Extended to November 16, 2020

Form **990** (Rev. January 2020)

Return of Organization Exempt From Income Tax

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

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A	For th	e 2019 calendar year, or tax year beginning and ending											
			D Employer identifi	action number									
_	Check if applicab	e: Ortano o, organization	D Limployer identili	cation number									
	Addre	Loudoun Wildlife Conservancy											
F	Name		54-17625	33									
	Initial returr		······································										
F	Final	D O Pow 1992	(703) 77										
1	returr termii ated		G Gross receipts \$	261,424.									
_	Amer	ded Tooghume 177 20177	H(a) Is this a group re										
	Appli		for out and instan	? Yes X No									
	Ition pendi	same as C above	H(b) Are all subordinates in										
1	Tay-ov												
-	Mohei	te: www.loudounwildlife.org	H(c) Group exemptio	list. (see instructions)									
			ar of formation: 1995	I State of legal dominite: VZ									
	art I	Summary	ar or formation, x > > > N	J State of legal dominione. V 2									
	1	Briefly describe the organization's mission or most significant activities: To inspin	e engage &	motivate									
uce	1	people to protect, preserve. & restore wildli	fe habitat.	MOCI VACC									
Ľ	2	people to protect, preserve, & restore wildlife habitat. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.											
Ve	3	Number of voting members of the governing body (Part VI, line 1a)	1 1	15									
ŏ	4	Number of independent voting members of the governing body (Part VI, line 1b)		15									
Activities & Governance	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	4									
λŧέ	6	Total number of volunteers (estimate if necessary)		350									
Ċţį	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.									
۹		Net unrelated business taxable income from Form 990-T, line 39		0.									
			Prior Year	Current Year									
Φ	8	Contributions and grants (Part VIII, line 1h)	169,428.	199,596.									
Revenue	9	Program service revenue (Part VIII, line 2g)	4,800.	3,615.									
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	419.	339.									
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,740.	32,312.									
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	188,387.	235,862.									
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,000.	2,000.									
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.									
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	97,316.	138,057.									
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	34,555.	0.									
χbe	b	Total fundraising expenses (Part IX, column (D), line 25) 16,101.											
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	63,564.	94,341.									
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	196,435.	234,398.									
	19	Revenue less expenses. Subtract line 18 from line 12	-8,048.	1,464.									
ets or an			Beginning of Current Year	End of Year									
sset	20	Total assets (Part X, line 16)	227,192.	229,081.									
Net Asse Fund Balt	21	Total liabilities (Part X, line 26)	7,974.	8,399.									
		Net assets or fund balances. Subtract line 21 from line 20	219,218.	220,682.									
	art II	Signature Block											
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and state		/knowledge and belief, it is									
uue	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prepa	rer has any knowledge.										
C:	_	Signature of officer	Date	120									
Sign		Michael Myers, Executive Director	Dato										
Her	е	Type or print name and title	· · · · · · · · · · · · · · · · · · ·										
			Date Check	PTIN									
Paid	i	Print/Type preparer's name Hemali Kane, EA Preparer's signature	07/29/20 of self-employe										
	parer	Firm's name Rogers & Company PLLC	Firm's EIN -	58-2676261									
-	Only	Firm's address 8300 Boone Boulevard, Suite 600	LIHH 2 EIN	30 20 / UZUI									
		Vienna, VA 22182	Phone no (7	03) 893-0300									
May	the I	RS discuss this return with the preparer shown above? (see instructions)	Ti tione no. (/	X Yes No									

Form	990 (2019) Loudoun Wildlife Conservancy 54-1762533 Page 2
	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
-	The mission of the Loudoun Wildlife Conservancy is to inspire, engage,
	and motivate people to protect, preserve, and restore wildlife habitat
	in Loudoun County.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
_	revenue, if any, for each program service reported. (Code:) (Expenses \$ 147,424. including grants of \$ 2,000.) (Revenue \$ 15,676.)
4 a	(Code:) (Expenses \$ 147,424. including grants of \$2,000.) (Revenue \$15,676.) Environmental Education and Advocacy: One of the most important
	services Loudoun Wildlife Conservancy provides is its series of
	educational programs and field trips. These events provide a rich
	source of information on everything from environmental issues to
	education about local wildlife and habitat sustainability.
	-
	The quality of our programs and field trips is enhanced through
	community partnerships that provide access to properties for our trips
	and occasionally speakers for our programs. In return, Loudoun Wildlife
	provides valuable services to these organizations by assisting with
	educational programs, nature walks, and resources, all of which are
	offered free of charge, or a nominal fee. (Code:)(Expenses \$ 20,261. including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$20, 261. including grants of \$) (Revenue \$) Habitat Restoration: Habitat Restoration projects vary with each year
	depending upon opportunities that arise and where there is a need. In
	addition to specific habitat projects, Loudoun Wildlife also supports
	several on-going programs that promote healthy habitats both at home
	and in our natural places and open spaces. Our specific projects have
	included buffer restorations along important water corridors as well as
	the planting of butterfly waystations on private and public properties.
	Our programmatic areas include the Audubon at Home program that is designed to conserve and expand healthy habitats needed to sustain
	native plants and wildlife in Loudoun County. We are assisting Audubon
	to map certified properties in Northern Virginia using GIS and hope to
	show the emergence of wildlife corridors. In addition, we offer two
4c	(Code:) (Expenses \$ 20,907. including grants of \$) (Revenue \$
	Citizen Science: Amphibians - Amphibian monitoring begins in March when
	we hold workshops and conduct field trips to find, identify and count
	our amphibian friends including all the frogs, toads, salamanders and
	newt species found in Loudoun County. During the field sessions we
	focus on the vernal pools in a variety of sites that include both
	suburban and unaltered habitats to find marbled salamander tadpoles,
	fairy shrimp, wood frogs egg masses and Jefferson Salamander egg
	masses.
	Birds - Loudoun Wildlife birders who participate in our bird monitoring
	and bird count activities play a key role in identifying and monitoring
	important bird areas that will allow Loudoun Wildlife Conservancy and
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 11,385 • including grants of \$) (Revenue \$)

Form **990** (2019)

4e Total program service expenses ▶

199,977.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		- 25
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			l
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			37
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Form 990 (2019) Loudoun Wildlife Conservancy
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	١		Х
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
٨	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	214		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			.,
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		Х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		.,	
Pai	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
1 0	Check if Schedule O contains a response or note to any line in this Part V			
	Chock is Contidued Contidued a recipional of flote to dirty line in this flat v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		- 55	- 10
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

54-1762533

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Form 990 (2019) Loudoun Wildlife Conservancy
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		163	140			
	filed for the calendar year ending with or within the year covered by this return 2a 2a						
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х			
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х			
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?						
	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	X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
	were not tax deductible?	6b	X				
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	X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
	to file Form 8282?	7с		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?						
g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
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?	9a					
	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						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
11	Section 501(c)(12) organizations. Enter:						
	Gross income from members or shareholders						
b							
100	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					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZa					
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					
_	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans						
С	Enter the amount of reserves on hand						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
	excess parachute payment(s) during the year?	15		Х			
	If "Yes," see instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х			
	If "Yes," complete Form 4720, Schedule O.						

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Form 990 (2019) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X			
Sec	tion A. Governing Body and Management								
	<u> </u>				Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	.5	1.00	110			
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	.5					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship								
_	officer, director, trustee, or key employee?								
3	Did the organization delegate control over management duties customarily performed by or under the			. 2					
_	of officers, directors, trustees, or key employees to a management company or other person?		= "	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 9					Х			
5	Did the organization become aware during the year of a significant diversion of the organization's ass			. —		Х			
6	Did the organization have members or stockholders?			∙ ⊢	Х				
	Did the organization have members, stockholders, or other persons who had the power to elect or ap			· 🖵					
	more members of the governing body?			7a	х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			. —					
~				7b	х				
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the yea	r hv th	e followina.						
	The governing body?			8a	х				
h	Each committee with authority to act on behalf of the governing body?			. 8b	37				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rear			.	 				
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re			. •					
					Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10	_	X			
	If "Yes," did the organization have written policies and procedures governing the activities of such ch								
	and branches to ensure their operations are consistent with the organization's exempt purposes?			101	,				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			118					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	•	J						
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12	X				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise								
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye								
	in Schedule O how this was done			120	x s				
13	Did the organization have a written whistleblower policy?				_	Х			
14	Did the organization have a written document retention and destruction policy?				_	Х			
15	Did the process for determining compensation of the following persons include a review and approva								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official			15	X				
	Other officers or key employees of the organization				77				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a						
	taxable entity during the year?			16		Х			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-							
	exempt status with respect to such arrangements?			16					
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ►VA								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	-T (Section 501(c)(3)s or	ıly) avai	ilable			
	for public inspection. Indicate how you made these available. Check all that apply.		,	,	,,	-			
	X Own website Another's website X Upon request Other (explain	on Sc	hedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			and fin	ancial				
	statements available to the public during the tax year.		,··- <i>y</i> ,						
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks an	d records ▶						
-	Michael Myers, Executive Director - (703) 777-2575		- 						
	P.O. Boy 1892 Leeshurg VA 20177								

Loudoun Wildlife Conservancy Form 990 (2019)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	l	AI 112C		C)	прсі	iioai	(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson i	is bot or/trus	h an	compensation	compensation	amount of
	week	_	CCI aii	lu a u	II GCIC)/ ii us	100)	from	from related	other
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** 2) 1000 (***1000)	organization
	organizations	trust	nal tru		oyee	ompe				and related
	below	vidua	Institutional trustee	cer	Key employee	Highest compensated employee	Former			organizations
	line)	п	Inst	Officer	Key	Hig	P			
(1) Julie Borneman	20.00	٠,,		,,					0	0
President	F 00	Х		Х				0.	0.	0.
(2) Joe Coleman	5.00	\ \		\ \ \					0	0
Past President	10 00	Х		Х				0.	0.	0.
(3) Anne Owen	10.00	\ \		\ \ **					0	0
Vice President	10 00	Х		Х				0.	0.	0.
(4) Janet Locklear	10.00	X		x				0.	0.	0.
(5) Linda Sieh	10.00	^		^				0.	0.	<u> </u>
Treasurer	10.00	X		x				0.	0.	0.
(6) Allison Gallo	10.00	^		^				0.	· ·	<u> </u>
Director	10.00	Х						0.	0.	0.
(7) Ashley Gam	5.00							0.	•	<u> </u>
Director	3.00	x						0.	0.	0.
(8) Atiri Ibanez	10.00							0.0		
Director		х						0.	0.	0.
(9) Barbara DeRosa-Joynt	10.00									
Director		Х						0.	0.	0.
(10) Bruce Hill	10.00									
Director		Х						0.	0.	0.
(11) Dave Manning	10.00									
Director		Х						0.	0.	0.
(12) Janet Locklear	10.00									
Director		Х						0.	0.	0.
(13) Jill Miller	10.00									
Director		Х						0.	0.	0.
(14) Jim McWalters	10.00									
Director		Х						0.	0.	0.
(15) Michael Sciortino	10.00							_	_	_
Director	10.00	Х						0.	0.	0.
(16) Patti Psaris	10.00									•
Director	10 00	Х						0.	0.	0.
(17) Sarah Ali	10.00	,,							_	^
Director		X						0.	0.	0.

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Part VII Section A. Officers, Directors, Tru	ustees, Key Em	ploy	/ees	, an	d Hi	ighe	st (Compensated Employe	es (continued)				
(A)	(B)	(C)				_		(D)	(E)			(F)	
Name and title	Average	Position (do not check more than one			than		Reportable	Reportable			stimate		
	hours per week					is bo or/trus		compensation	compensation from related		ar	nount other	
	(list any	rot					Ė	from the	organization		con	npensa	
	hours for	direct				- D			(W-2/1099-MI		1	rom th	
	related	tee or	ıstee			ensate		(W-2/1099-MISC)	`	,	orç	ganizat	ion
	organizations	l trus	nal tn		oyee	dwo					1	id relat	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	mer.				org	anizati	ons
(10) 6 1 6 1	5.00	i i	l su	통	Ş.	E, E	호						
(18) Sarah Steadman Director	3.00	$ _{\mathbf{X}}$						0.		0.			0.
(19) Spring Ligi	10.00	^			\vdash	+		0.		<u> </u>	 		<u> </u>
Director	10.00	$ \mathbf{x} $						0.		0.			0.
(20) Michael Myers	45.00	+				T							
Executive Director		1		x				67,500.		0.		9,0	00.
								,					
							L						
		-											
		-					┝				_		
		-											
								65.500					•
1b Subtotal								67,500.		0.		9,0	
c Total from continuation sheets to Part	VII, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								67,500.		0.		9,0	00.
2 Total number of individuals (including but	not limited to t	nose	liste	ed a	bov	e) w	ho r	eceived more than \$100	0,000 of reportal	ole			0
compensation from the organization												Yes	No
3 Did the organization list any former office	er director trust	ا مما	kov (emn	love	<u> </u>	r hic	nhest compensated emr	olovee on			100	H-
line 1a? If "Yes," complete Schedule J for			•		•		•		•		3		х
4 For any individual listed on line 1a, is the										1			
and related organizations greater than \$1	50,000? If "Yes	," co	mpl	ete S	Sche	edul	e J	for such individual			4		Х
5 Did any person listed on line 1a receive o	r accrue compe	nsat	ion 1	from	any	y un	relat	ted organization or indiv	idual for service	S			
rendered to the organization? If "Yes," co	mplete Schedu	le J t	for s	uch	pers	son				<u></u>	5		X
Section B. Independent Contractors									*				
1 Complete this table for your five highest of the organization. Report compensation for										npens	sation	from	
(A)	or trie caleridar y	/eai	enui	iiig v	VILII	OI W	/141111	(B)	year.			C)	
Name and busines	ss address	N	INC	E				Description of s	services	С		ensatio	n
										<u> </u>			
2 Total number of independent contractors		not li	mite	d to	tho	se li	sted	d above) who received n	nore than				
\$100,000 of compensation from the orga	nization 🕨					U							

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 199,596. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g \$ 199,596. h Total. Add lines 1a-1f . **Business Code** 3,615. 900099 3,615. 2 a Speakers, Presentation Program Service Revenue f All other program service revenue 3,615. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 339. 339 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis Other Revenue 7b and sales expenses c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See 28,269. Part IV, line 18 8,018. **b** Less: direct expenses _____ 20,251. 20,251. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9b **b** Less: direct expenses c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns 29,605. and allowances 17,544. **b** Less: cost of goods sold 12,061. 12,061. c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 235,862. 15,676. 20,590 Total revenue. See instructions 12

Form 990 (2019)

Part IX | Statement of Functional Expenses

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

X Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) (A) Total expenses Do not include amounts reported on lines 6b. Program service expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2,000. individuals. See Part IV, line 22 2,000. Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 76,500. 64,185. 5,124. 7,191. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 52,260. 45,049. 6,472. 739. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 9,297. 7,925. 847. 525. Payroll taxes 10 Fees for services (nonemployees): 11 a Management Legal 1,040. 1,040. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 28,409. 1,374. 1,374. 31,157. column (A) amount, list line 11g expenses on Sch O.) 10,936. 10,410. 105. <u>421.</u> Advertising and promotion 12 5,764. 2,920. 539. 2,305. 13 Office expenses 3,351. 2,847. 444. 60. Information technology 14 Royalties 15 9,516. 6,344. 1,586. 1,586. 16 Occupancy 192. 192. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials ... 3,738. 4,258. 12. 508. Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 2,200. 911. 1,061. 228. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24è amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 15,151. 14,646. 505. Program expenses Habitat restoration 6,893. 6,893. Taxes and licenses 2,683. 2,458. 25. 200. 1,200. 1,050. 75. 75. Dues and subscriptions All other expenses 234,398. 199,977. 18,320. 16,101. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

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Form 990 (2019)
Part X Balance Sheet

Par	LA	Balance Sheet					
		Check if Schedule O contains a response or n	ote to ar	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			213,867.	1	191,397
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqua		,			
		under section 4958(f)(1)), and persons describ	ed in se	on 4958(c)(3)(B)		6	
sis	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	6,699
⋖	9	Prepaid expenses and deferred charges				9	1,717
	10a	Land, buildings, and equipment: cost or other		40 700			
		basis. Complete Part VI of Schedule D		13,723.	40 500		4.0 7.00
	b	Less: accumulated depreciation		0.	12,780.	10c	13,723
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets	E 4 E	14	15 545		
	15	Other assets. See Part IV, line 11	545.	15	15,545		
	16	Total assets. Add lines 1 through 15 (must ed			227,192.	16	229,081
	17	Accounts payable and accrued expenses			7,974.	17	8,399
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
les	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th				22	
	23	Secured mortgages and notes payable to unre		_		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	es 17-24	Complete Part X		25	
	06	of Schedule D			7,974.	26	8,399
\dashv	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, cl			/, / 1 = •	26	0,355
es		and complete lines 27, 28, 32, and 33.	ieck iiei				
auc auc	27	Net assets without donor restrictions			115,246.	27	116,710
ga	28	Net assets with donor restrictions			103,972.	28	103,972
<u> </u>		Organizations that do not follow FASB ASC					
Net Assets or Fund Balances		and complete lines 29 through 33.	500, OH				
, P	29	Capital stock or trust principal, or current fund	s			29	
jet	30	Paid-in or capital surplus, or land, building, or				30	
AS	31	Retained earnings, endowment, accumulated				31	
et	32	Total net assets or fund balances		_	219,218.	32	220,682
-	33	Total liabilities and net assets/fund balances			227,192.	33	229,081

1 Total revenue (must equal Part VIII, column (A), line 12)		
· · · · · · · · · · · · · · · · · · ·		
· · · · · · · · · · · · · · · · · · ·		262
2 Total expenses (must equal Part IX column (A) line 25)	235,8	
2 Total expenses (mast equal tall tits, selamin (y), into 29)	234,3	
3 Revenue less expenses. Subtract line 2 from line 1		464.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4	219,2	218.
5 Net unrealized gains (losses) on investments5		
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 on Schedule O)9		0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		
column (B)) 10	220,6	582.
Part XII Financial Statements and Reporting		
Check if Schedule O contains a response or note to any line in this Part XII		
	Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
	2a	Х
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a		
separate basis, consolidated basis, or both:		
Separate basis Consolidated basis Both consolidated and separate basis		
·	eb l	Х
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,		
consolidated basis, or both:		
Separate basis Consolidated basis Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,		
	2c	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit		
	Ba	l x
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		+
	lb	

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 **2019**

Open to Public Inspection

Employer identification number

Loudoun Wildlife Conservancy 54-1762533 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	135,744.	135,511.	145,479.	169,428.	199,596.	785,758.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	135,744.	135,511.	145,479.	169,428.	199,596.	785,758.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						266,123.
6	Public support. Subtract line 5 from line 4.						519,635.
	tion B. Total Support						•
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	135,744.	135,511.	145,479.	169,428.	199,596.	785,758.
	Gross income from interest,	-	-	-	-	-	-
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	508.	608.	655.	419.	339.	2,529.
9	Net income from unrelated business						<u> </u>
-	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						788,287.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	192,079.
	First five years. If the Form 990 is for	•	,	d. fourth. or fifth ta	ax vear as a section		<u> </u>
	organization, check this box and stor	-					>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2019 (ine 6, column (f) di	vided by line 11, c	olumn (f))		14	65.92 %
	Public support percentage from 2018					15	66.45 %
	33 1/3% support test - 2019. If the o					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2018. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes						or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"				•	-	
b	10% -facts-and-circumstances tes	~	="		•		
	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						
				, , ,	,		

Schedule A (Form 990 or 990-EZ) 2019

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	qualify under the tests listed be ction A. Public Support	elow, please com	plete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	(a) 2013	(6) 2010	(6) 2017	(u) 2018	(e) 2019	(i) iotai
•	membership fees received. (Do not						
	include any "unusual grants.")						
2							
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
•	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🖊	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	the organization	s first second this	d fourth or fifth t	av voar as a soctio	1 on 501(c)(3) organi:	zation
17		· ·	•		•	. , . ,	
Sec	ction C. Computation of Publi						
	Public support percentage for 2019 (li			column (f))		15	%
	Public support percentage from 2018					16	
	ction D. Computation of Inves					1 10 1	70
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	
	a 33 1/3% support tests - 2019. If the						
136	more than 33 1/3%, check this box ar						17 13 HOL
K	33 1/3% support tests - 2018. If the						
20	line 18 is not more than 33 1/3%, che						
∠∪	Private foundation. If the organization	л иш пот спеск а	DOX OH IIITE 14, 19	a, or 190, check t	THE DOX ATIO SEE IN	SUUCUOUS	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	•		
	2		
	3a		
	3b		
	J.		
	3с		
	4a		
	4b		
	4c		
	_		
	5a		
	5b		
	5c		
	6		
	7		
	,		
	8		
	9a		
	9b		
	9c		
	90		
	10a		
	10b		
rm 9	90 or 99	0-EZ	2019

Pai	rt IV Supporting Organizations (continued)			<u> </u>
	Continuedy		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
<u>Sec</u>	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard.	3		
	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instruction. The organization satisfied the Activities Test. Complete line 2 below.	ms).		
a	The organization satisfied the Activities rest. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
b c	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	inetructions	e)	
2	Activities Test. Answer (a) and (b) below.	ii isti uctionis	Yes	No
a			163	140
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2019 Loudoun Wildlife Conservancy

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970 (explain in	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must cor	mplete Se	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	v integrate	ed Type III supporting ord	anization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Schedule A (Form 990 or 990-EZ) 2019 Loudoun Wildlife Conservancy

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	ion D -	Distributions		,	Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4		nts paid to acquire exempt-use assets	•		
5		ied set-aside amounts (prior IRS approval required)			
6		distributions (describe in Part VI). See instructions.			
7		annual distributions. Add lines 1 through 6.			
8		outions to attentive supported organizations to which the	ne organization is responsive	 e	
_		de details in Part VI). See instructions.		-	
9		outable amount for 2019 from Section C, line 6			
10		amount divided by line 9 amount			
	<u> </u>	amount arriage by line o amount	(i)	(ii)	(iii)
Secti	ion E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2019 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2019			
а	From	2014			
b	From	2015			
С	From	2016			
d	From	2017			
е	From	2018			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2019 distributable amount			
i	Carry	over from 2014 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2019 from Section D,			
	line 7:	\$			
а		ed to underdistributions of prior years			
		ed to 2019 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2019, if			
		Subtract lines 3g and 4a from line 2. For result greater			
	-	zero, explain in Part VI. See instructions.			
6		ining underdistributions for 2019. Subtract lines 3h			
_		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		ss distributions carryover to 2020. Add lines 3j			
•	and 4				
8		down of line 7:			
		ss from 2015			
		ss from 2016			
		ss from 2017			
		ss from 2018			
е	EXCES	ss from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-EZ) 20	₁₉ Loudoun	Wildlife	Conservancy	54-1762533 Page 8
Part VI	Supplemental Inf Part IV, Section A, lines line 1; Part IV, Section	ormation. Provides 1, 2, 3b, 3c, 4b, 4c D, lines 2 and 3; Pa	e the explanations , 5a, 6, 9a, 9b, 9c t IV, Section E, lin	s required by Part II, line 10, , 11a, 11b, and 11c; Part I' es 1c, 2a, 2b, 3a, and 3b;	p; Part II, line 17a or 17b; Part III, line 12; V, Section B, lines 1 and 2; Part IV, Section C, Part V, line 1; Part V, Section B, line 1e; Part V, part for any additional information.
	(CCC Inchidentions.)				

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY ** **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Loudoun Wildlife Conservancy

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

OMB No. 1545-0047

Employer identification number

54-1762533

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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

Organization type (check one):					
Filers of:	S	ection:			
Form 990 o	r 990-EZ	Sol(c)(3) (enter number) organization			
		4947(a)(1) nonexempt charitable trust not treated as a private foundation			
		527 political organization			
Form 990-P	F [501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
		overed by the General Rule or a Special Rule. (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General Ru	ile				
		ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or e contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special Rul	les				
sec an	ctions 509(a)(1) and y one contributor, d	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under I 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from luring the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; e 1. Complete Parts I and II.			
yea	ar, total contribution	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ns of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the o children or animals. Complete Parts I, II, and III.			
yea is d pu	ar, contributions exc checked, enter here rpose. Don't compl	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the clusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is the total contributions that were received during the year for an exclusively religious, charitable, etc., etc any of the parts unless the General Rule applies to this organization because it received nonexclusively tc., contributions totaling \$5,000 or more during the year			
but it must	answer "No" on Pa	sn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), rt IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to filing requirements of Schedule B (Form 990, 990-FZ, or 990-PF)			

, , ,	,	<u> </u>
Name of organization		Employer identification number
Loudoun Wildlife Conserv	ancy	54-1762533

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$6,607.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$5,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>15,618.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$9,422.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization Employer identification number Loudoun Wildlife Conservancy 54-1762533

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
			Person Payroll Noncash (Complete Part II for		

Name of organization

Employer identification number

Loudoun Wildlife Conservancy

54-1762533

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		_				
		<u> </u>				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		<u> </u>				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		<u> </u>				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			

Name of o	organization			Employer identification number
	un Wildlife Conservancy			54-1762533
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	through (e) and the following line charitable, etc., contributions of \$1,000	entry For organization	8), or (10) that total more than \$1,000 for the year ons er this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of	 gift	
	Transferee's name, address, a	nd ZIP + 4	Relationsl	hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of	jift	
	Transferee's name, address, a	nd ZIP + 4	Relationsl	hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of	 gift	
	Transferee's name, address, a	nd ZIP + 4	Relationsl	nip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of	aift	
	Transferee's name, address, a			hip of transferor to transferee
				<u> </u>

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Loudoun Wildlife Conservancy

Employer identification number 54-1762533

Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, lin	e 6.				
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	ed funds			
	are the organization's property, subject to the organization's	_				
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor of					
Pai						
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).				
	Preservation of land for public use (for example, recrea	tion or education) Preservation of a	a historically important land area			
	Protection of natural habitat	Preservation of a	a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form o	of a conservation easement on the last			
	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b						
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c			
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	re			
	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, rel					
	year ▶					
4	Number of states where property subject to conservation eas	sement is located >				
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements if	t holds?	Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,					
	>					
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easements during the year			
	▶ \$					
8	Does each conservation easement reported on line 2(d) above					
	and section 170(h)(4)(B)(ii)?		Yes No			
9	In Part XIII, describe how the organization reports conservati					
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	nts that describes the			
_	organization's accounting for conservation easements.					
Pai	t III Organizations Maintaining Collections o		her Similar Assets.			
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 95					
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public					
	service, provide in Part XIII the text of the footnote to its finar					
b	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of					
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	erance of public service,			
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical tre-	asures, or other similar assets for financial	gain, provide			
	the following amounts required to be reported under FASB A	_				
а	Revenue included on Form 990, Part VIII, line 1					
h	Assets included in Form 990, Part X		▶ \$			

Pai	t III Organizations Maintaining C	collections of A	rt, His	torical Tı	reasures, o	or Other	Simila	r Asse	ts (continu	red)
3	Using the organization's acquisition, accessi	on, and other record	ds, checl	k any of the	following tha	t make sig	nificant u	se of its		
	collection items (check all that apply):									
а	Public exhibition	d	ı 🗆	Loan or exc	change progra	am				
b	Scholarly research	е			0 1 0					
С	Preservation for future generations	_								
4	Provide a description of the organization's co	ollections and explai	in how th	nev further t	the organizati	on's exem	nt nurnos	e in Parl	XIII	
5	During the year, did the organization solicit of	· ·		-	-			o iiii aii	. 70111.	
J	to be sold to raise funds rather than to be ma				•				Yes	☐ No
Pai	t IV Escrow and Custodial Arran									
	reported an amount on Form 990, Pal	-		organizatio	on anowored	100 0111	om 000,	r arriv,		
	Is the organization an agent, trustee, custod		diary for	contributio	ns or other as	sets not in	cluded			
	on Form 990, Part X?		-						Yes	☐ No
h	If "Yes," explain the arrangement in Part XIII								1 103	140
	Tres, explain the arrangement in rare Air	and complete the re	onownig i	labic.					Amount	
_	Paginning balance						10		Amount	
	Beginning balance						1c			
	Additions during the year									
_	Distributions during the year									
†	Ending balance						1f		1	
	Did the organization include an amount on F					-	/?		Yes	∐ No
$\overline{}$	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete i									
		(a) Current year	(b) P	rior year	(c) Two year	rs back (d) Three yea	ars back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curr	rent year end haland	l ra (lina 1	a column (a)) held as:					
	Board designated or quasi-endowment	rent year end balane	%	g, coluinii (ajj ricia as.					
	•	0/								
	Permanent endowment	%								
С		%								
_	The percentages on lines 2a, 2b, and 2c sho	•								
за	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are neld a	and administe	ered for the	e organiza	ition	Г.	
	by:									es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	schedule R?	?				3b	
4	Describe in Part XIII the intended uses of the		owment	funds.						
Pai	t VI Land, Buildings, and Equipm	nent.								
	Complete if the organization answere	d "Yes" on Form 990	0, Part I\	/, line 11a.	See Form 990), Part X, lii	ne 10.			
	Description of property	(a) Cost or o	other	(b) Cos	t or other	(c) Acc	umulated		(d) Book	value
		basis (investr	ment)	basis	(other)	depr	eciation			
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment				1,473.				1	,473.
	Other			1	2,250.					,250.
	. Add lines 1a through 1e. (Column (d) must e		X colur							,723.

Schedule D (Form 990) 2019

		BLIC DISCLOSUR		
		dlife Conserv	ancy	54-1762533 Page 3
Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line	e 12.
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: C	ost or end-of-year market value
(1) Financia	al derivatives			
	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method of valuation: C	ost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part IX	b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line	e 15.
		Description		(b) Book value
(1) De	posits			545.
	ack Oak acquisition cos	ts		15,000.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line	e 15.)		▶ 15,545.
Part X	Other Liabilities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part	t X, line 25.
1.	(a) Description of liability			(b) Book value
(1) Fed	leral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2019

(8) (9) Schedule D (Form 990) 2019

Loudoun Wildlife Conservancy

54-1762533 Page 4

Pa	rt XI Reconciliation of Revenue per Audited Financial S	Statements With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV	/, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants			
d				
е	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.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial		ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part VIII.)	4b		
D	/	40		
c	Add lines 4a and 4b			
с 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			
с 5 Ра	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin rt XIII Supplemental Information.	e 18.)	5	
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	e 18.) nd 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin rt XIII Supplemental Information.	e 18.) nd 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	e 18.) nd 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	e 18.) nd 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	e 18.) nd 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	e 18.) nd 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	e 18.) nd 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	e 18.) nd 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	e 18.) nd 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	e 18.) nd 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	e 18.) nd 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	e 18.) nd 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	e 18.) nd 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	e 18.) nd 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	e 18.) nd 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	e 18.) nd 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	e 18.) nd 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	e 18.) nd 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	e 18.) nd 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	e 18.) nd 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	e 18.) nd 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	e 18.) nd 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	e 18.) nd 4; Part IV, lines 1b and 2b; F	5	t XI,
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	e 18.) nd 4; Part IV, lines 1b and 2b; F	5	t XI,

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

Open to Bublic

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection
Employer identification number

Schedule G (Form 990 or 990-EZ) 2019

Loudoun	Wildlife Conserva	ncy			54-1762	533
	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not
required to complete this par 1 Indicate whether the organization rais		ng acti	vities.	Check all that apply		
 a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or 	s f Solicita g Special	tion of fundra	gover iising		stees, or	_
key employees listed in Form 990, P b If "Yes," list the 10 highest paid individed to be compensated at least \$5,000 by the	viduals or entities (fundraisers) pursu					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have c or con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2019 Loudoun Wildlife Conservancy

Pa	rt I		_			
		of fundraising event contributions and gro			<u> </u>	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			 Wine4WL	 Birdathon	None	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
nue			(CVCIII type)	(CVCIII LYPC)	(total Hamber)	
Revenue	1	Gross receipts	15,788.	12,481.		28,269.
ш						
	2	Less: Contributions				
	_	Overe in come (line 1 minus line 0)	15,788.	12,481.		28,269.
	3	Gross income (line 1 minus line 2)	15,700:	12,401.		20,2031
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses						
xper	6	Rent/facility costs				
ΉÊ	7	Food and beverages				
Jirec	′	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	7 7 7	1,705.		8,018.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		>	8,018.
Da	11					20,251.
Pa	ıπ	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1 990, Part IV, line 19, or	reported more than	
_		\$13,000 0111 01111 990-L2, line 0a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Seve.						
_	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
t Ex	Ŭ	Nonocon prizos				
irec	4	Rent/facility costs				
	5	Other direct expenses				
	_		Yes%	Yes %	Yes %	
	6	Volunteer labor	∟ No	│└── No	L No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		•	
	-					
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
_	_					
		ter the state(s) in which the organization condu	· · -	-+-+0		Yes No
		the organization licensed to conduct gaming a		states?		. L Yes L No
J	"	No," explain:				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes No
b	If "	Yes," explain:				

Sch	edule G (Form 990 or 990-EZ) 2019 Loudoun Wildlife Conservancy 54-	1762533	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
c	: If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	s the organization required under state law to make charitable distributions from the gaming proceeds to		
_	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pa	IT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	art III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
	·		
_			

Schedule (G (Form 990 or 990-EZ)	Loudoun	Wildlife	Conservancy	54-1762533	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation (continu	ued)			
		,	,			
		· · · · · · · · · · · · · · · · · · ·				
-						

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

2019
Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Loudoun Wildlife Conservancy

Employer identification number 54-1762533

Form 990, Part III, Line 1, Description of Organization Mission:

Our journey of engagement begins with 1) Education though our

Environmental Education Programs; 2) Connection using Citizen Science

Programs; 3) Action creating healthy habitats through Habitat

Restoration Projects; and 4) Advocacy providing a voice for wildlife.

Form 990, Part III, Line 4a, Program Service Accomplishments:

Additional components of our Environmental Education program include our quarterly print newsletter, Habitat Herald, which is distributed to members and the public. Our Youth & Family Programs provides formal and informal education and experiences to children and families to inspire future generations of environmental stewards.

Advocacy - Loudoun Wildlife has taken on the role of being a voice for wildlife. Working with a number of local partners such as the Loudoun County Preservation and Conservation Coalition we have presented data and concepts on how the County government and other agencies can work together to sustain wildlife and human life. Examples of our work include: Promoting a Fresh Approach to Lyme Disease; Raising Awareness of Vultures; and Promoting Limits on Light Pollution. We also partner with national organizations such as the Choose Clean Water Coalition that promote clean streams and rivers for a cleaner Chesapeake Bay.

Form 990, Part III, Line 4b, Program Service Accomplishments:

Name of the organization

Loudoun Wildlife Conservancy

Employer identification number 54-1762533

Native Plant Sales annually to make native plants readily available to the community.

Form 990, Part III, Line 4c, Program Service Accomplishments:
other local conservation groups to design strategies to protect the
birds and other wildlife within these areas. Through numerous bird
walks, programs and special undertakings, such as the recent completion
of the Loudoun County Bird Atlas, we have provided field tools,
reported sightings and worked with other bird organizations to
understand the issues facing our bird populations. We hold an annual
Central Loudoun Christmas Bird Count (CBC) every year in December.

Bluebird Program - We manage a Bluebird Nest Monitoring Program. Our
volunteers monitor over 50 public and private trails of boxes located
throughout Loudoun County. Their work is part of critical conservation
efforts conducted throughout the county. Our efforts are in
coordination, and shared, with the Virginia Bluebird Society.

Butterflies - Every year Loudoun Wildlife holds a butterfly count
across the county during the height of summer. Our volunteers organize
into teams and head out for a day of counting. These counts are
tallied and compared each year to access the health of the species see
what unique butterflies may have been uncovered and what trends are
occurring in our area.

Stream Monitoring - In the Spring and Fall of every year, volunteer

teams monitor stream health by conducting surveys counting benthic

macroinvertebrates. The health of the streams can be identified by the

macroinvertebrates present. Our data is used to recommend streams for

Name of the organization **Employer identification number** Loudoun Wildlife Conservancy 54-1762533 further monitoring by the Virginia Department of Environmental Quality. Our ongoing program is able to help identify trends and degraded streams in need of greater conservation efforts. Form 990, Part III, Line 4d, Other Program Services: JK Black Oak Wildlife Sanctuary: Loudoun Wildlife Conservancy's vision for JK Black Oak Wildlife Sanctuary is to forever preserve and enhance its globally rare wetlands by protecting the sensitive vernal pools, unique geological setting, and the rich amphibian and wildlife populations. Additionally, to serve as a model and catalyst to conserve adjacent lands, and to create an ecologically significant sanctuary for the conservation and study of native wildlife. Expenses \$ 11,385. including grants of \$ 0. Revenue \$ 0. Form 990, Part VI, Section A, line 6: The organiation has members. Form 990, Part VI, Section A, line 7a: Members elect the Board of Directors at the Annual Meeting. Form 990, Part VI, Section A, line 7b: Members elect the Board of Directors at the Annual Meeting nominated by the Nominating Committee. Form 990, Part VI, Section B, line 11b: The Finance Committee reviews the 990 and sends it to the Board of Directors for review before it is submitted.

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization Loudoun Wildlife Conservancy	Employer identification number 54-1762533
Form 990, Part VI, Section B, Line 12c:	
Conflict of interest policies are renewed annually and Bo	ard Members alert
others to potential conflicts of interest for themselves	or others.
Form 990, Part VI, Section B, Line 15:	
The Board of Directors created an Executive Director sear	ch committee and
compiled and reviewed data to make a competitive offer to	the selected
candidate.	
Form 990, Part VI, Section C, Line 19:	
The organization makes governing documents, conflict of i	nterest policy,
and financial statements available to the public on their	website and upon
request.	
Form 990, Part IX, Line 11g, Other Fees:	
Advocacy consulting fees:	
Program service expenses	14,305.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	14,305.
Education consulting fees:	
Program service expenses	6,660.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	6,660.
Other consulting fees:	

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization Loudoun Wildlife Conservancy	Employer identification number 54-1762533
Program service expenses	6,700.
Management and general expenses	0.
Fundraising expenses	1,225.
Total expenses	7,925.
Administrative consulting fees:	
Program service expenses	0.
Management and general expenses	1,225.
Fundraising expenses	0.
Total expenses	1,225.
Payroll processing fees:	
Program service expenses	744.
Management and general expenses	149.
Fundraising expenses	149.
Total expenses	1,042.
Total Other Fees on Form 990, Part IX, line 11g, Col A	31,157.

Form **8868** (Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Autom	natic 6-Month Extension of Time. Only subm	it origin	al (no copies needed).				
All corpo	orations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnership	os, REMIC	s, and trusts		
must us	e Form 7004 to request an extension of time to file incom	e tax retu	rns.	,	,		
Type or					r identification num	ber (TIN)	
print File by the	Loudoun Wildlife Conservancy				54-17625	33	
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s P.O. Box 1892	ee instruc	tions.				
City, town or post office, state, and ZIP code. For a foreign address, see instructions. Leesburg, VA 20177							
Enter th	e Return Code for the return that this application is for (file	e a separa	ate application for each return)			0 1	
Applica	tion	Return	Application			Return	
ls For		Code	Is For			Code	
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990-BL			Form 1041-A			08	
Form 4720 (individual)			Form 4720 (other than individual)			09	
Form 99	0-PF	04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069				
Form 99	0-T (trust other than above)	06	Form 8870 12				
Telep	Michael Myers, books are in the care of P.O. Box 1892 - chone No. (703) 777-2575 corganization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box	s in the Ur	sburg, VA 20177 Fax No. ► nited States, check this box	f this is fo	r the whole group,		
th	equest an automatic 6-month extension of time until e organization named above. The extension is for the organization named above and the extension is for the organization of time until a calendar year 2019 or tax year beginning the tax year entered in line 1 is for less than 12 months, or the extension of time until Of the extension of time unti	anization's	nd ending	the exen	<u> </u>	urn for	
3a If	Lhange in accounting period this application is for Forms 990-BL, 990-PF, 990-T, 4720,	, or 6069,	enter the tentative tax, less				
an	y nonrefundable credits. See instructions.			3a	\$	0.	
b If	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and			^	
_	timated tax payments made. Include any prior year overp			3b	\$	0.	
	alance due. Subtract line 3b from line 3a. Include your pa	•				Λ	
	ing EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.	
Jaution	: If you are going to make an electronic funds withdrawal	(airect de	edit) with this form 8868, see Form 8	8453-EO a	na Form 88/9-EO f	or payment	

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

instructions.