	
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
Par	t XIII Supplemental Information			
Prov	ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV,	lines 1b and 2b, Part	V, line	4, Part X, line 2, Part
	ines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any addit		•	· · · · ·
	Return Reference Explanation			

Schedule D (Fo	orm 990) 2019	Page 5	
Part XIII	Supplemental Info	rmation <i>(continued)</i>	
Return Reference		Explanation	
			Schedule D (Form 990) 2019

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493192005080 OMB No 1545-0047 SCHEDULE O Supplemental Information to Form 990 or 990-EZ (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 ▶ Go to www.irs.gov/Form990 for the latest information. Inspection Department of the Treasury Namel Brtherorganization **Employer identification number** WILLOWSFORD CONSERVANCY INC 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 AND 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 OVER 2,200 ACRES OF OPEN SPACE, SET ASIDE FOR CO NSERVATION, RECREATION, EDUCATION AND AGRICULTURAL USE FRESH FOOD PRODUCTION FROM SUSTAIN ABLE FARMING, RECREATION OPPORTUNITIES WITH NATURE TRAILS, CAMPSITES, FORESTS AND WETLANDS THAT SUPPORT DIVERSE NATIVE WILDLIFE AND VEGETATION, AND THE CONSERVANCY'S LAND STEWARDSH IP PROGRAMS-INCLUDING HABITAT RESTORATION, WILDLIFE MANAGEMENT, AND INVASIVE SPECIES CONTR OL-CONTRIBUTE POSITIVELY TO THE REGION'S QUALITY OF LIFE IN 2019, 50 CONSERVANCY VOLUNTEE RS SUPPORTED THE CONSERVANCY'S PROGRAMS FARMING IN SUPPORT OF ITS MISSION FOR LONG-TERM PR OTECTION 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 CONSERVATION ACTIVITIES SUSTAINABLE AGRICULTURE PR OVIDES FRESH, NOURSHING FOOD FOR WILLOWSFORD RESIDENTS AND THE LOCAL COMMUNITY, AND SUPPOR TIS THE CONSERVANCY'S CONSERVATION EFFORTS THE FARM ALSO PLAYS AN ACTIVE ROLE IN THE GREA TER COMMUNITY, SUPPORTING LOCAL AGRICULTURE AND ARTISANAL FOOD PRODUCTION, FOOD LITERACY, HEALTHY NUTRITION, AND A VIBRANT COMMUNITY SUPPORTED AGRICULTURE (CSA) PROGRAM, INCLUDING VEGE TABLES, EGGS, MILK, FLOWERS, AND MEAT SHARES, IN ADDITION TO SUPPORTING FAMILIES THROUGH DIRECT SALES AT THE FARM STAND ABOUT HALF OF THE CONSERVANCY DONATED FRESH FARM FOOD TO LOUDOUN HUNGER RELIEF INTERESTED GROUPS OF PROFESSIONALS WERE HOSTED DURING EVENTS AND TOURS TO D ISCUSS LAND USE. DEVELOPMENT AND AGRICULTURE FARM VOLUNTEER RAPM FOOD TO LOUDOUN HUNGER RELIEF INTERESTED GROUPS OF PROFESSIONALS WERE HOSTED DURING EVENTS AND TOURS TO D ISCUSS LAND USE. DEVELOPMENT AND AGRICULTURE FARM FOOD TO DEVINONMENTAL STEWARDSHIP, LAND CONSERVANCY CONTINUES TO OFFER HANDS-ON, SITE-SPECIFIC EDUCATION PROGRAMS AND EVENTS AND TOURS TO D ISCUSS LAND USE AND TOURS TO DISCUSS LAND USE AND TOURS TO DISCUSS LAND THROUGH THESE ACTIVITIES, THE CONSERVANCY OFFER HANDS-ON, SITE-SPECI

Return Reference	Explanation
Return Reference PART III LINE 4 PROGRAM SERVICE ACCOMPLISHMENTS	AN CONSERVATION BIOLOGY INSTITUTE, LOUDOUN WILDLIFE CONSERVANCY (LWC), BLUE RIDGE WILDLIFE CENTER, PIEDMONT ENVIRONMENTAL COUNCIL AND OTHERS, THE CONSERVANCY RECEIVES INSIGHTS AND BUILDS EXPERTISE ON HOW IT CAN BEST PROMOTE NATIVE HABITAT AND WILDLIFE IN THE COMMUNITY WITH LWC, THE BLUEBIRD NEST BOX MONITORING PROGRAM CONTINUED IN 2019 WITH TWO NESTING BOX TRAILS IN THE GRANGE AND GROVE VILLAGES, FOR PEOPLE TO LEARN ABOUT LOCAL CAVITY NESTERS, A ND 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 GRANGE CONTINUED WITH IMPROVEMENTS TO AND MAINTENANCE OF THE N ATIVE WILDFLOWER MEADOW IN 2019, THE CONSERVANCY OFFERED 48 FAMILY PROGRAMS SERVING MORE THAN 1,200 INDIVIDUALS INCLUDING MARCH - TWO CSA INFO SEESIONS & FARM TOUR ON MARCH 9 AND MARCH 17 - HOSTING OF THE SOLD-OUT LOUDOUN WILDLIFE CONSERVANCY FUNDRAISER ON MARCH 22, S PONSORED BY WILLOWSFORD CONSERVANCY - LAUNCH OF THE CONSERVANCY TRAIL APP ON MARCH 26 APRIL - RIGHT PLAN RIGHT PLACE-NATIVE PLANTS FOR THE HOME GARDEN, BY JULIE BORNEMAN OF WATERMA RKS NATIVE PLANT NURSERY, ON APRIL 3 - WILLOWFORD WILDIFE-BEAVERS AT WORK NATURE WALK ON APRIL 24 - VOICES IN THE NIGHT-AMPHIBIAN PROGRAM & WALK ON APRIL 25 - FEATHERED FOSTERS PR OGRAM, APRIL 27-MAY 4 - EARTH DAY WATERSHED CLEANUP ON APRIL 28 MAY - TRAIL APP NATURE WALK ON MAY 11 - WILDLIFE AT WILLOWSFORD-BLUEBIRD WALK ON MAY 28 JUNE - TERRIFIC TUTTLES- A F AMILY PROGRAM BY VIRGINIA MASTER NATURALISTS ON JUNE 15 - WET MEADOW VOLUNTEER DAY ON JUNE 16 - GRADENING WITH NATIVE PLANTS FIELD TRIP TO WATERMARK WOODS NURSERY ON JUNE 20 - TRAIL APP NATURE WALK ON JUNE 23 JULY - TRAIL APP NATURE WALK ON JULY 21 - SUMMER CAMP A WEEK AT WILLOWSFORD FARM(AGES 5-8) JULY 22-26, DISCOVER CAMP(AGES 9-12) JULY 8-12 & MALY 11- WILDLIFE AT WILLOWSFORD-BLUEBIRD WALK ON JUNE 15 - WET MEADOW VOLUNTEER DAY, AUG 4 - FARM VOLUNTEER DAY, AUG 4 - FARM FOULDITEER DAY, AUG 4 - FARM FOULDITEER
	FLO WER PLANTS AND SUPPLIES TO PLA

Return Reference	Explanation
PART III LINE 4 PROGRAM SERVICE ACCOMPLISHMENTS	NT AN EDIBLE SCHOOL GARDEN THE CONSERVANCY CONTINUED WORK WITH THE SMITHSONIAN CONSERVATI ON BIOLOGY INSTITUTE TO CONDUCT PHASE III OF A 3-YEAR DEER IMPACT STUDY ON CONSERVANCY OPE N SPACE THE STUDY HELPS INFORM THE CONSERVANCY'S DEER POPULATION MANAGEMENT PROGRAM WHICH STARTED IN 2016 IN PARTNERSHIP WITH THE VIRGINIA DEPARTMENT OF GAME AND INLAND FISHERIES, TO PROTECT THE CONSERVANCY'S NATURAL FOREST ECOSYTEMS FROM DEER OVER-BROWSING IN ADDITION, THE CONSERVANCY PARTICIPATED IN BI-MONTHLY EDUCATION SESSIONS FOR NEW WILLOWSFORD RESID ENTS, "WILLOWSFORD 101", EDUCATING NEW COMMUNITY MEMBERS ON THE CONSERVANCY'S MISSION AND WORK, AND IMPORTANCE OF OPEN SPACE CONSERVATION

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 CONSERVANCY AMENITIES INCLUDING THE HIDDEN MEADOW EVENT FIELD AND GROUP CAMPSITE, CEDAR POND PAVILION AND RECREATIONAL ARCHERY RANGE AND THE GRANT CAMPSITE PROVIDE OPPORTUNITIES AND VENUES FOR OUTDOOR RECREATION, COMMUNITY ENGAGEMENT AND EDUCATION ENCOURAGING FAMILIES TO CAMP, HIKE, OBSERVE WILDLIFE, AND EXPLORE THE OUTDOORS IN 2019, THE CONSERVANCY COMPLETED UPGRADES TO ITS SIGN SYSTEM TO IMPROVE WAYFIDING FOR TRAIL USERS TRAIL CONNECTORS WERE ADDED THROUGHOUT THE TRAIL SYSTEM, AND TRAIL UPGRADES AND REPAIRS COMPLETED WHERE NEEDED 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 STUDENTS FROM LOCAL SCHOOLS ARE PROVIDED WITH OPPORTUNITIES TO USE CONSERVANCY TRAILS FOR CROSS COUNTRY TRAIL RUNNING ORGANIZATIONAL DEVELOPMENT AND CAPACITY BUILDING IN 2019, THE CONSERVANCY ADDED A FULL-TIME RANGER FIELD POSITION TO SUPPORT OPEN SPACE MAINTENANCE, AND A FULL-TIME 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, 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,	\mid OR THE FOUNDER HAS AN UNEXPIRED OPTION TO EXPAND WILLOWSFORD PURSUANT TO COMMUNITY COVENANT, \mid
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, PART VI, PUBLIC UPON REQUEST SECTION C, LINE 18

Return Reference 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 INC

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 2019

DLN: 93493192005080

Open to Public Inspection

Employer identification number

							45-0	609461				
Part I Identification of Disregarded Entities. Complete if	the organ	nization ans	wered "Yes	" on Fo	m 990, Part	IV, lın	e 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity		(b Primary		(c) Legal domicile (state or foreign country)		(d) Total income		(e) End-of-year assets		ets Direct controlling entity		
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	ı s. Compl	ete if the o	rganızatıon	answere	ed "Yes" on F	orm 9	90, Part I	V, line 34	because	e it had one or r	more	
(a) Name, address, and EIN of related organization	(b) Primary activity		ctivity Legal domicile or foreign co		(d) Exempt Code section		(e Public char (if section !	ity status	(f) Direct controlling entity WILLOWSFORD OPERATIONS LLC		Section (13) co	g) n 512(b ontrolled tity?
(1)WILLOWSFORD HOME OWNER'S ASSOCIATION INC 23506 FOUNDERS DRIVE	НОА	HOA			528		N/A				Yes	No No
ASHBURN, VA 20148 45-0645880												<u> </u>
For Paperwork Reduction Act Notice, see the Instructions for Form 9	90.		Ca	: No 50	135Y				Sch	edule R (Form 9	90) 20	J19

Part III Identification of Related Organ one or more related organizations					g				,		,			
(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(relate unrelate excluded f tax under sections 5 514)	ated, total incom d, rom er	(g) Share of e end-of-year assets	Disprop	h) ortionate otions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging tner?	(k) Percent owners	age
			1		314)			Yes	No		Yes	No	<u> </u>	
(1) TIMBER RIDGE AT WILLOWSFORD MM LLC 131 JERICHO TURNPIKE PH 1 JERICHO, NY 11753 81-2177824		REAL ESTATE	NY						No			No		
(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 ACTIVITES	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 Organ because it had one or more relate							swered "Ye	es" on	Form	990, Part I	.V, Iır	ne 34	·	
(a) Name, address, and EIN of related organization	(b) Primary activity	Le don (state o	(c) Legal domicile state or foreign country)			(e) Type of entity (C corp, S corp, or trust)	(f) Share of tota Income	al Shai	(g) re of en year assets	d-of- Perd owi	(h) centag nership		(1) Section 5 (13) cont entity Yes	12(b) rolled
													1.50	

Schedule R (Form 990) 2019		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?	П		
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)	1 b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1 d		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)	1 g	\neg	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)	1 j		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	ĺ
o Sharing of paid employees with related organization(s)	10		No
p Reimbursement paid to related organization(s) for expenses	1 p		No
a Reimhursement haid by related organization(s) for expenses	1a	\neg	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 Y	res	
o Sharing of paid employees with related organization(s)	 •	10		No
p Reimbursement paid to related organization(s) for expenses	 	1p		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
s Other transfer of cash or property from related organization(s)	 	1s Y	res	

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 (1)WILLOWSFORD OPERATIONS LLC (2)WILLOWSFORD HOME OWNER'S ASSOCIATION INC

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 partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	domicilo	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) The all partners section 501(c)(3) Trganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ite	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(1) General (managin partner	,	(k) Percentage ownership
			514)	Yes	No			Yes	No	1	Yes	No	
										Schedul	e R (Form	1 990	0) 2019

