| | | | EXTENDED TO MAY 15, 201 | 9 | | | |
|--------------------------------|------------------------|------------------|--|------------|---|----------------|--|
| | Ω | 00 | Return of Organization Exempt From | n l | ncome Tax | ⊢ | OMB No. 1545-0047 |
| Forr | n J | 90 | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code | e (exc | cept private foundatio | ns) | 2017 |
| | | of the Treasury | Do not enter social security numbers on this form as it is | - | | | Open to Public |
| | | enue Service | ► Go to www.irs.gov/Form990 for instructions and the I ar year, or tax year beginning JUL 1, 2017 and endin | | UN 30, 2018 | _ | Inspection |
| | heck if | | f organization | 90 | D Employer identifie | | number |
| a | pplicab | ole: | | | | | |
| | Addr | ge WILL | OWS WAY, INC | | | | |
| | Name chan | ge Doing bi | usiness as | | 43-1 | | 798 |
| | _return Final | Number | | suite | E Telephone numbe | | 0506 |
| | returr⊥ termi | <u> </u> | FRIEDENS ROAD, SUITE 100 own, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | | -0506 6,207,737. |
| | ated Amer returr | nded Cr | CHARLES, MO 63303 | | H(a) Is this a group re | | 0,201,131. |
| | Appli Appli | | nd address of principal officer:MICHAEL CHERBA | | | | Yes X No |
| | pend | | RIEDENS RD, ST CHARLES, MO 63303 | | H(b) Are all subordinates in | | |
| | | empt status: | | 527 | lf "No," attach a | list. (s | ee instructions) |
| | | | WILLOWSWAY.ORG | | H(c) Group exemptio | | |
| | | | X Corporation Trust Association Other ▶ L | Year | of formation: 1990 | / State | of legal domicile: MO |
| Pa | rt I | | be the organization's mission or most significant activities: | TAT 73 | | | |
| ЭС | 1 | PERSONA | LIZED SUPPORT TO PEOPLE WHO HAVE DEV. | | PMENTAL DIS | ABT | LITTES |
| Activities & Governance | 2 | | | | | | |
| ovel | 3 | | x Image: It is the organization discontinued its operations or disposed of ting members of the governing body (Part VI, line 1a) | 1 | | 10 | |
| ۍ «م | 4 | Number of ind | | | 10 | | |
| les | 5 | | of individuals employed in calendar year 2017 (Part V, line 2a) | | | | 308 |
| tivit | 6 | | of volunteers (estimate if necessary) | | | | 12 |
| Act | | | d business revenue from Part VIII, column (C), line 12 | | | | -1,317. -1,120. |
| | a | Net unrelated | business taxable income from Form 990-T, line 34 | T | | | Current Year |
| 0 | 8 | Contributions | and grants (Part VIII, line 1h) | - | 6,158,157. | | 6,125,284. |
| nue | 9 | | ce revenue (Part VIII, line 2g) | | 0. | | 0. |
| Revenue | 10 | Investment in | come (Part VIII, column (A), lines 3, 4, and 7d) | | 312. | | 894. |
| ш | 11 | | e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | -20,826. | | 981. |
| | 12 | | - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 6,137,643. | | 6,127,159. |
| | 13 | | milar amounts paid (Part IX, column (A), lines 1-3) | | 0. | | 0. |
| | 14 | - | to or for members (Part IX, column (A), line 4) | 4,666,638. | | 4,776,260. | |
| Ises | 15 16a | Professional fi | r compensation, employee benefits (Part IX, column (A), lines 5-10) | - | <u> </u> | | <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> |
| Expenses | b | Total fundrais | r compensation, employee benefits (Part IX, column (A), lines 5·10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) ► <u>34,960.</u> | | | | |
| ŵ | 17 | Other expense | es (Part IX, column (A), lines 11a-11d, 11f-24e) | | 775,923. | | 909,063. |
| | 18 | Total expense | s. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 5,442,561. | | 5,685,323. |
| | 19 | Revenue less | expenses. Subtract line 18 from line 12 | | 695,082. | | 441,836. |
| Net Assets or Fund Balances | 00 | Tatala 1 (| | Be | ginning of Current Year 5 , 016 , 826 . | | End of Year 5,481,134. |
| Asse Bala | 20 21 | Total assets (F | | - | 1,269,149. | | 1,291,621. |
| Net / und | 21 | | (Part X, line 26) fund balances. Subtract line 21 from line 20 | - | 3,747,677. | | 4,189,513. |
| | rt II | | | - | | <u> </u> | ,===,=== |
| | | - | I declare that I have examined this return, including accompanying schedules and s | tatem | ents, and to the best of m | y know | ledge and belief, it is |
| true, | corre | ct, and complete | . Declaration of preparer (other than officer) is based on all information of which pre | parer | has any knowledge. | | |

| , | | , | 5 | 0 | | | | | | |
|--------------|---|--|------|---|--|--|--|--|--|--|
| Sign Here | Signature of officer JOY STEELE, EXEC DIREC Type or print name and title | CTOR | | Date | | | | | | |
| Paid | Print/Type preparer's name MARY A. GREEN, CPA | Preparer's signature MARY A. GREEN, CPA | Date | Check PTIN if self-employed P01320124 | | | | | | |
| Preparer | Firm's name KIEFER BONFANTI | & CO. LLP | | Firm's EIN 43-1061959 | | | | | | |
| Use Only | Firm's address 701 EMERSON ROAI | D, STE 201 | | | | | | | | |
| | ST. LOUIS, MO 63 | 3141 | | Phone no. (314) 812-1100 | | | | | | |
| May the I | May the IRS discuss this return with the preparer shown above? (see instructions) | | | | | | | | | |
| 732001 11-2 | 8-17 LHA For Paperwork Reduction Act Not | ice, see the separate instructions. | | Form 990 (2017) | | | | | | |

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

| Form | 990 (2017) WILLOWS WAY, INC | 43-154679 | 98 Page 2 |
|---------|--|----------------------|--|
| Par | t III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response or note to any line in this Part III | | X |
| 1 | Briefly describe the organization's mission: | | |
| - | WILLOWS WAY PROVIDES PERSONALIZED SUPPORT TO PEOPLE WHO | HAVE | |
| | DEVELOPMENTAL DISABILITIES AND THEIR FAMILIES: PROMOTING | | WHILE |
| | FOSTERING INDEPENDENCE, GROWTH AND LIFE CHOICES WITHIN | | |
| | FOSTERING INDEFENDENCE, GROWIN AND DIFE CHOICES WITHIN | | 1111 |
| | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | | |
| | prior Form 990 or 990-EZ? | | Yes 🚺 No |
| | 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 | moseured by ever | 20505 |
| - | | | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe | ers, the total expen | ises, and |
| | revenue, if any, for each program service reported. | | |
| 4a | (Code:) (Expenses \$ 3,567,531. including grants of \$) (Revenue (Code:)) (Revenue (Code: | |) |
| | INDIVIDUALIZED SUPPORT LIVING - SUPPORT PROVIDED FOR CON | | |
| | DEVELOPMENTAL DISABILITY, INCLUDING TRAINING, HOME MANAG | GEMENT SKI | LLS |
| | AND COMMUNITY ACCESS. ALSO INCLUDES HOME HEALTH CARE, I | MEDICATION | 1 |
| | ADMINISTRATION, NURSE VISITS AND MEDICAL CASE MANAGEMEN | | |
| | HOURS PER DAY. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4b | (Code:) (Expenses \$ 595,944. including grants of \$) (Revenue (Code:)) (Re | |) |
| | INDEPENDENT LIVING ASSISTANCE - SUPPORT PROVIDED FOR CON | | |
| | DEVELOPMENTAL DISABILITY REQUIRING LESS THAN 15 HOURS WI | EEKLY, INC | CLUDING |
| | TRAINING, HOME MANAGEMENT SKILLS AND COMMUNITY ACCESS. | | |
| | | | |
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| | | | |
| | | | |
| | | | |
| | | | |
| - | 557 / 90 | | |
| 4c | (Code:)(Expenses \$ 557,489. including grants of \$)(Revenue) (Revenue) (Rev | |) T (TITTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT |
| | | | N THE |
| | PROGRAM TO SHARE AGE-APPROPRIATE ACTIVITIES, GAIN INDEP | | |
| | FOSTER A GREATER SENSE OF BELONGING THROUGH BEING PART (|)F A GROUP | P. AS |
| | AN ACTIVE PARTICIPANT, INDIVIDUALS ARE GIVEN THE OPPORTU | JNITY TO | |
| | EXPERIENCE THE MANY BENEFITS THAT RECREATION, SOCIALIZAT | | |
| | VOLUNTEERISM HAVE TO OFFER BY TAKING PART IN VARIOUS SE | | |
| | | | |
| | | ARE DESIGN | NED TO |
| | PROMOTE PERSONAL SUCCESS AND CHOICE WHILE DEVELOPING MEA | | |
| | RELATIONSHIPS AMONG PEOPLE WHO SHARE SIMILAR GOALS AND | INTERESTS. | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4d | Other program services (Describe in Schedule O.) | | |
| | (Expenses \$ 246,122. including grants of \$) (Revenue \$ |) | |
| 4e | Total program service expenses ► 4,967,086. | | |
| | | Fc | orm 990 (2017) |
| 732002 | 11-28-17 | | <u></u> / |
| . 52002 | 2 | | |
| 201 | 121 759151 14741001 2017.05000 WILLOWS WAY, INC | 1 | 4741001 |
| с U L | TAT (39131 II/ II/ II/ II/ II/ II/ II/ II/ II/ II | T | -1-1001 |

Form 990 (2017)

WILLOWS WAY, INC

Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|--|-----|-----|------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | x |
| 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 | | x |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | 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 | | X |
| 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 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | 8 | | x |
| 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 temporarily restricted endowments, permanent | | | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 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, | | | |
| ŭ | Part VI | 11a | x | |
| 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 | | X |
| 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 | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| 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 | x | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | <u>-</u> - |
| | 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 |
| | 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 | . – | | v |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | x |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | v |
| 47 | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | 47 | | x |
| 19 | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | |
| 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 | | x |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G. Part III | 19 | 1 | X |

Form **990** (2017)

| Form 990 (| 2017) | WILLOWS | WAY, | INC |
|------------|--------------|-----------------|----------|------------|
| Part IV | Checklist of | of Required Sch | edules (| continued) |

WILLOWS WAY, INC

| | | | Yes | No |
|----------|---|-----|-----|----------|
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| b | 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 | | X |
| 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 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | 1 |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | 37 |
| | Schedule J | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | 1 |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | 0.4 | | x |
| b | Schedule K. If "No", go to line 25a | 24a | | |
| b | 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 any tax-exempt bonds? | 24c | | 1 |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| 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 | | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," | | | |
| | complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | 1 |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | 07 | | x |
| 00 | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| а | instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> | 28a | | x |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | 200 | | |
| Ū | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | x |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 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 | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | v |
| | Part V, line 1 | 34 | | X |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of paction 512(b)(12)2 if "Yes" complete Schedule P. Part V. line 2 | 256 | | 1 |
| 36 | within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | 35b | | <u> </u> |
| 30 | If "Yes," complete Schedule R, Part V, line 2 | 36 | | x |
| 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? | | | |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | Х | 1 |

Form 990 (2017)

| Form | 990 (2017) WILLOWS WAY, INC 43-1546 | 798 | Р | age 5 |
|------|---|-----|-----|--------------|
| Pa | t V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 8 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 | | | |
| с | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | Х | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 308 | | | |
| b | 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 <i>e-file</i> (see instructions) | | | |
| 3a | 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 in Schedule O | 3b | Х | |
| | 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 | | x |
| 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 |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | x |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | х |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| | to file Form 8282? | 7c | | x |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| - | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| - | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders 11a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them.) 11b | | | |
| 12a | 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 | | | |
| 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 | | |
| u | 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 | | | |
| 2 | organization is licensed to issue qualified health plans 13b | | | |
| c | Enter the amount of reserves on hand | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | x |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | <u> </u> |
| | | | | (0047) |

| Form 990 | (2017) |
|-----------------|--------|
|-----------------|--------|

| Form 990 (2017) | Form | 990 | (2017) |
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|-----------------|------|-----|--------|

WILLOWS WAY, INC

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

X

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 in Schedule O. See instructions.

| | | | Yes | N | | |
|-------------|--|-----------|-------------|------|--|--|
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a10 | | | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 10 | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | | | |
| | officer, director, trustee, or key employee? | 2 | | 2 | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | 2 | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | 2 | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | 2 | | |
| 6 | Did the organization have members or stockholders? | 6 | | 2 | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | | | |
| | more members of the governing body? | 7a | | 2 | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | | | |
| | persons other than the governing body? | 7b | | 2 | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | | |
| а | The governing body? | 8a | Х | | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | | | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | 2 | | |
| ec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | | | |
| | | | Yes | N | | |
| l0a | Did the organization have local chapters, branches, or affiliates? | 10a | | 2 | | |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | | | |
| ~ | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | | | |
| 1 a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | | | | | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | 11a | Х | | | |
| | | 12a | х | | | |
| h | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12a | X | | | |
| 0 | Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe</i> | 12.0 | | | | |
| С | | 100 | x | | | |
| 10 | in Schedule O how this was done | 12c 13 | X | _ | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | - | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | <u></u> | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | x | | | |
| | The organization's CEO, Executive Director, or top management official | 15a | ^ | 2 | | |
| b | Other officers or key employees of the organization | 15b | | | | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | | | |
| _ | taxable entity during the year? | 16a | | 2 | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | | | |
| | exempt status with respect to such arrangements? | 16b | | | | |
| Sec | tion C. Disclosure | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed NONE | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (| availab | le | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | |
| | Own website Another's website X Upon request Other (explain in Schedule O) | | | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | d finan | cial | | | |
| | statements available to the public during the tax year. | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records: | | | | | |
| | NEIL CASSMEYER - 636-757-0506 | | | | | |
| | 800 FRIEDENS RD #100, ST CHARLES, MO 63303 | | | | | |
| 32000 | 3 11-28-17 | Form | 9 90 | (20 | | |
| | 6 | | - | | | |
| 81 | 121 759151 14741001 2017.05000 WILLOWS WAY, INC | 147 | 741(|) () | | |
| - | | | | | | |

| Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensate | əd |
|----------|--|----|
| | 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 (Ď), (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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

| (A) Name and Title | (B) Average hours per week | box | not cl , unle: cer an | heck ss pe | ition more rson | than is bot | h an | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
|----------------------------------|--|--------------------------------|-----------------------------|---------------|-----------------------|---------------------------------|--------|--|--|--|
| | (list any hours for related organizations below line) | Individual trustee or director | In stitutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) JOY STEELE | 40.00 | v | | | | | | 106 100 | 0 | 6 751 |
| EXEC DIRECTOR | 2.00 | X | | | | | | 106,122. | 0. | 6,751. |
| (2) MICHAEL R. CHERBA | 2.00 | x | | x | | | | 0. | 0. | 0. |
| PRESIDENT | 2.00 | ^ | | Λ | | | | 0. | 0. | 0. |
| (3) KIRBY COLE VICE PRESIDENT | 2.00 | x | | х | | | | 0. | 0. | 0. |
| (4) RICK ISAAC | 2.00 | ^ | | Δ | | | | 0. | 0. | 0. |
| BOARD MEMBER | 2.00 | x | | | | | | 0. | 0. | 0. |
| (5) MICHAEL PARSONS | 2.00 | | | | | | | 0. | • | 0. |
| TREASURER | 2.00 | x | | х | | | | 0. | 0. | 0. |
| (6) BRENDEN INGARGIOLA | 2.00 | | | | | | | | •• | 0. |
| BOARD MEMBER | 2100 | x | | | | | | 0. | 0. | 0. |
| (7) DAVID BARKEY | 2.00 | | | | | | | | | |
| BOARD MEMBER | | x | | | | | | 0. | 0. | 0. |
| (8) JANEL R. AEMISEGGER | 2.00 | | | | | | | | | |
| SECRETARY | | x | | х | | | | 0. | 0. | 0. |
| (9) BRIAN BROOKS | 2.00 | | | | | | | | | |
| BOARD MEMBER | | x | | | | | | 0. | 0. | 0. |
| (10) MAYUR THULASIDAS | 2.00 | | | | | | | | | |
| BOARD MEMBER | | x | | | | | | 0. | 0. | 0. |
| (11) RYAN STRECKER | 2.00 | | | | | | | | | |
| BOARD MEMBER | | X | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | |
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2017.05000 WILLOWS WAY, INC

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| | 990 (2017) WILLOWS V | WAY, ING | 2 | | | | | | | 43-1 | 546 | 798 | Pa | age 8 |
|--------|---|--|--------------------------------|-----------------------|---------------|----------------------------------|---------------------------------|----------------------|--|---|-------|--------------------|--------------------------------------|------------------|
| Par | t VII Section A. Officers, Directors, Trus | tees, Key Em | ploy | vees | , an | d Hi | ghe | st C | Compensated Employe | es (continued) | | | | |
| | (A) Name and title | (B) Average hours per week | box | not c , unle | ss pe | ition ^{more} rson | than is bot pr/trus | h an | (D) Reportable compensation from | (E) Reportable compensatio from related | on | an | (F) timate nount other | |
| | | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizatior (W-2/1099-MI | | fr org and | pensa om the anizat d relat | e :ion :ed |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | - | | | | | | | | | | | |
| | | | - | | | | | | | | | | | |
| | 0.4.4.4.1 | | - | | | | | | 106,122. | | 0. | | 6 7 | 51. |
| c d | Sub-total Total from continuation sheets to Part VI Total (add lines 1b and 1c) | I, Section A | ····· | ····· | | · · · · · · · | | | 0. 106,122. | | 0. | | 6,7 | 0. |
| 2 | Total number of individuals (including but n compensation from the organization | ot limited to th | lose | liste | ed al | bove | e) wł | no re | eceived more than \$100 | 0,000 of reportab | le | | Yes | 1 No |
| 3 4 | Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s For any individual listed on line 1a, is the su | uch individual | | | | | | | - | | | 3 | | X |
| 5 | and related organizations greater than \$150 Did any person listed on line 1a receive or a | 0,000? <i>If "Yes,</i> accrue compe | " co nsat | <i>mple</i> ion f | ete S from | Sche any | edule / unr | e <i>J f</i> elat | for such individual | dual for services | 3 | 4 | | X |
| Sec | rendered to the organization? If "Yes," com tion B. Independent Contractors | plete Schedul | eJt | or si | uch | pers | son . | | | | | 5 | | X |
| 1 | Complete this table for your five highest co the organization. Report compensation for | | | | | | | | | | npens | ation f | rom | |
| | (A) Name and business | | | ONI | | | | | (B) Description of s | | С | (C compe | | n |
| | | | | | | | | _ | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (i \$100,000 of compensation from the organi | • | iot li | mite | d to | | se lis) | stec | d above) who received m | nore than | | | | |
| | | | | | | | | | | | | Form | 990 (; | 2017) |

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| | | Check if Schedule O cont | ains a response | or note to any lir | ne in this Part VIII | | | |
|---|---------|---|-------------------------|----------------------|-----------------------------|--|--|---|
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| ts s | 1 a | Federated campaigns | 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | | | | | | | |
| ΩĘ | | Membership dues | | 1,910. | | | | |
| fts, | | Fundraising events | | 1,910. | | | | |
| lar İlar | d | Related organizations | 1d | | | | | |
| in, | е | Government grants (contribut | ions) 1e 6 , | 108,951. | | | | |
| r S | f | All other contributions, gifts, gran | ts, and | | | | | |
| he | | similar amounts not included abor | | 14,423. | | | | |
| ĢĘ | ~ | | | | | | | |
| no | - | Noncash contributions included in lines | | | 6,125,284. | | | |
| a O | n | Total. Add lines 1a-1f | | | | | | |
| | | | | Business Code | | | | |
| ce | 2 a | | | | | | | |
| e ř | b | | | | | | | |
| Program Service Revenue | с | | | | | | | |
| eve Bve | d | | | | | | | |
| Ba | - | | | | | | | |
| Pro | - | | | | | | | |
| - | | All other program service reve | | 、 | | | | |
| _ | | Total. Add lines 2a-2f | | | | | | |
| | 3 | Investment income (including | | | | | | |
| | | other similar amounts) | | ► | | | | |
| | 4 | Income from investment of tax | | | 516. | | | 516. |
| | 5 | Royalties | | | | | | |
| | - | , | (i) Real | (ii) Personal | | | | |
| | 6 0 | Gross rents | 75 854 | (1) 1 01301141 | | | | |
| | 0 a | | 77,171. | | | | | |
| | | Less: rental expenses | 1 21 1 | | | | | |
| | С | Rental income or (loss) | -1,317. | | | | | |
| | d | Net rental income or (loss) | · <u>······</u> ······· | 🕨 | -1,317. | | -1,317. | |
| | 7 a | Gross amount from sales of | (i) Securities | (ii) Other | | | | |
| | | assets other than inventory | 378. | | | | | |
| | h | Less: cost or other basis | | | | | | |
| | ~ | and sales expenses | 0. | | | | | |
| | - | | | | | | | |
| | | Gain or (loss) | | | 378. | | | 378. |
| | | Net gain or (loss) | | 🕨 | 570. | | | 570. |
| nue | 8 a | Gross income from fundraising | | | | | | |
| ent | | including \$1,9 | 10. of | | | | | |
| é | | contributions reported on line | 1c). See | | | | | |
| r B | | Part IV, line 18 | а | 5,705. | | | | |
| Other Reve | h | Less: direct expenses | b | 3,407. | | | | |
| Ö | | Net income or (loss) from func | | ► / = • / • • | 2,298. | | | 2,298. |
| | | | - | | _,, | | | 27250. |
| | чa | Gross income from gaming ac | | | | | | |
| | | Part IV, line 19 | | | | | | |
| | b | Less: direct expenses | b | | | | | |
| | С | Net income or (loss) from gam | ning activities | 🕨 | | | | |
| | 10 a | Gross sales of inventory, less | returns | | | | | |
| | | and allowances | а | | | | | |
| | h | Less: cost of goods sold | | | | | | |
| | | | | | | | | |
| | C | Net income or (loss) from sale | | | | | | |
| | | Miscellaneous Revenu | е | Business Code | | | | |
| | 11 a | | | | | | | |
| | b | | | | | | | |
| | с | | | | | | | |
| | d | All other revenue | | | | | | |
| | | Total. Add lines 11a-11d | | | | | | |
| | 12 | Total revenue. See instructions. | | | 6,127,159. | 0. | -1,317. | 3,192. |
| 73200 | 9 11-28 | | | ····· F | , ., | | -, | Form 990 (2017) |
| 10200 | ∪ II-∠0 | · · · | | | | | | |

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9 2017.05000 WILLOWS WAY, INC

Form 990 (2017) WILLOWS
Part VIII Statement of Revenue WILLOWS WAY, INC WILLOWS WAY, INC

| Secti | ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon | | - | omplete column (A). | |
|----------|---|-----------------------|------------------------------------|---|---------------------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | • | | 1 |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | 106 450 | 06 422 | 0 005 | |
| _ | trustees, and key employees | 106,452. | 96,423. | 9,985. | 44 |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | 2 002 020 | | | 1 ()) |
| 7 | Other salaries and wages | 3,993,930. | 3,617,714. | 374,594. | 1,622. |
| 8 | Pension plan accruals and contributions (include | 01 E71 | 10 220 | 2 <u>2 2 2</u> | |
| ~ | section 401(k) and 403(b) employer contributions) | 21,571. 350,581. | 19,339. 314,307. | 2,232. 36,274. | |
| 9 | Other employee benefits | | | | 100 |
| 10 | Payroll taxes | 303,726. | 275,116. | 28,487. | 123 |
| 11 | Fees for services (non-employees): | | | | |
| а | Management | | | | |
| b | Legal | | | | |
| | Accounting | | | | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | 40 401 | 407 | 40.004 | |
| | column (A) amount, list line 11g expenses on Sch 0.) | 49,421. | 487. | 48,934. | |
| 12 | Advertising and promotion | 22,946. | 21,792. | 872. | 282. |
| 13 | Office expenses | 41,954. | 18,077. | 23,877. | 1 4 2 4 |
| 14 | Information technology | 52,642. | 37,198. | 14,010. | 1,434 |
| 15 | Royalties | 1 0 2 2 | | 1 0 2 0 | |
| 16 | Occupancy | 1,932. | 145 000 | 1,932. | |
| 17 | Travel | 148,127. | 145,009. | 3,118. | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | 20 (22) | 1 404 | 22.040 | <u> </u> |
| 19 | Conferences, conventions, and meetings | 30,632. | 1,484. | 22,948. | 6,200. |
| 20 | Interest | 26,312. | 18,433. | 7,879. | |
| 21 | Payments to affiliates | 02 140 | 10 700 | 50,182. | <u> </u> |
| 22 | Depreciation, depletion, and amortization | 93,148. | 42,726. | , | 240. |
| 23 | | 93,760. | 84,312. | 9,448. | |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) | | | | |
| - | amount, list line 24e expenses on Schedule 0.) TRAINING | 101,138. | 91,223. | 9,875. | 40 |
| a b | PROGRAM EXPENSES | 55,115. | 55,115. | 5,075• | 40. |
| b | COMMUNICATIONS | 45,583. | 33,268. | 12,315. | |
| с С | REPAIRS AND MAINTANANCE | 41,639. | 25,721. | 15,918. | |
| d | | 104,714. | 69,342. | 10,397. | 24,975 |
| е 25 | All other expenses | 5,685,323. | 4,967,086. | 683,277. | 34,960 |
| 25 26 | Joint costs. Complete this line only if the organization | 5,005,525. | | 005,277• | 54,500 |
| 20 | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |
| | 11 00 17 | | | | Eorm 990 (2017 |

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10 2017.05000 WILLOWS WAY, INC

WILLOWS WAY, INC

| orm 990 (Part X | (2017) WILLOWS WAY, I Balance Sheet | INC | | | 43-3 | 1546798 Page 11 |
|--|---|-------------|---------------------|---------------------------------|---------|------------------------------------|
| arex | Check if Schedule O contains a response or no | te to anv | line in this Part X | | | |
| | | | | (A) Beginning of year | | (B) End of year |
| 1 | Cash - non-interest-bearing | | | 1,046,764. | 1 | 1,678,611 |
| 2 | Savings and temporary cash investments | | | 2 | | |
| 3 | Pledges and grants receivable, net | | | 3 | | |
| 4 | Accounts receivable, net | 971,172. | 4 | 752,633 | | |
| 5 | Loans and other receivables from current and f | | | | | |
| | trustees, key employees, and highest compens | | | 5 | | |
| 6 | Part II of Schedule L Loans and other receivables from other disqual | | 5 | | | |
| ľ | section 4958(f)(1)), persons described in section | | | | | |
| | employers and sponsoring organizations of sec | | | | | |
| <i>i</i> o | employees' beneficiary organizations (see instr) | | 6 | | | |
| Assets | Notes and loans receivable, net | | 7 | | | |
| 8 × | Inventories for sale or use | | | | 8 | |
| 9 | Prepaid expenses and deferred charges | | | 36,410. | 9 | 30,934 |
| | Land, buildings, and equipment: cost or other | I I | | 50,1100 | 9 | 507551 |
| | basis. Complete Part VI of Schedule D | 102 | 4,304,075 | | | |
| h | Less: accumulated depreciation | 10a | 1,296,660. | 2,950,271. | 10c | 3,007,415 |
| 11 | Investments - publicly traded securities | 2,768. | 11 | 3,136 | | |
| 12 | Investments - other securities. See Part IV, line | | 277000 | 12 | | |
| 13 | Investments - program-related. See Part IV, line | | | 13 | | |
| 14 | Intangible assets | | | 14 | | |
| 15 | Other assets. See Part IV, line 11 | | 9,441. | 15 | 8,405 | |
| 16 | Total assets. Add lines 1 through 15 (must equ | | | 5,016,826. | 16 | 5,481,134 |
| 17 | Accounts payable and accrued expenses | | 358,674. | 17 | 466,102 | |
| 18 | Grants payable | , . | 18 | | | |
| 19 | Deferred revenue | | | | 19 | |
| 20 | Tax-exempt bond liabilities | | | | 20 | |
| 21 | Escrow or custodial account liability. Complete | | | | 21 | |
| | Loans and other payables to current and forme | | | | | |
| | key employees, highest compensated employe | | | | | |
| | Complete Part II of Schedule L | ' | | | 22 | |
| 23 | Secured mortgages and notes payable to unrel | | | | 23 | |
| 24 | Unsecured notes and loans payable to unrelate | ed third pa | arties | | 24 | |
| 25 | Other liabilities (including federal income tax, pa | | | | | |
| | parties, and other liabilities not included on line | s 17-24). | Complete Part X of | | | |
| | Schedule D | | | 910,475. | 25 | 825,519 |
| 26 | Total liabilities. Add lines 17 through 25 | | | 1,269,149. | 26 | 1,291,621 |
| | Organizations that follow SFAS 117 (ASC 95 | B), check | here 🕨 🗴 and | | | |
| s | complete lines 27 through 29, and lines 33 a | nd 34. | | | | |
| 27 | Unrestricted net assets | | | 3,297,677. | 27 | 3,739,513 |
| 28 | Temporarily restricted net assets | | | | 28 | |
| Net Assets of Fund balances 66 82 25 75 15 00 87 20 88 25 88 br>88 88 88 88 88 88 88 88 88 88 88 88 | | | | 450,000. | 29 | 450,000 |
| | Organizations that do not follow SFAS 117 (A | ASC 958), | , check here | | | |
| 5 | and complete lines 30 through 34. | | | | | |
| 2 30 | Capital stock or trust principal, or current funds | ; | | | 30 | |
| Se 31 | Paid-in or capital surplus, or land, building, or e | quipment | fund | | 31 | |
| 32 | Retained earnings, endowment, accumulated ir | | | | 32 | |
| z 33 | Total net assets or fund balances | | L | 3,747,677. | 33 | 4,189,513 |
| 34 | Total liabilities and net assets/fund balances . | | | 5,016,826. | 34 | 5,481,134 Form 990 (201) |

Form **990** (2017)

| | 1 990 (2017) WILLOWS WAY, INC | 43-154 | 6798 | Pa | ge 12 |
|----|--|------------|--------------|-----|--------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | c | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | | 6,12 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | | 5,68 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 36. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 3,74 | /,6 | 77. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | |
| | column (B)) | 10 | 4,189 | 9,5 | 13. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | X |
| | | | | 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 | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | . 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | d on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | _ 2 b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | e basis, | | | |
| | consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | . 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | edule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngle Audit | | | |
| | Act and OMB Circular A-133? | | . 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | | | | 1 |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | . 3b | | |
| | | | Form | aan | (2017) |

Form **990** (2017)

SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

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.

| | OMB No. 1545-0047 |
|---|------------------------------|
| | 2017 |
| | Open to Public Inspection |
| r | identification number |

| Intern | al Rever | nue Service | | Go to www.irs.g | ov/Form990 for instructi | | he latest i | nformation. | | Inspection |
|----------|----------|---------------------|----------------------|-----------------------|---|-----------------------|--------------------|------------------|--|----------------------------|
| Nan | ne of t | the organizati | on | | | | | | | identification number |
| | | | | OWS WAY, | | | | | | 3-1546798 |
| Pa | rt I | Reason | for Public (| Charity Status | (All organizations must c | omplete th | iis part.) Se | ee instruction: | S. | |
| The | organ | | | | : (For lines 1 through 12, o | | | | | |
| 1 | | | | | tion of churches describe | | | 1)(A)(i). | | |
| 2 | | | | | . (Attach Schedule E (Forr | | | | | |
| 3 | | | | | ganization described in s | | | | | |
| 4 | | A medical res | U U | ation operated in c | onjunction with a hospita | l describe | d in sectio | on 170(b)(1)(A |)(iii). Enter | the hospital's name, |
| 5 | | | | or the benefit of a d | college or university owne | d or opera | ted bv a d | overnmental u | unit descrit | ped in |
| - | | | | Complete Part II.) | 5 , | | , , | | | |
| 6 | | | | | nmental unit described in | section 1 | 70(b)(1)(A) | (v). | | |
| 7 | | | | - | tantial part of its support | | | | he general | public described in |
| | | - | | omplete Part II.) | | | | | J. J | |
| 8 | | | | | b)(1)(A)(vi). (Complete Par | t II.) | | | | |
| 9 | | | | | ed in section 170(b)(1)(A) | | ed in conju | unction with a | land-grant | college |
| | | | | | iculture (see instructions) | | | | | |
| | | university: | | | , | | · · · | | | , , |
| 10 | X | An organizati | on that norma | Illy receives: (1) mo | re than 33 1/3% of its su | oport from | contributi | ons, members | ship fees, a | and gross receipts from |
| | | | | | ject to certain exceptions | | | | | |
| | | | | | ne (less section 511 tax) fr | | | | | |
| | | See section | 509(a)(2). (Cor | mplete Part III.) | | | | | | |
| 11 | | | | | isively to test for public sa | afety. See | section 50 | 09(a)(4). | | |
| 12 | | An organizati | on organized a | and operated exclu | isively for the benefit of, t | o perform | the function | ons of, or to ca | arry out the | e purposes of one or |
| | | more publicly | supported or | ganizations descril | oed in section 509(a)(1) o | or section | 509(a)(2). | See section & | 509(a)(3). | Check the box in |
| | | lines 12a thro | ough 12d that | describes the type | of supporting organization | on and con | nplete line | s 12e, 12f, an | d 12g. | |
| а | | J Type I. A s | upporting orga | anization operated, | supervised, or controlled | by its sup | ported or | ganization(s), t | typically by | / giving |
| | | the suppor | ted organizatio | on(s) the power to | regularly appoint or elect | a majority | of the dire | ctors or truste | es of the s | supporting |
| | | organizatio | n. You must c | complete Part IV, S | Sections A and B. | | | | | |
| b | | Type II. A s | supporting org | anization supervise | ed or controlled in connec | tion with i | ts support | ed organizatio | on(s), by ha | aving |
| | | control or r | nanagement o | of the supporting or | ganization vested in the s | same pers | ons that co | ontrol or mana | age the sup | oported |
| | | organizatio | n(s). You mus | t complete Part IV | I, Sections A and C. | | | | | |
| С | | Type III fur | nctionally inte | grated. A support | ing organization operated | in connec | tion with, | and functiona | lly integrat | ed with, |
| | | its support | ed organizatio | n(s) (see instructio | ns). You must complete | Part IV, Se | ections A, | D, and E. | | |
| d | | Type III no | n-functionally | y integrated. A sup | porting organization ope | rated in co | nnection v | with its suppo | rted organ | ization(s) |
| | | | - | | nization generally must sa | - | | | d an attent | iveness |
| | _ | | | | omplete Part IV, Section | | | | | |
| е | | | • | | a written determination fro | | | а Туре I, Туре | II, Type III | |
| | | | | | ionally integrated support | | | | | |
| | | | | | | | | | | |
| <u> </u> | | i) Name of supp | 0 | i about the suppor | ted organization(s). (iii) Type of organization | (iv) Is the orga | anization listed | (v) Amount of | monetary | (vi) Amount of other |
| | | organization | | (1) = | (described on lines 1-10 | in your govern Yes | ing document? | support (see ir | - | support (see instructions) |
| | | | | | above (see instructions)) | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| Tota | al | | | | | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017 13

2017.05000 WILLOWS WAY, INC

Schedule A (Form 990 or 990 EZ) 2017 WILLOWS WAY, INC

43-1546798 Page 2

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.)

| See | ction A. Public Support | | | | | | |
|----------|---|----------------------|----------------------|-------------------------|----------------------------|---------------------|-----------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 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 | | | | | | | |
| 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) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | |
| | ction B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| | Amounts from line 4 | (4) 2013 | (6) 2014 | (0) 2013 | (0) 2010 | (0) 2017 | |
| 8 | Gross income from interest, | | | | | | |
| 0 | dividends, payments received on | | | | | | |
| | | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| • | and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | 5 | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| | Total support. Add lines 7 through 10 | | \ | | | | |
| | Gross receipts from related activities, | | | | | 12 | |
| 13 | First five years. If the Form 990 is for | - | s first, second, thi | rd, fourth, or fifth t | tax year as a section | on 501(c)(3) | |
| <u> </u> | organization, check this box and stop ction C. Computation of Publ | here | roontago | | | | ▶∟ |
| | | | | | | 1 | |
| | Public support percentage for 2017 (I | | | | | 14 | % |
| | Public support percentage from 2016 | | | | | 15 | . % |
| 16a | 33 1/3% support test - 2017. If the c | - | | | | | |
| | stop here. The organization qualifies | | | | | | |
| b | 33 1/3% support test - 2016. If the c | • | | | | • | |
| | and stop here. The organization qual | | | | | | |
| 17a | 10% -facts-and-circumstances tes | | | | | | |
| | and if the organization meets the "fac | ts-and-circumstar | nces" test, check t | his box and stop | here. Explain in Pa | art VI how the orga | nization |
| | meets the "facts-and-circumstances" | - | | • • • • | | | |
| b | 10% -facts-and-circumstances tes | t - 2016. If the orc | anization did not | check a box on lin | ne 13, 16a, 16b, or | 17a, and line 15 is | 10% or |
| | more, and if the organization meets the | ne "facts-and-circu | umstances" test, o | heck this box and | l stop here. Explai | n in Part VI how th | e |
| | organization meets the "facts-and-circ | cumstances" test. | The organization | qualifies as a pub | licly supported org | anization | ▶□ |
| 18 | Private foundation. If the organizatio | n did not check a | box on line 13, 16 | 6a, 16b, 17a, or 17 | b, check this box | and see instruction | ns 🕨 🗌 |
| | | | | | | | |

Schedule A (Form 990 or 990-EZ) 2017

732022 10-06-17

Schedule A (Form 990 or 990-EZ) 2017 WILLOWS WAY, INC

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 | ction A. Public Support | | | | | | |
|----------|--|----------------------|-----------------------|------------------------|---------------------|-------------------|-------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 6405225. | 6204551. | 5619054. | 6158157. | 6130988. | 30517975. |
| 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 | | | | | | |
| F | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to | | | | | | |
| | the organization without charge | | C004551 | 5610054 | | 6120000 | |
| | Total. Add lines 1 through 5 | 6405225. | 6204551. | 5619054. | 6158157. | 6130988. | 30517975. |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0. |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the | | | | | | 0 |
| | amount on line 13 for the year | | | | | | 0. |
| | Add lines 7a and 7b | | | | | | 30517975. |
| 8 Sec | Public support. (Subtract line 7c from line 6.) | | | | | | 50517975. |
| | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| | Amounts from line 6 | 6405225. | 6204551. | 5619054. | 6158157. | 6130988. | 30517975. |
| | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 5,835. | 272. | 125,018. | 75,743. | 76,370. | |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| с | Add lines 10a and 10b | 5,835. | 272. | 125,018. | 75,743. | 76,370. | 283,238. |
| | 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.) | 6411060. | 6204823. | 5744072. | 6233900. | 6207358. | 30801213. |
| | First five years. If the Form 990 is for | the organization's | s first. second. thir | d. fourth. or fifth ta | ax vear as a sectio | | |
| | check this box and stop here | C C | | | | | |
| Sec | ction C. Computation of Publ | | | | | | |
| 15 | Public support percentage for 2017 (I | ine 8, column (f) di | vided by line 13, c | olumn (f)) | | 15 | 99.08 % |
| 16 | Public support percentage from 2016 | Schedule A, Part | III, line 15 | | | 16 | 99.32 % |
| Sec | ction D. Computation of Investion | stment Incom | e Percentage | | | | |
| 17 | Investment income percentage for 20 | 17 (line 10c, colun | nn (f) divided by lin | ne 13, column (f)) | | 17 | .92 % |
| | Investment income percentage from 2 | | | | | 18 | .68 % |
| 19a | 33 1/3% support tests - 2017. If the | | | | | | |
| | more than 33 1/3%, check this box a | | | | | | |
| b | 33 1/3% support tests - 2016. If the | | | | | | |
| | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation. If the organization | n did not check a | box on line 14, 19 | a, or 19b, check th | | | > |
| 73202 | 23 10-06-17 | | | 15 | Sche | edule A (Form 990 |) or 990-EZ) 2017 |

^{2017.05000} WILLOWS WAY, INC

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

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 (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.)

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| | | | Yes | No |
|-------|---|----------|--------|------|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| | A person who directly or indirectly controls, either alone or together with persons described 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 | | |
| Sec | 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 | | | |
| | supported organizations played in this regard. | 3 | | |
| Sec | tion 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 yea(see instructions |). | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| с | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins | truction | s). | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described 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. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | trustees of each of the supported organizations? Provide details in Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |
| 73202 | 5 10-06-17 Schedule A (Form S | 90 or 99 | 90-EZ) | 2017 |
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Schedule A (Form 990 or 990-EZ) 2017 WILLOWS WAY, INC

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| 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 integrated Type III supporting organization (see instructions).

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| | t V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | anizations (continued) | | | | | | | |
|-------|---|---|--|---|--|--|--|--|--|--|
| Sect | ion D - Distributions | | (| Current Year | | | | | | |
| 1 | Amounts paid to supported organizations to accomplish exe | mpt purposes | | | | | | | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | | | | | | | | | |
| | organizations, in excess of income from activity | | | | | | | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | Administrative expenses paid to accomplish exempt purposes of supported organizations | | | | | | | | |
| 4 | Amounts paid to acquire exempt-use assets | | | | | | | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | | | | | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | | | | | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | | | | | | | |
| 8 | Distributions to attentive supported organizations to which the | he organization is responsive | e | | | | | | | |
| | (provide details in Part VI). See instructions. | | | | | | | | | |
| 9 | Distributable amount for 2017 from Section C, line 6 | | | | | | | | | |
| 10 | Line 8 amount divided by line 9 amount | | | | | | | | | |
| Secti | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 | | | | | | |
| 1 | Distributable amount for 2017 from Section C, line 6 | | | | | | | | | |
| 2 | Underdistributions, if any, for years prior to 2017 (reason- | | | | | | | | | |
| | able cause required- explain in Part VI). See instructions. | | | | | | | | | |
| 3 | Excess distributions carryover, if any, to 2017 | | | | | | | | | |
| а | | | | | | | | | | |
| b | From 2013 | | | | | | | | | |
| с | From 2014 | | | | | | | | | |
| d | From 2015 | | | | | | | | | |
| е | From 2016 | | | | | | | | | |
| f | Total of lines 3a through e | | | | | | | | | |
| g | Applied to underdistributions of prior years | | | | | | | | | |
| h | Applied to 2017 distributable amount | | | | | | | | | |
| i | Carryover from 2012 not applied (see instructions) | | | | | | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | | | | | | | |
| 4 | Distributions for 2017 from Section D, | | | | | | | | | |
| | line 7: \$ | | | | | | | | | |
| а | Applied to underdistributions of prior years | | | | | | | | | |
| b | Applied to 2017 distributable amount | | | | | | | | | |
| С | Remainder. Subtract lines 4a and 4b from 4. | | | | | | | | | |
| 5 | Remaining underdistributions for years prior to 2017, if | | | | | | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | | | | | | |
| | than zero, explain in Part VI. See instructions. | | | | | | | | | |
| 6 | Remaining underdistributions for 2017. Subtract lines 3h | | | | | | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | | | | | | |
| | Part VI. See instructions. | | | | | | | | | |
| 7 | Excess distributions carryover to 2018. Add lines 3j | | | | | | | | | |
| | and 4c. | | | | | | | | | |
| 8 | Breakdown of line 7: | | | | | | | | | |
| | Excess from 2013 | | | | | | | | | |
| | Excess from 2014 | | | | | | | | | |
| | Excess from 2015 | | | | | | | | | |
| | Excess from 2016 | | | | | | | | | |
| e | Excess from 2017 | | | | | | | | | |

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| | Section D, lines 5, 6, and 8; and Part (See instructions.) | , 2001011 E, 11100 E, 0, 011 | | |
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| 2028 10-06- | 7 | | Schedule A (For | m 990 or 990-EZ |

| SCHEDULE | D |
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Department of the Treasury Internal Revenue Service

| (Form | 990) |
|-------|------|
|-------|------|

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.



| | LOWS WAY, INC | | | 43-1546798 |
|--|---|---|---|--|
| | | d Funds or Other Similar Fun | ds or Accou | |
| | Yes" on Form 990, Part IV, lin | | | · |
| | | (a) Donor advised funds | (b) Fur | ds and other accounts |
| 1 Total number at end of year | | | | |
| 2 Aggregate value of contribution | | | | |
| 3 Aggregate value of grants from | F | | | |
| 4 Aggregate value at end of year | r | | | |
| | | writing that the assets held in donor ac | lvised funds | |
| - | | exclusive legal control? | | Yes I |
| | | dvisors in writing that grant funds can | | |
| | | or donor advisor, or for any other purpo | | |
| impermissible private benefit? | | | | 🖸 Yes 🛛 I |
| Part II Conservation Ease | | ganization answered "Yes" on Form 99 | | |
| 1 Purpose(s) of conservation ease | ements held by the organizati | on (check all that apply). | | |
| | ublic use (e.g., recreation or e | | istorically impo | tant land area |
| Protection of natural habi | | Preservation of a c | | |
| Preservation of open space | се | | | |
| | | fied conservation contribution in the fo | rm of a conserv | ation easement on the last |
| day of the tax year. | | | | Held at the End of the Tax Ye |
| a Total number of conservation ea | asements | | 2a | |
| | | | | |
| | | ucture included in (a) | | |
| | | after 7/25/06, and not on a historic stru | | |
| listed in the National Register | | | 2d | |
| violations, and enforcement of t | ritten policy regarding the per the conservation easements it | riodic monitoring, inspection, handling t holds? | | |
| | ted to monitoring, inspecting, | | | |
| 6 Staff and volunteer hours devol | | handling of violations, and enforcing c | onservation eas | sements during the year |
| ▶ | | handling of violations, and enforcing c Iling of violations, and enforcing conse | | |
| Amount of expenses incurred in \$ | n monitoring, inspecting, hand | | rvation easeme | |
| Amount of expenses incurred in \$ Boes each conservation easem | n monitoring, inspecting, hand lent reported on line 2(d) abov | lling of violations, and enforcing conse ve satisfy the requirements of section 1 | rvation easeme 70(h)(4)(B)(i) | nts during the year |
| Amount of expenses incurred in \$ Does each conservation easem and section 170(h)(4)(B)(ii)? | n monitoring, inspecting, hand lent reported on line 2(d) abov | lling of violations, and enforcing conse | rvation easeme 70(h)(4)(B)(i) | nts during the year |
| Amount of expenses incurred in \$ Booes each conservation easem and section 170(h)(4)(B)(ii)? In Part XIII, describe how the or | n monitoring, inspecting, hand ent reported on line 2(d) abov rganization reports conservation | lling of violations, and enforcing conse ve satisfy the requirements of section 1 | rvation easeme 70(h)(4)(B)(i) nse statement, | nts during the year Image: second state |
| Amount of expenses incurred in \$ Booes each conservation easem and section 170(h)(4)(B)(ii)? In Part XIII, describe how the or | n monitoring, inspecting, hand ent reported on line 2(d) abov rganization reports conservation | lling of violations, and enforcing conse ve satisfy the requirements of section 1 on easements in its revenue and exper | rvation easeme 70(h)(4)(B)(i) nse statement, | nts during the year Yes Image: sheet and balance sheet |
| Amount of expenses incurred in \$ Boes each conservation easem and section 170(h)(4)(B)(ii)? In Part XIII, describe how the or include, if applicable, the text or conservation easements. | n monitoring, inspecting, hand pent reported on line 2(d) abov ganization reports conservation f the footnote to the organizat | lling of violations, and enforcing conse ve satisfy the requirements of section 1 on easements in its revenue and exper | rvation easeme 70(h)(4)(B)(i) nse statement, es the organiza | nts during the year Yes I and balance sheet, and tion's accounting for |
| Amount of expenses incurred in \$ Boes each conservation easem and section 170(h)(4)(B)(ii)? In Part XIII, describe how the or include, if applicable, the text or conservation easements. Part III Organizations Mai | n monitoring, inspecting, hand pent reported on line 2(d) abov ganization reports conservation f the footnote to the organizat | lling of violations, and enforcing conse ve satisfy the requirements of section 1 on easements in its revenue and exper- tion's financial statements that describ f Art, Historical Treasures, or | rvation easeme 70(h)(4)(B)(i) nse statement, es the organiza | nts during the year Yes I and balance sheet, and tion's accounting for |
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| Amount of expenses incurred in \$ Boes each conservation easem and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the or include, if applicable, the text or conservation easements. Part III Organizations Mai Complete if the organiza 1a If the organization elected, as p historical treasures, or other sim the text of the footnote to its fin b If the organization elected, as p treasures, or other similar asset relating to these items: (i) Revenue included on Form (ii) Assets included in Form 99 | n monitoring, inspecting, hand pent reported on line 2(d) above rganization reports conservation if the footnote to the organization ntaining Collections of tion answered "Yes" on Form remitted under SFAS 116 (AS inilar assets held for public extra annical statements that description remitted under SFAS 116 (AS is held for public exhibition, ec- sonal for public exhibition, ec- 990, Part VIII, line 1 0, Part X weld works of art, historical tree | Iling of violations, and enforcing conserve satisfy the requirements of section 1 on easements in its revenue and exper- tion's financial statements that describ f Art, Historical Treasures, or 1990, Part IV, line 8. SC 958), not to report in its revenue statem hibition, education, or research in furth- bes these items. SC 958), to report in its revenue statem ducation, or research in furtherance of | rvation easeme 70(h)(4)(B)(i) nse statement, es the organiza Other Simi tement and bal erance of public ent and balance public service, | Ints during the year Image: second structure |
| Amount of expenses incurred in \$ Boes each conservation easem and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the or include, if applicable, the text or conservation easements. Part III Organizations Mai Complete if the organiza 1a If the organization elected, as p historical treasures, or other sim the text of the footnote to its fin b If the organization elected, as p treasures, or other similar asset relating to these items: (i) Revenue included on Form (ii) Assets included in Form 99 2 If the organization received or h the following amounts required | n monitoring, inspecting, hand internet reported on line 2(d) above rganization reports conservation of the footnote to the organization ntaining Collections of tion answered "Yes" on Form remitted under SFAS 116 (AS inilar assets held for public exhibition, ex- mancial statements that descri- remitted under SFAS 116 (AS is held for public exhibition, ex- sheld for public exhibition, ex- 990, Part VIII, line 1 0, Part X weld works of art, historical trea- to be reported under SFAS 1 | lling of violations, and enforcing conserve satisfy the requirements of section 1 on easements in its revenue and exper- tion's financial statements that describ f Art, Historical Treasures, or 990, Part IV, line 8. 3C 958), not to report in its revenue state hibition, education, or research in furth- bes these items. 3C 958), to report in its revenue statement ducation, or research in furtherance of asures, or other similar assets for finan | rvation easeme 70(h)(4)(B)(i) nse statement, es the organiza Other Simi tement and bal erance of public ent and balance public service, cial gain, provid | Ints during the year Image: second structure |
| Amount of expenses incurred in \$ Boes each conservation easem and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the or include, if applicable, the text or conservation easements. Part III Organizations Mai Complete if the organiza 1a If the organization elected, as p historical treasures, or other sim the text of the footnote to its fim b If the organization elected, as p treasures, or other similar asset relating to these items: (i) Revenue included on Form (ii) Assets included in Form 99 2 If the organization received or h the following amounts required a Revenue included on Form 990 | n monitoring, inspecting, hand internet reported on line 2(d) above reganization reports conservation of the footnote to the organizate ntaining Collections of tion answered "Yes" on Form remitted under SFAS 116 (AS initiar assets held for public extra nancial statements that description remitted under SFAS 116 (AS is held for public exhibition, ecc 990, Part VIII, line 1 0, Part X reld works of art, historical treat to be reported under SFAS 1 , Part VIII, line 1 | lling of violations, and enforcing conserve satisfy the requirements of section 1 on easements in its revenue and exper- tion's financial statements that describe f Art, Historical Treasures, or 990, Part IV, line 8. 3C 958), not to report in its revenue statements hibition, education, or research in furth- bes these items. 3C 958), to report in its revenue statements ducation, or research in furtherance of asures, or other similar assets for finant 16 (ASC 958) relating to these items: | rvation easeme 70(h)(4)(B)(i) nse statement, es the organiza Other Simi tement and bal erance of public ent and balance public service, cial gain, provid | Ints during the year Image: Second tion's accounting for Image: Second tion's accou |

²¹ 2017.05000 WILLOWS WAY, INC

| Sche | dule D (Form 990) 2017 WILLOWS | WAY, INC | 2 | | | | 4 | 3-15 | 4679 | 8 Pa | age 2 |
|------|--|---------------------------|---------------|---------------|-----------------------|-------------|---|------------|-------------------|--------------|--------------|
| Par | t III Organizations Maintaining C | Collections of | Art, His | torical Tr | easures, | or Othe | er Simila | ır Asse | ts (contii | nued) | |
| 3 | Using the organization's acquisition, accessi | on, and other rec | ords, chec | k any of the | following that | at are a si | gnificant u | ise of its | collectio | n item | IS |
| | (<u>check</u> all that apply): | | | | | | | | | | |
| а | Public exhibition | | d 🗌 | Loan or exc | hange progr | ams | | | | | |
| b | Scholarly research | | е 📖 | Other | | | | | | | |
| с | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and exp | olain how t | hey further t | he organizat | ion's exer | npt purpo | se in Par | t XIII. | | |
| 5 | 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets | | | | | | | - | | - | |
| | to be sold to raise funds rather than to be ma | | U | | | | | | Yes | | No |
| Par | t IV Escrow and Custodial Arran | | nplete if the | e organizatic | on answered | "Yes" on | Form 990 | , Part IV, | line 9, o | r | |
| | reported an amount on Form 990, Pa | | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custod | | | | | | | | - | | ٦ |
| | on Form 990, Part X? | | | | | | | L | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the | e following | table: | | | | | | | |
| | | | | | | | | | Amoun | t | |
| | Beginning balance | | | | | | | | | | |
| | Additions during the year | | | | | | | | | | |
| e | Distributions during the year | | | | | | | | | | |
| 20 | Ending balance Did the organization include an amount on F | | | | | | | | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | • | | | |] |
| Par | | | | | | | | | | | |
| | | (a) Current yea | | Prior year | (c) Two yea | | (d) Three ye | ears back | (e) Fou | r vears | back |
| 1a | Beginning of year balance | (4) 0 4.1 0 11 9 04 | | | (0) | | () | | (0) | J | |
| b | Contributions | | | | | | | | | | |
| с | Net investment earnings, gains, and losses | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | | |
| | and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the cur | rent year end bal | ance (line 1 | 1g, column (a | a)) held as: | | | | | | |
| а | Board designated or quasi-endowment | | % | | | | | | | | |
| b | Permanent endowment | % | | | | | | | | | |
| С | Temporarily restricted endowment | 9 | 6 | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | ould equal 100%. | | | | | | | | | |
| 3a | Are there endowment funds not in the posse | ession of the orga | nization th | at are held a | and administe | ered for th | ne organiza | ation | | | |
| | by: | | | | | | | | | Yes | No |
| | (i) unrelated organizations | | | | | | | | 3a(i) | | |
| | (ii) related organizations | | | | | | | | | | |
| b | If "Yes" on line 3a(ii), are the related organiza | | | | , | | | | 3b | | · |
| 4 | t VI Land, Buildings, and Equipm | | ndowment | funds. | | | | | | | |
| Fai | Complete if the organization answere | | 000 Dart I | V line 11e 9 | Soo Form 00 | | line 10 | | | | |
| | | | | 1 | | | | | | le volu | |
| | Description of property | (a) Cost o basis (inve | | | t or other (other) | | cumulated | - | (d) Boo | r valu | 3 |
| 10 | Land | | | | 6,544. | uep | | | 75 | 6,5 | 44 |
| | Land | | | | 4,141. | 1 (| 085,42 | 27. | $\frac{73}{2,12}$ | | |
| | Buildings Leasehold improvements | | | | | , | , | · / • | -,-2 | <u>, , ,</u> | <u> </u> |
| | Equipment | | | 33 | 3,390. | | 211,23 | 33. | 12 | 2.1 | 57. |
| | Other | | | 1 | ., | | ,_, | | | -,- | |
| | Add lines 1a through 1e. (Column (d) must e | | art X. colu | nn (B) line 1 | 10c.) | | | | 3,00 | 7,4 | 15. |
| | | | | | | | | | | , - | |

Schedule D (Form 990) 2017

732052 10-09-17

| (a) Description of security or category (including name of security) | (b) Book value | e 11b. See Form 990, Pa | lation: Cost or end-of-year market value |
|---|-----------------------------|---|--|
| 1) Financial derivatives | ., | | |
| 2) Closely-held equity interests | | | |
| 3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes | " on Form 990. Part IV. lir | e 11c. See Form 990. Pa | urt X. line 13. |
| (a) Description of investment | (b) Book value | (c) Method of valu | lation: Cost or end-of-year market value |
| (1) | | | - |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (6) | | | |
| (9) | | | |
| (9) Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)► | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. | " on Form 990. Part IV. lir | ne 11d. See Form 990. Pa | art X, line 15. |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes | on Form 990, Part IV, lir | ne 11d. See Form 990, Pa | art X, line 15. (b) Book value |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes (a) | | ne 11d. See Form 990, Pa | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes (a (1) | | ne 11d. See Form 990, Pa | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes (a (1) (2) | | ne 11d. See Form 990, Pa | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes (a (1) (2) (3) | | e 11d. See Form 990, Pa | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes (a (1) (2) (3) (4) | | ne 11d. See Form 990, Pa | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes (a) (1) (2) (3) (4) (5) | | ne 11d. See Form 990, Pa | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes (a (1) (2) (3) (4) (5) (6) | | he 11d. See Form 990, Pa | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes (a) (1) (2) (3) (4) (5) (6) (7) | | le 11d. See Form 990, Pa | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes (a (1) (2) (3) (4) (5) (6) (7) (8) | | he 11d. See Form 990, Pa | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes (a (1) (2) (3) (4) (5) (6) (7) (8) (9) |) Description | le 11d. See Form 990, Pa | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes (a (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line |) Description | le 11d. See Form 990, Pa | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes (a (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. |) Description | | (b) Book value |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes |) Description | ne 11e or 11f. See Form 9 | (b) Book value |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability |) Description | | (b) Book value |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes (a (1) (2) (3) (4) (5) (6) (7) (8) (9) other Liabilities. Complete if the organization answered "Yes (a) (b) must equal Form 990, Part X, col. (B) ling Part X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) (1) |) Description | ne 11e or 11f. See Form 9 (b) Book value | (b) Book value |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes (a (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) NOTES AND BONDS PAYABLE |) Description | ne 11e or 11f. See Form 9 | (b) Book value |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes (a (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes (1) (2) (1) (2) (1) (2) (1) (2) NOTES AND BONDS PAYABLE (3) |) Description | ne 11e or 11f. See Form 9 (b) Book value | (b) Book value |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes (a (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes I. (a) Description of liability (1) Federal income taxes (2) NOTES AND BONDS PAYABLE (3) (4) |) Description | ne 11e or 11f. See Form 9 (b) Book value | (b) Book value |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes (a (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes 1. (a) Description of liability (1) Federal income taxes (2) NOTES AND BONDS PAYABLE (3) (4) (5) |) Description | ne 11e or 11f. See Form 9 (b) Book value | (b) Book value |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes (a (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) NOTES AND BONDS PAYABLE (3) (4) (5) (6) |) Description | ne 11e or 11f. See Form 9 (b) Book value | (b) Book value |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes (a (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) NOTES AND BONDS PAYABLE (3) (4) (5) (6) (7) |) Description | ne 11e or 11f. See Form 9 (b) Book value | (b) Book value |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes (a (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) NOTES AND BONDS PAYABLE (3) (4) (5) (6) |) Description | ne 11e or 11f. See Form 9 (b) Book value | (b) Book value |

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

732053 10-09-17

| Sche | dule D (Form 990) 2017 WILLOWS WAY, INC | | | 43- | 1546798 Page 4 |
|------|--|--------------|----------------|------|----------------|
| Par | t XI Reconciliation of Revenue per Audited Financial Statem | ents With | | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | a. | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 6,207,737. |
| 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 | . 2c | | | |
| d | Other (Describe in Part XIII.) | | 80,578. | | |
| е | Add lines 2a through 2d | | | 2e | 80,578. |
| 3 | Subtract line 2e from line 1 | | | 3 | 6,127,159. |
| 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 | . 4 a | | | |
| b | Other (Describe in Part XIII.) | . 4 b | | | |
| с | Add lines 4a and 4b | | | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 6,127,159. |
| Pa | t XII Reconciliation of Expenses per Audited Financial Staten | nents Wit | h Expenses per | Retu | irn. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 5,765,901. |
| 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 | 80,578. | | |
| е | Add lines 2a through 2d | | | 2e | 80,578. |
| 3 | Subtract line 2e from line 1 | | | 3 | 5,685,323. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | . 4a | | | |
| b | Other (Describe in Part XIII.) | . 4b | | | |
| С | Add lines 4a and 4b | | | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | 5 | 5,685,323. |
| Pa | t XIII Supplemental Information. | | | | |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES - 77,171

DIRECT FUNDRAISING EXPENSE - 3,407

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES - 77,171

10281121 759151 14741001

DIRECT FUNDRAISING EXPENSE - 3,407

732054 10-09-17

Schedule D (Form 990) 2017

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service Name of the organization 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.

WILLOWS WAY, INC

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND THEIR FAMILIES: PROMOTING DIGNITY WHILE FOSTERING INDEPENDENCE,

GROWTH AND LIFE CHOICES WITHIN THE COMMUNITY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER - INCLUDING COMMUNITY HEALTH EDUCATION, SERVICES UNDER PROJECT

HEART, HOME HEALTH CARE SERVICES TO THE ELDERLY, ILL, OR CHALLENGED,

PROVIDING TRANSPORTATION, RESIDENCE STARTUPS, ETCETERA.

EXPENSES \$ 246,122. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

REVIEWED BY FINANCE COMMITTEE AND EXEC DIRECTOR

FORM 990, PART VI, SECTION B, LINE 12C:

THIS INFORMATION IS REQUESTED ANNUALLY

FORM 990, PART VI, SECTION B, LINE 15A:

BOARD DOES AN ANNUAL REVIEW AND APPROVES ANY CHANGES TO COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19:

UPON REQUEST

FORM 990, PART XII, LINE 2C

THE OVERSIGHT PROCESS DID NOT CHANGE DURING THE CURRENT YEAR.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732211 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)

10281121 759151 14741001

25 2017.05000 WILLOWS WAY, INC OMB No 1545-0047

Open to Public

Inspection

Employer identification number 43-1546798