

MITCHELL & CO., P.C.
110 EAST MARKET ST. #200
LEESBURG, VA 20176

WILLOWSFORD CONSERVANCY
44095 PIPELINE PLAZA, NO. 140
ASHBURN, VA 20147

|||||.....|||||

CLIENT'S COPY

CARRYOVER DATA TO 2018

Based on the information provided with this return, the following are possible carryover amounts to next year.

[illegible]

Form 8879-EO

IRS e-file Signature Authorization
for an Exempt Organization

OMB No. 1545-1078

2017

Department of the Treasury
Internal Revenue Service

For calendar year 2017, or fiscal year beginning _____, 2017, and ending _____, 20____

▶ Do not send to the IRS. Keep for your records.

▶ Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization

Employer identification number

WILLOWSFORD CONSERVANCY

45-0609461

Name and title of officer

DANIEL J. AUTINO

VICE PRESIDENT, FINANCE

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	1,290,157.
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize MITCHELL & CO., P.C.

ERO firm name

to enter my PIN 77749

Enter five numbers, but
do not enter all zeros

as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

54186377749

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4103, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see Instructions.

Form 8879-EO (2017)

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

OMB No. 1545-0087

2017

Department of the Treasury
Internal Revenue Service

For calendar year 2017 or other tax year beginning _____, and ending _____

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations OnlyA ☐ Check box if
address changedName of organization (☐ Check box if name changed and see instructions.)D Employer identification number
(Employees' trust, see
instructions.)

45-0609461

B Exempt under section
☒ 501(c)(4) ☐ 220(e)
☐ 408(a) ☐ 530(a)
☐ 529(a)Print
or
Type

WILLOWSFORD CONSERVANCY

Number, street, and room or suite no. If a P.O. box, see instructions.

44095 PIPELINE PLAZA, NO. 140

City or town, state or province, country, and ZIP or foreign postal code

ASHBURN, VA 20147

E Unrelated business activity codes
(See instructions.)

110000

C Book value of all assets
at end of year

1,883,744.

F Group exemption number (See instructions.)

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Describe the organization's primary unrelated business activity. RETAIL SALES FROM FARM STAND OPERATIONS

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of THE ORGANIZATION Telephone number (571) 252-3980

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales	117,561.			
b Less returns and allowances		1c 117,561.		
2 Cost of goods sold (Schedule A, line 7)		2 125,634.		
3 Gross profit. Subtract line 2 from line 1c		3 -8,073.		-8,073.
4a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from partnerships and S corporations (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)...		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule)		12		
13 Total. Combine lines 3 through 12		13 -8,073.		-8,073.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	57,240.
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	57,240.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-65,313.
31 Net operating loss deduction (limited to the amount on line 30)	31	SEE STATEMENT 1
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	-65,313.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	-65,313.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.
Controlled group members (sections 1561 and 1563) check here ☐ See instructions and:

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
(1) \$ (2) \$ (3) \$

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$
(2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34 35c 0.

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:
☐ Tax rate schedule or ☐ Schedule D (Form 1041) 36

37 Proxy tax. See instructions 37

38 Alternative minimum tax 38

39 Tax on Non-Compliant Facility Income. See instructions 39

40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies 40 0.

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a

b Other credits (see instructions) 41b

c General business credit. Attach Form 3800 41c

d Credit for prior year minimum tax (attach Form 8801 or 8827) 41d

e Total credits. Add lines 41a through 41d 41e

42 Subtract line 41e from line 40 42 0.

43 Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule) 43

44 Total tax. Add lines 42 and 43 44 0.

45a Payments: A 2016 overpayment credited to 2017 45a

b 2017 estimated tax payments 45b

c Tax deposited with Form 8868 45c

d Foreign organizations: Tax paid or withheld at source (see instructions) 45d

e Backup withholding (see instructions) 45e

f Credit for small employer health insurance premiums (Attach Form 8941) 45f

g Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total 45g

46 Total payments. Add lines 45a through 45g 46

47 Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐ 47

48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed 48 0.

49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid 49 0.

50 Enter the amount of line 49 you want: Credited to 2018 estimated tax Refunded 50

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here X

52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. X

53 Enter the amount of tax-exempt interest received or accrued during the tax year \$

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer *[Signature]* **Date** 11/14/2018 **Title** VICE PRESIDENT, FINANCE

Paid Preparer Use Only Print/preparer's name SANDRA TONDREAU Preparer's signature [Signature] Date [Blank] Check ☐ if self-employed PTIN P01292788

Firm's name MITCHELL & CO., P.C. Firm's EIN 54-1853459

Firm's address 110 EAST MARKET ST. #200 Phone no. 703-777-4900

Firm's address LEESBURG, VA 20176

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

1	Inventory at beginning of year	1	0.	6	Inventory at end of year	6	0.
2	Purchases	2	125,634.	7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	125,634.
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a	Additional section 263A costs (attach schedule)	4a					X
4b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5	125,634.				

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)			
(2)			
(3)			
(4)			
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)	
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)		
(1)			
(2)			
(3)			
(4)			
Total	0.	Total	0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	
0.		0.	

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 6 x column 5)	8. Allocable deductions (column 6 x total of column 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			0.	0.
Total dividends-received deductions included in column 8			0.	0.

Form 990-T (2017)

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
			0.	0.

Totals

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
		0.		0.

Totals

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 5 minus column 6, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.
		0.	0.			0.

Totals

Schedule J - Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 5 minus column 6, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		0.	0.			0.

Totals (carry to Part II, line (5))

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or loss (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T (2017)

FORM 990-T

NET OPERATING LOSS DEDUCTION

STATEMENT 1

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/12	8,497.	0.	8,497.	8,497.
12/31/13	35,322.	0.	35,322.	35,322.
12/31/14	48,067.	0.	48,067.	48,067.
12/31/15	39,448.	0.	39,448.	39,448.
12/31/16	14,183.	0.	14,183.	14,183.
NOL CARRYOVER AVAILABLE THIS YEAR			145,517.	145,517.

Form **4562****Depreciation and Amortization**
(Including Information on Listed Property) 990

OMB No. 1545-0172

2017Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.Attachment
Sequence No. 179

Name(s) shown on return

Business or activity to which this form relates

Identifying number

WILLOWSFORD CONSERVANCY**FORM 990 PAGE 10****45-0609461****Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	510,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,030,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	543.

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	138,804.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property		999.	3 YRS.	HY	SL	333.
b 5-year property		5,564.	5 YRS.	HY	SL	1,113.
c 7-year property		215,043.	7 YRS.	HY	SL	18,074.
d 10-year property		38,176.	10 YRS.	HY	SL	1,474.
e 15-year property		15,093.	15 YRS.	HY	SL	263.
f 20-year property		265,526.	20 YRS.	HY	SL	8,993.
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year			12 yrs.	S/L	
c 40-year	/		40 yrs.	MM	S/L

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	169,597.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No 24b If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use: 25

26 Property used more than 50% in a qualified business use:

		%						
		%						
		%						

27 Property used 50% or less in a qualified business use:

		%			S/L -		
		%			S/L -		
		%			S/L -		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
30 Total business/investment miles driven during the year (don't include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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42 Amortization of costs that begins during your 2017 tax year:

43 Amortization of costs that began before your 2017 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

EXTENDED TO NOVEMBER 15, 2018

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

2017Open to Public
Inspection**A** For the 2017 calendar year, or tax year beginning

and ending

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

WILLOWSFORD CONSERVANCY

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

44095 PIPELINE PLAZA

Room/suite
140

City or town, state or province, country, and ZIP or foreign postal code

ASHBURN, VA 20147

F Name and address of principal officer: DANIEL J. AUTINO

SAME AS C ABOVE

D Employer identification number

45-0609461

E Telephone number

(571) 252-3980

G Gross receipts \$ 1,913,973.**H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☐ 501(c)(3) ☒ 501(c)(4) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.WILLOWSFORD.COM/VISION/CONSERVANCY**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 2010 **M** State of legal domicile: VA**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO GENERATE, PRESERVE & ENHANCE THE WILLOWSFORD COMMUNITY THROUGH PROGRAMS, ACTIVITIES & SERVICES.			
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	4	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	4	
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	0	
	6	Total number of volunteers (estimate if necessary)	6	0	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-8,073.	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	-65,313.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9	Program service revenue (Part VIII, line 2g)	953,985.	1,041,592.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,060.	36,052.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	6,286.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	44,777.	206,227.	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,000,822.	1,290,157.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	489,063.	510,252.	
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	0.	0.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	406,702.	511,341.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	895,765.	1,021,593.	
	19	Revenue less expenses. Subtract line 18 from line 12	105,057.	268,564.	
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
		21	Total liabilities (Part X, line 26)	1,473,602.	1,883,742.
22		Net assets or fund balances. Subtract line 21 from line 20	247,916.	391,143.	
			1,225,686.	1,492,599.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date
	DANIEL J. AUTINO, VICE PRESIDENT, FINANCE	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	SANDRA TONDREAU	
Paid Preparer Use Only	Firm's name ▶ MITCHELL & CO., P.C.	Firm's EIN ▶ 54-1853459
	Firm's address ▶ 110 EAST MARKET ST. #200 LEESBURG, VA 20176	Phone no. 703-777-4900

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:**SEE DETAIL STATEMENT IN SCHEDULE O****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 ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ **953,849.** including grants of \$) (Revenue \$ **506,516.**)
SEE SCHEDULE O FOR DETAIL STATEMENT**4b** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **953,849.**

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		X
2 Is the organization required to complete Schedule B, Schedule of Contributors?	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		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		
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		X
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		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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		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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	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		X
c 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		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
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		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		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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 section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2017)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	38	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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	0	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	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?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822?		X
7d	If "Yes," indicate the number of Forms 8822 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	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.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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.

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

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 4		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 1b 4		
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		X
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		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6		X
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	X	
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	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b		X
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		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates? 10a		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a		X
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a		X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b		
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c		
13 Did the organization have a written whistleblower policy? 13		X
14 Did the organization have a written document retention and destruction policy? 14		X
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?		
a The organization's CEO, Executive Director, or top management official 15a		X
b Other officers or key employees of the organization 15b		X
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		X
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		

Section 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) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

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

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
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Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

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.

[illegible]

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>
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[illegible]

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	0
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		Yes	No
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►	0	

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line 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	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	1,041,592.			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		1,041,592.			
	Program Service Revenue	2 a	OTHER OPERATIONAL INCO	Business Code 611600	28,900.	28,900.	
b		PROGRAM EVENTS/ACTIVIT	611600	7,152.	7,152.		
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		36,052.			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)				
		4	Income from investment of tax-exempt bond proceeds				
	5	Royalties					
	6 a	Gross rents	(i) Real (ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b	Less: cost or other basis and sales expenses		9,000.			
	c	Gain or (loss)		2,714.			
	d	Net gain or (loss)		6,286.		6,286.	
	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a	464,178.				
b	Less: cost of goods sold	b	621,102.				
c	Net income or (loss) from sales of inventory		-156,924.	-148,851.	-8,073.		
Miscellaneous Revenue	11 a	TRANSFER FEE INCOME	Business Code 900099	243,221.	243,221.		
	b	RESIDENT ASSESSMENTS	900099	119,930.	119,930.		
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		363,151.			
	12	Total revenue. See instructions.		1,290,157.	250,352.	-8,073.	6,286.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 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 and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	440,783.	398,470.	42,313.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	37,425.	28,069.	9,356.	
10 Payroll taxes	32,044.	28,683.	3,361.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	2,525.		2,525.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	39,518.	39,518.		
12 Advertising and promotion	9,281.	9,281.		
13 Office expenses	42,415.	40,032.	2,383.	
14 Information technology	1,044.	1,044.		
15 Royalties				
16 Occupancy				
17 Travel	2,196.	2,196.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,792.	3,792.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	167,663.	167,663.		
23 Insurance	29,515.	22,136.	7,379.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MAINTENANCE	125,103.	124,676.	427.	
b SUPPLIES, TOOLS, & EQUI	47,353.	47,353.		
c PROPERTY TAXES	28,143.	28,143.		
d EVENTS	12,793.	12,793.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,021,593.	953,849.	67,744.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	100,947.	1	19,828.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	222,250.	4	387,790.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,084,399.		
	b Less: accumulated depreciation	10b 608,275.	10c 1,476,124.	
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	400.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,473,602.	16	1,883,742.	
Liabilities	17 Accounts payable and accrued expenses	247,916.	17	388,236.
	18 Grants payable		18	
	19 Deferred revenue		19	2,907.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	247,916.	26	391,143.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,225,686.	27	1,492,599.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,225,686.	33	1,492,599.
34 Total liabilities and net assets/fund balances	1,473,602.	34	1,883,742.	

Form 990 (2017)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,290,157.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,021,593.
3	Revenue less expenses. Subtract line 2 from line 1	3	268,564.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,225,686.
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	-1,651.
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	1,492,599.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit 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 required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	3b	

Form 990 (2017)

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organization

Employer identification number

WILLOWSFORD CONSERVANCY

45-0609461

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(4) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization WILLOWSFORD CONSERVANCY	Employer identification number 45-0609461
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	WILLOWSFORD OPERATIONS, LLC 44095 PIPELINE PLAZA, SUITE 140 ASHBURN, VA 20147	\$ <u>1,041,592.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

45-0609461

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____

Name of organization

Employer identification number

WILLOWSFORD CONSERVANCY**45-0609461**

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

WILLOWSFORD CONSERVANCY

Employer identification number

45-0609461

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

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 maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☐ %
 c Temporarily restricted endowment ☐ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations ☐ Yes ☐ No
 (ii) related organizations ☐ Yes ☐ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		982,467.	164,752.	817,715.
c Leasehold improvements				
d Equipment		649,090.	301,346.	347,744.
e Other		452,842.	142,177.	310,665.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,476,124.

Schedule D (Form 990) 2017

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: 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, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

WILLOWSFORD CONSERVANCY

Employer identification number
45-0609461

PART III, LINE 1: ORGANIZATION'S MISSION

THE WILLOWSFORD CONSERVANCY PROTECTS, MAINTAINS, AND PROMOTES THE
VIALE, LONG-TERM USE OF THE LAND, INTEGRATING FARMING, RECREATION,
CONSERVATION AND EDUCATION TO ENHANCE THE QUALITY OF LIFE FOR THE
RESIDENTS OF WILLOWSFORD AND THE GREATER COMMUNITY.

GUIDING PRINCIPLES

STEWARDSHIP (RESPECT FOR THE LAND) CONSIDERING OUR COMMUNITY'S IMPACTS
ON THE LAND: ON SOIL, WATER, VEGETATION, WILDLIFE AND ON WHOLE NATURAL
SYSTEMS; CELEBRATING LOCAL MATERIALS AND HUMAN RESOURCES AND UTILIZING
APPROPRIATE TECHNOLOGIES REALIZING A POSITIVE, REGENERATIVE EFFECT ON
THE LAND THROUGH ALL ASPECTS OF OUR OPERATIONS, INCLUDING LAND USE AND
AGRICULTURAL PRODUCTION, SHELTER AND STRUCTURES, MATERIALS USE, ENERGY,
AND HUMAN RESOURCES.

COMMUNITY (WHO WE ARE) CREATING AN AUTHENTIC SENSE OF PLACE AND SHARED
PURPOSE BY CONNECTING PEOPLE TO THE LAND AND TO EACH OTHER THROUGH
CULTURAL, ARTISTIC, MUSICAL, RECREATIONAL, CULINARY AND SOCIAL
PROGRAMS, ACTIVITIES, AND SERVICES THAT ENHANCE THE LIFESTYLE WITHIN,
AND CONTRIBUTE TO THE BETTERMENT OF, WILLOWSFORD AND THE SURROUNDING
COMMUNITY.

HEALTH AND RECREATION (GO PLAY OUTSIDE) INSPIRING AND PROMOTING A
HEALTHY LIFESTYLE THROUGH ENGAGING OUTDOOR RECREATIONAL OPPORTUNITIES
AND ACTIVITIES TO ENRICH MIND, BODY, AND SPIRIT WHILE ENHANCING

Name of the organization

WILLOWSFORD CONSERVANCY

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45-0609461

LIFELONG LEARNING.

CONSERVATION (LOVE OF NATURE) CREATING PROGRAMS THAT HELP FOSTER A PASSION AND COMMITMENT TO THE CONSERVATION OF WILDLIFE AND NATURAL HABITATS ENSURING THAT THEY CAN BE APPRECIATED BY FUTURE GENERATIONS.

QUALITY AND INTEGRITY (BEING GREAT) STRIVING TO DO OUR BEST AND BE OUR BEST IN ALL THAT WE DO, AND TO PRODUCE HIGH QUALITY, SAFE PRODUCTS, EVENTS, AND INTERACTIONS; CREATING AN OUTSTANDING WORK AND PLAY ENVIRONMENT THAT CULTIVATES SAFE, FRIENDLY, AND ETHICAL PRACTICES BASED ON RESPECT AND DIGNITY.

EDUCATION (EXPLORATION, DISCOVERY AND UNDERSTANDING) TEACHING, MODELING AND SHARING IDEAS ABOUT ECOLOGICAL LITERACY, FOOD LITERACY, HISTORICAL LITERACY, SOCIAL LITERACY AND OTHER TOOLS FOR CRITICAL THINKING, TO CULTIVATE ENGAGED CITIZENS AND COMMUNITY MEMBERS.

FARMING (GOOD FOOD) SUPPORTING OUR COMMUNITY WITH FOOD THAT IS FRESH, CLEAN AND HEALTHY AND THAT TASTES GREAT. INTEGRATING THE FARM INTO THE FABRIC OF WILLOWSFORD TO SERVE AS A SOCIAL AND EDUCATIONAL RESOURCE FOR THE COMMUNITY.

SUSTAINABILITY (THE LONG HAUL) PLACING HIGH VALUE ON ECOLOGICAL AND SOCIAL HEALTH AND RECOGNIZING THAT ECONOMIC VIABILITY IS A CRITICAL PRECURSOR TO SUCCESS.

PART III LINE 4: PROGRAM SERVICE ACCOMPLISHMENTS

Name of the organization

WILLOWSFORD CONSERVANCY

Employer identification number

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WILLOWSFORD CONSERVANCY IS THE STEWARD OF 2,000 ACRES OF OPEN SPACE, INTEGRATED WITHIN THE WILLOWSFORD NEIGHBORHOOD, AND SET ASIDE FOR CONSERVATION, RECREATION, EDUCATION AND AGRICULTURAL USE. ITS LOCATION WITHIN LOUDOUN COUNTY'S TRANSITION ZONE MAKE IT AN IMPORTANT RESOURCE IN PROTECTING AND ENHANCING THE REGION'S NATURAL, AGRICULTURAL AND SCENIC LANDSCAPE RESOURCES.

FRESH FOOD PRODUCTION FROM SUSTAINABLE FARMING; RECREATION OPPORTUNITIES WITH NATURE TRAILS, CAMPSITES, FORESTS AND WETLANDS THAT SUPPORT DIVERSE NATIVE WILDLIFE AND VEGETATION; AND THE CONSERVANCY'S LAND STEWARDSHIP PROGRAMS-INCLUDING HABITAT RESTORATION, WILDLIFE MANAGEMENT, AND INVASIVE SPECIES CONTROL-CONTRIBUTE POSITIVELY TO THE REGION'S QUALITY OF LIFE.

IN 2017, THE CONSERVANCY CONTINUED TO CONDUCT AND EXPAND ACTIVITIES SPECIFICALLY SUPPORTING ITS MISSION, SUPPORTED BY 52 VOLUNTEERS:

FARMING

IN SUPPORT OF ITS MISSION FOR LONG-TERM PROTECTION AND VIABLE USE OF THE LAND, THE CONSERVANCY FOLLOWS SUSTAINABLE FARMING PRACTICES THAT ENHANCE THE ECOLOGICAL RESOURCES OF THE LAND AND ARE INTEGRATED WITH THE RESIDENTIAL LIFE OF THE COMMUNITY, EDUCATION, AND CONSERVATION ACTIVITIES. SUSTAINABLE AGRICULTURE PROVIDES FRESH, NOURISHING FOOD FOR WILLOWSFORD RESIDENTS AND THE LOCAL COMMUNITY, AND SUPPORTS THE CONSERVANCY'S CONSERVATION EFFORTS. THE FARM ALSO PLAYS AN ACTIVE ROLE IN THE GREATER COMMUNITY, SUPPORTING LOCAL AGRICULTURE AND ARTISANAL FOOD PRODUCTION, FOOD LITERACY, HEALTHY NUTRITION, AND A VIBRANT COMMUNITY LIFE.

IN 2017, THE CONSERVANCY FARM SOLD MORE THAN 300 UNIQUE SHARES IN ITS COMMUNITY SUPPORTED AGRICULTURE (CSA) PROGRAM, INCLUDING VEGETABLES, EGGS, MILK, FLOWERS, AND CHICKEN SHARES, IN ADDITION TO SUPPORTING

Name of the organization

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FAMILIES THROUGH DIRECT SALES AT THE FARM STAND. ABOUT HALF OF THE CSA MEMBERS CONTINUE TO BE NON-RESIDENTS FROM OUTSIDE WILLOWSFORD. IN ADDITION, THE CONSERVANCY DONATED FRESH FARM FOOD TO AREA FOOD BANKS. THE CONSERVANCY FARM CONTINUED ITS LAND MANAGEMENT PROGRAM WITH A HERD OF GOATS USED FOR ENVIRONMENTALLY SAFE VEGETATION CLEARING ENGAGEMENTS, INCLUDING AT LOUDOUN COUNTY'S BANSHEE REEKS NATURE PRESERVE. ALSO, INTERESTED GROUPS OF DEVELOPERS, FARMERS, ORGANIZATIONAL BOARDS AND PROFESSIONALS WERE HOSTED BY THE FARM MANAGEMENT DURING EVENTS AND TOURS TO DISCUSS LAND USE, DEVELOPMENT AND AGRICULTURE. FARM VOLUNTEER OPPORTUNITIES ENCOURAGE FAMILIES TO ENGAGE HANDS-ON AND LEARN ABOUT SUSTAINABLE AGRICULTURE AND FOOD PRODUCTION. WITH GRANT COST-SHARE SUPPORT FROM THE LOUDOUN SOIL AND WATER CONSERVATION DISTRICT, THE CONSERVANCY COMPLETED INSTALLATION OF MORE THAN 13,000 FT OF LIVESTOCK FENCING, 3,700 FT OF WATER PIPE, AND 4 LIVESTOCK WATER TROUGHS FOR THE FARM LIVESTOCK OPERATION, PRODUCING PASTURED CHICKEN, EGGS AND PORK.

LAND CONSERVATION AND RELATED EDUCATION

PARTNERING WITH OTHER NON-PROFITS AND GOVERNMENT AGENCIES, THE CONSERVANCY CONTINUES TO OFFER HANDS-ON, SITE-SPECIFIC EDUCATION PROGRAMS AND EVENTS FOR ADULTS AND CHILDREN RELATED TO ENVIRONMENTAL STEWARDSHIP, LAND CONSERVATION, NUTRITION AND CULINARY ARTS, AND RESPONSIBLE OUTDOOR RECREATION. THROUGH THESE ACTIVITIES, THE CONSERVANCY AIMS TO FACILITATE INFORMED DECISION-MAKING AND INSPIRE PEOPLE TO BECOME LIFELONG ADVOCATES FOR ENVIRONMENTAL SUSTAINABILITY, CONSERVATION AND HEALTHY LIFESTYLES.

WILLOWSFORD CONSERVANCY OFFERS OUTDOOR ENVIRONMENTAL EDUCATION PROGRAMS FOR ALL AGES TO CULTIVATE CITIZEN STEWARDSHIP, ENVIRONMENTAL LITERACY

Name of the organization

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AND A DEEP EMOTIONAL CONNECTION TO THE NATURAL WORLD.

PROVIDING RESIDENTS WITH INFORMATION AND RESOURCES TO CREATE AND MANAGE ENVIRONMENTALLY FRIENDLY HOME LANDSCAPES CONTRIBUTES POSITIVELY TO OVERALL HABITAT HEALTH AND CONNECTIVITY NOT ONLY AT WILLOWSFORD BUT IN THE REGION.

THROUGH PARTNERSHIPS WITH ORGANIZATIONS INCLUDING BANSHEE REEKS NATURE PRESERVE, THE VIRGINIA DEPARTMENT OF GAME AND INLAND FISHERIES, THE DEPARTMENT OF FORESTRY, THE SMITHSONIAN CONSERVATION BIOLOGY INSTITUTE, LOUDOUN WILDLIFE CONSERVANCY (LWC), BLUE RIDGE WILDLIFE CENTER, PIEDMONT ENVIRONMENTAL COUNCIL AND OTHERS, THE CONSERVANCY RECEIVES INSIGHTS AND BUILDS EXPERTISE ON HOW IT CAN BEST PROMOTE NATIVE HABITAT AND WILDLIFE IN THE COMMUNITY.

THROUGHOUT 2017, WILLOWSFORD CONSERVANCY DELIVERED A VARIETY OF PROGRAMS. WITH LWC, THE BLUEBIRD NEST BOX MONITORING PROGRAM CONTINUED WITH THE TWO ESTABLISHED NEST BOX TRAILS IN THE GRANGE AND GROVE VILLAGES, FOR PEOPLE TO LEARN ABOUT LOCAL CAVITY NESTERS, AND TO SUPPORT NATIVE SONGBIRDS WITH HABITAT AND NESTING SITES. RESIDENTS VOLUNTEERED THEIR TIME MONITORING AND MAINTAINING THE NESTING BOXES AND TRAIL LOOPS.

THE WET MEADOW HABITAT RESTORATION PROJECT IN THE GRANGE CONTINUED WITH IMPROVEMENTS TO THE NATIVE WILDFLOWER MEADOW - PARTIALLY FUNDED THROUGH A GRANT FROM THE LOUDOUN COUNTY SOIL AND WATER CONSERVATION DISTRICT. UPGRADES INCLUDED PLANTING OF ADDITIONAL NATIVE WILDFLOWERS, GRASSES AND SHRUBS AS WELL AS INSTALLATION OF STEPPING STONES, SEATING BOULDERS, A SEATING WALL, AND INTERPRETIVE SIGNS TO IMPROVE EDUCATIONAL AND HABITAT VALUE, AND MEADOW AND VERNAL POOL ACCESS FOR EDUCATIONAL TOURS AND PROGRAMS.

2017 PROGRAMMING KICKED OFF WITH "LANDSCAPE FOR LIFE", A 6-SESSION

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COURSE IN SUSTAINABLE LANDSCAPING ON TRANSFORMING HOME LANDSCAPES INTO HEALTHY WILDLIFE HABITAT. THE PROGRAM RAN FEBRUARY 21-APRIL 4, IN PARTNERSHIP WITH THE LOUDOUN WILDLIFE CONSERVANCY, PIEDMONT ENVIRONMENTAL COUNCIL, THE LOUDOUN SOIL AND WATER CONSERVATION DISTRICT, AND WATERMARK WOODS NATIVE PLANT NURSERY.

AN APRIL 22 EARTH DAY BLUEBIRD NESTING BOX PROGRAM WAS FOLLOWED BY AN APRIL 27 AMPHIBIAN LECTURE AND WALK LED BY A VA DEPARTMENT OF GAME AND INLAND FISHERIES BIOLOGIST.

IN APRIL, WITH SUPPORT FROM THE LOUDOUN COUNTY SOIL AND WATER CONSERVATION DISTRICT, THE CONSERVANCY CONTINUED ITS RIPARIAN PLANTING PROGRAM WITH ADDITIONAL PLANTINGS OF NATIVE TREES AND SHRUBS IN THE GROVE.

FROM MAY THROUGH AUGUST, THE CONSERVANCY PARTNERED WITH VIRGINIA WORKING LANDSCAPES (VWL) AT THE SMITHSONIAN CONSERVATION BIOLOGY INSTITUTE TO CONDUCT BIODIVERSITY SURVEYS IN CONSERVANCY FIELDS AND FORESTS. SURVEYS INCLUDED BREEDING BIRDS, BUMBLE BEE, INVASIVE PLANT AND MAMMAL SURVEYS. IN THEIR SURVEY REPORT, VWL RECORDED 38 BREEDING BIRD SPECIES AT WILLOWSFORD CONSERVANCY, 10 OF WHICH ARE SPECIES OF REGIONAL AND CONTINENTAL CONCERN. SEVEN BUMBLEBEE SPECIES WERE OBSERVED, INCLUDING 3 SPECIES NOT COMMONLY SEEN IN THE AREA. THE MAMMAL SURVEY NOTED 10 MAMMAL SPECIES THAT WERE PHOTOGRAPHED ON CAMERA TRAPS, WITH WHITE-TAILED DEER BEING THE MOST COMMON.

IN JULY, THE CONSERVANCY PRESENTED A WEEKLONG OUTDOOR NATURE EXPLORATION SUMMER CAMP FOR AGES 9-12, TITLED "LOST AND FOUND IN THE WILDS OF WILLOWSFORD." YOUNG NATURALISTS LEARNED ABOUT OUTDOOR SURVIVAL SKILLS, LOCAL PLANTS AND ANIMALS, WATER AND NATURAL HABITATS THROUGHOUT WILLOWSFORD'S TRAILS, WOODS AND WETLANDS. IN ADDITION, THE CONSERVANCY PROGRAMMED THREE DAYS OF THE WEEKLONG "DISCOVER" CAMP FOR

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AGES 9-12, WHERE CHILDREN LEARNED ABOUT SUSTAINABLE FARMING AND GROWING OF FOOD, AS WELL AS KAYAKING, CANOEING, FISHING, WILDLIFE AND PLANT IDENTIFICATION THROUGH TOURS OF THE FARM AND KITCHEN; HARVESTING AND COOKING FRESH FOOD; WATER ACTIVITIES ON WILLOW LAKE; AND WOODLAND EXPLORATION.

IN JULY, THE CONSERVANCY COMMISSIONED THE SMITHSONIAN CONSERVATION BIOLOGY INSTITUTE TO CONDUCT A COMPREHENSIVE 3-YEAR DEER IMPACT STUDY ON CONSERVANCY OPEN SPACE. THE STUDY HELPS INFORM THE CONSERVANCY'S DEER POPULATION MANAGEMENT PROGRAM WHICH STARTED IN 2016 IN PARTNERSHIP WITH THE VIRGINIA DEPARTMENT OF GAME AND INLAND FISHERIES, TO PROTECT THE CONSERVANCY'S NATURAL FOREST ECOSYSTEMS FROM DEER OVER-BROWSING. AN AUGUST 6 NATURE WALK, GUIDED BY LWC VOLUNTEERS, WAS FOLLOWED BY THE AUGUST 26 GRANGE WET MEADOW GUIDED WALK AND POLLINATOR EDUCATION ACTIVITIES, PRESENTED BY CONSERVANCY STAFF AND VOLUNTEERS WITH NATIVE MEADOW LANDSCAPE DESIGNER SUSAN ABRAHAM.

A MIGRATORY BIRD WALK ON SEPTEMBER 17 WAS FOLLOWED BY OUR ANNUAL COMMUNITY BONFIRE AND CAMP-OVER FAMILY EVENT, SEPTEMBER 30-OCTOBER 1. ON OCTOBER 14, THE CONSERVANCY PARTNERED WITH THE BLUE RIDGE WILDLIFE CENTER AND THEIR "WILDLIFE AMBASSADORS" TO EDUCATE RESIDENTS ON NATIVE WILDLIFE, HABITAT NEEDS, AND LOCAL RESCUE EFFORTS. EDUCATION PROGRAMS CONTINUED ON NOVEMBER 5, WITH A FALL COLORS WALK WITH LWC, AND A NOVEMBER 5 LECTURE ON GARDENING WITH NATIVE PLANTS, PRESENTED BY WATERMARK WOODS NATIVE PLANT NURSERY.

IN PARTNERSHIP WITH THE WILLOWSFORD HOMEOWNERS ASSOCIATION AND THE WILLOWSFORD KITCHEN, THE CONSERVANCY WORKS TO ENCOURAGE HEALTHY NUTRITION, CULINARY CONFIDENCE, AND GREATER UNDERSTANDING OF AND SUPPORT FOR SUSTAINABLE FOOD PRODUCTION. FOOD AND CULINARY RELATED EVENTS ENCOURAGE CHILDREN AND ADULTS TO COOK, EAT HEALTHY, AND ENGAGE

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WITH THE FARM AND COMMUNITY. EVENTS THROUGHOUT THE YEAR INCLUDED COOKING CLASSES AND DEMONSTRATIONS USING FARM-GROWN INGREDIENTS, AND FARM-TO-KITCHEN EDUCATION AND SUMMER CAMP ACTIVITIES.

PART III LINE 4: PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)

OUTDOOR RECREATION

OUTDOOR RECREATION PROGRAMS AND EVENTS ENRICH WILLOWSFORD'S SENSE OF COMMUNITY AND HEALTHY LIFESTYLE.

THE CONSERVANCY CONTINUES TO MAKE SIGNIFICANT INVESTMENTS IN THE CONSTRUCTION AND MANAGEMENT OF ITS TRAIL SYSTEM FOR RECREATIONAL AND EDUCATIONAL USE, INCLUDING SIGNAGE, MAPS FOR ORIENTATION AND INFORMATION, GUIDED TRAIL WALKS, AND AMENITIES THAT FACILITATE THE USE OF THE TRAILS.

THE CONSERVANCY CONTINUES TO PARTNER WITH ADVENTURE ENABLERS (FORMERLY "REV3 ADVENTURE") TO OFFER ADVENTURE RACES ON THE CONSERVANCY TRAILS. ADVENTURE RACING MIXES CERTAIN OUTDOOR SPORTS INTO A CHALLENGING AND EXCITING EXPERIENCE TO ENCOURAGE COMMUNITY MEMBERS TO BECOME AND STAY ACTIVE. MOUNTAIN BIKING, TRAIL RUNNING, TREKKING, AND WATER SPORTS ARE BUILT OFF A NAVIGATION FOUNDATION, MAKING FOR A FAMILY-FRIENDLY OUTDOOR MULTISPORT EXPERIENCE THAT FACILITATES INDIVIDUAL ACTIVITY AND TEAM WORK. IN 2017, THE PARTNERSHIP PRESENTED 10 EVENTS IN THE SPRING AND FALL, INCLUDING 5K, 10K AND HALF-MARATHON RACES, A VARIETY OF MOUNTAIN BIKE RACES FOR CHILDREN AND ADULTS, A FAMILY TENDERFOOT ADVENTURE RACE, AND A FAMILY GLOW RUN EVENT.

THE FAMILY-FRIENDLY GRANT CAMPSITE CONTINUES TO BE POPULAR WITH RESIDENTS, ENCOURAGING FAMILIES TO CAMP, HIKE, OBSERVE WILDLIFE, AND EXPLORE THE OUTDOORS. THE WALK-IN TENT SITE INCLUDES SEVEN FAMILY-SIZE TENT PADS, LOCATED ON THE GRANT LOOP TRAIL WITH OPPORTUNITIES FOR

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HIKING, TRAIL RUNNING, MOUNTAIN BIKING, NATURE EXPLORATION AND WILDLIFE WATCHING.

THE CONSERVANCY PARTNERS WITH LOCAL CHAPTERS OF THE BOY SCOUTS OF AMERICA TO PROMOTE OUTDOOR ETHICS AND CONSERVATION. ONE OF THE MAIN TENETS IN SCOUTING IS TO GIVE BACK TO THE COMMUNITY IN THE FORM OF SERVICE. THE CONSERVANCY TEAMS UP WITH THE SCOUTS TO PROVIDE OPPORTUNITIES TO PERFORM TRAIL MAINTENANCE, WILDLIFE HABITAT RESTORATION AND CONSERVATION PROJECTS.

ORGANIZATIONAL DEVELOPMENT AND CAPACITY BUILDING

IN 2017, THE CONSERVANCY COMPLETED A NEW 2,600 SF MAINTENANCE FACILITY TO SUPPORT ITS LAND MANAGEMENT AND CONSERVATION EFFORTS; AND WORK BEGAN ON A THREE-SEASON EDUCATION PAVILION (CEDAR POND PAVILION). THE BOARD APPROVED THE ADDITION OF A FULL-TIME LAND STEWARD POSITION FOR THE 2018 BUDGET YEAR. WORK ON A CONSERVANCY AND FARM WEBSITE WAS ESSENTIALLY COMPLETED FOR A JANUARY 2018 LAUNCH. IN DECEMBER, THE BOARD APPOINTED TWO WILLOWSFORD RESIDENTS TO JOIN THE CONSERVANCY BOARD OF TRUSTEES EFFECTIVE AT THE JANUARY 2018 MEETING.

FORM 990, PART VI, SECTION A, LINE 7A:

WILLOWSFORD, LLC (FOUNDER), IS AUTHORIZED TO APPOINT, REMOVE, AND REPLACE ALL OF THE TRUSTEES FOR SO LONG AS IT, ANY OF ITS AFFILIATES, OR ANY CONSENTING OWNERS OWN REAL PROPERTY IN WILLOWSFORD, OR THE FOUNDER HAS AN UNEXPIRED OPTION TO EXPAND WILLOWSFORD PURSUANT TO COMMUNITY COVENANT, OR UNTIL SUCH EARLIER TIME AS IT RELINQUISHES SUCH RIGHT.

IN ADDITION, THE FOUNDER RETAINS THE FOLLOWING RIGHTS: -FOR SO LONG AS THE

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FOUNDER, OR ANY FOUNDER AFFILIATE, OWNS REAL PROPERTY IN WILLOWSFORD, OR THE FOUNDER HAS AN UNEXPIRED OPTION TO EXPAND WILLOWSFORD PURSUANT TO A COMMUNITY COVENANT, THE FOUNDER'S CONSENT IS REQUIRED TO DISSOLVE THE CONSERVANCY, OR FOR ANY MERGER OR CONSOLIDATION OF THE CONSERVANCY. -NO AMENDMENT TO THE CONSERVANCY'S BYLAWS MAY REMOVE, REVOKE, OR MODIFY ANY RIGHT OR PRIVILEGE OF THE FOUNDER WITHOUT THE WRITTEN CONSENT OF THE FOUNDER (OR THE ASSIGNEE OF SUCH RIGHT OR PRIVILEGE).

FORM 990, PART VI, SECTION A, LINE 7B:

WILLOWSFORD, LLC (FOUNDER), IS AUTHORIZED TO APPOINT, REMOVE, AND REPLACE ALL OF THE TRUSTEES FOR SO LONG AS IT, ANY OF ITS AFFILIATES, OR ANY CONSENTING OWNERS OWN REAL PROPERTY IN WILLOWSFORD, OR THE FOUNDER HAS AN UNEXPIRED OPTION TO EXPAND WILLOWSFORD PURSUANT TO COMMUNITY COVENANT, OR UNTIL SUCH EARLIER TIME AS IT RELINQUISHES SUCH RIGHT.

IN ADDITION, THE FOUNDER RETAINS THE FOLLOWING RIGHTS: -FOR SO LONG AS THE FOUNDER, OR ANY FOUNDER AFFILIATE, OWNS REAL PROPERTY IN WILLOWSFORD, OR THE FOUNDER HAS AN UNEXPIRED OPTION TO EXPAND WILLOWSFORD PURSUANT TO A COMMUNITY COVENANT, THE FOUNDER'S CONSENT IS REQUIRED TO DISSOLVE THE CONSERVANCY, OR FOR ANY MERGER OR CONSOLIDATION OF THE CONSERVANCY. -NO AMENDMENT TO THE CONSERVANCY'S BYLAWS MAY REMOVE, REVOKE, OR MODIFY ANY RIGHT OR PRIVILEGE OF THE FOUNDER WITHOUT THE WRITTEN CONSENT OF THE FOUNDER (OR THE ASSIGNEE OF SUCH RIGHT OR PRIVILEGE).

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

THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE BOARD OF TRUSTEES, AND AS SUCH NO COMMITTEE MINUTES ARE REQUIRED.

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

THE ORGANIZATION ENGAGES A PAID PREPARER EXPERIENCED IN THE PREPARATION OF THE FORM 990 TO PREPARE THE FORM. THE ORGANIZATION'S TREASURER REVIEWS THE RETURN AS PREPARED BY THE PREPARER. A COPY OF THE RETURN IS THEN PROVIDED TO ALL MEMBERS OF THE BOARD OF TRUSTEES PRIOR TO FILING.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST.

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

FINANCIAL STATEMENTS ARE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST.

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

2017

Open to Public Inspection

Name of the organization

WILLOWSFORD CONSERVANCY

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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

[illegible]

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

[illegible]

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2017

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WILLOWSFORD OPERATIONS, LLC	C	1,041,592.	
(2) WILLOWSFORD OPERATIONS, LLC	N	0.	
(3) WILLOWSFORD OPERATIONS, LLC	O	694,394.	
(4) WILLOWSFORD HOME OWNER'S ASSOCIATION, INC	S	119,930.	
(5)			
(6)			

Part VII	Supplemental Information.
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Provide additional information for responses to questions on Schedule R. See instructions.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	LAND IMPROVEMENTS														
2	GARDEN ON FOUNDERS DRIVE	01/31/12	SL	10.00		HXL17	76,194.				76,194.	38,096.		7,619.	45,715.
3	FARM FIELD IN GRANGE	01/31/12	SL	10.00		HXL17	73,162.				73,162.	36,581.		7,316.	43,897.
4	WELL SERVING GRANGE FARM	01/31/12	SL	15.00		HXL17	21,250.				21,250.	7,084.		1,417.	8,501.
5	WELL SERVING FARM GARDEN	04/13/12	SL	15.00		HXL17	24,678.				24,678.	8,226.		1,645.	9,871.
6	GRANGE FARM COMPOST	03/31/13	SL	10.00		HXL17	3,600.				3,600.	1,380.		360.	1,740.
7	FLEETWOOD FARM WELL	05/31/13	SL	15.00		HXL17	35,445.				35,445.	8,664.		2,363.	11,027.
8	FLEETWOOD FARM WELL	09/30/13	SL	15.00		HXL17	3,140.				3,140.	696.		209.	905.
9	FARM FIELD GREENS	05/31/15	SL	10.00		HXL17	2,656.				2,656.	421.		266.	687.
10	PERLIM WORK ON WELLS (NOT IN SERVICE	01/31/16	SL	10.00		HXL17	5,940.				5,940.	594.		594.	1,188.
77	FARM WELL VALLEY PASS	03/31/16	SL	10.00		HXL17	6,000.				6,000.	500.		600.	1,100.
78	DEER FENCE	03/31/16	SL	10.00		HXL17	31,207.				31,207.	2,601.		3,121.	5,722.
79	DEER FENCE	05/31/16	SL	10.00		HXL17	2,847.				2,847.	190.		285.	475.
80	WELL TESTING AND DRILLING	06/30/16	SL	10.00		HXL17	27,122.				27,122.	1,582.		2,712.	4,294.
81	GRANT WELL VALLEY DRILLING	09/30/16	SL	10.00		HXL17	9,751.				9,751.	325.		975.	1,300.
125	PEACH ORCHARD FARM FENCE	08/31/17	SL	7.00		HXL19C	83,504.				83,504.			4,970.	4,970.
126	REGRAVEL/ROLL HOUSE TO BARN, WELL TO BARN	09/30/17	SL	15.00		HXL19E	6,000.				6,000.			133.	133.
128	PUMP & WELL SERVICE	10/31/17	SL	15.00		HXL19E	5,294.				5,294.			88.	88.

728111 04-01-17

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2017 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	C or V	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
129	WATERLINE AT PEACH ORCHARD	10/31/17	SL	10.00		HXL9D	31,250.				31,250.			781.	781.
130	WELL 2	11/30/17	SL	15.00		HXL9E	3,799.				3,799.			42.	42.
	* 990 PAGE 10 TOTAL - LAND IMPROVEMENTS						452,839.				452,839.	106,940.		35,496.	142,436.
	BUILDINGS & IMPROVEMENTS														
12	GRANGE FARM STRUCTURE	01/31/12	SL	20.00		HXL7	21,819.				21,819.	5,455.		1,091.	6,546.
13	GRANGE FARM STRUCTURE	03/31/12	SL	20.00		HXL7	268,665.				268,665.	64,927.		13,433.	78,360.
14	FARM GARDEN STRUCTURE	06/30/12	SL	20.00		HXL7	46,139.				46,139.	10,574.		2,307.	12,881.
15	BUILDOUT LOFT (CARPENTER BEACH)	04/30/14	SL	20.00		HXL7	20,500.				20,500.	2,819.		1,025.	3,844.
16	JOHN LAYNG (GRANGE GREENHOUSE)	06/30/14	SL	20.00		HXL7	4,000.				4,000.	500.		200.	800.
17	WALK IN COOLER UPGRADES	09/30/14	SL	7.00		HXL7	2,797.				2,797.	933.		400.	1,333.
18	HIGH TUNNEL	10/31/14	SL	20.00		HXL7	14,100.				14,100.	1,586.		705.	2,291.
19	HIGH TUNNEL	12/31/14	SL	20.00		HXL7	4,793.				4,793.	500.		240.	740.
20	HIGH TUNNEL SITE WORK	12/18/14	SL	20.00		HXL7	5,285.				5,285.	557.		264.	821.
21	HIGH TUNNEL	04/30/15	SL	20.00		HXL7	4,173.				4,173.	365.		209.	574.
22	FARM STAND IMPROVEMENTS	04/30/15	SL	20.00		HXL7	60,827.				60,827.	5,322.		3,041.	8,363.
23	PRELIM WORK ON GRANT (NOT IN SERVICE)	01/31/16	SL	10.00		HXL7	51,161.				51,161.	5,116.		5,116.	10,232.
82	SIX HIGH TUNNELS	01/31/17	SL	10.00		HXL9D	3,018.				3,018.			302.	302.
131	BUILD 12 END WALLS FOR 6 GREENHOUSES	01/31/17	SL	10.00		HXL9D	3,908.				3,908.			391.	391.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	C o v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction in Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
132	PEACH ORCHARD OH TO UG CONVERSION	07/31/17	SL	20.00		HY19F	4,574.				4,574.			114.	114.
133	GREENHOUSE #2	11/30/17	SL	20.00		HY19F	3,686.				3,686.			31.	31.
134	PEACH ORCHARD BARN REPAIRS	12/31/17	SL	20.00		HY19F	30,919.				30,919.			129.	129.
135	BARN 1 & 2 WIRING AND UPGRADE	08/31/17	SL	20.00		HY19F	16,128.				16,128.			336.	336.
	* 990 PAGE 10 TOTAL - BUILDINGS & IMPROVEMENTS						566,492.				566,492.	98,754.		29,334.	128,088.
	BUILDINGS & IMP - HOUSING														
25	GRANGE FARM STRUCTURE	07/31/14	SL	20.00		HY17	105,802.				105,802.	13,225.		5,290.	18,515.
26	GRANGE FARM STRUCTURE - FURNACE	12/31/14	SL	10.00		HY17	6,400.				6,400.	1,333.		640.	1,973.
27	PRELIM WORK ON LIGHTGRIDGE (NOT IN SERVICE)	01/31/16	SL	20.00		HY17	35,370.				35,370.	1,769.		1,769.	3,538.
83	WORK DONE ON LIGHTGRIDGE	01/31/16	SL	20.00		HY17	42,567.				42,567.	2,128.		2,128.	4,256.
136	FARM HOUSE DESIGN SERVICES	11/30/17	NC	.000		HY	9,123.				9,123.			0.	
137	FARM HOUSE CLEARING	11/30/17	NC	.000		HY	4,375.				4,375.			0.	
138	FARM HOUSE LOUDOUN COUNTY PERMIT	12/31/17	NC	.000		HY	2,120.				2,120.			0.	
	* 990 PAGE 10 TOTAL - BUILDINGS & IMP - HOUSING						205,757.				205,757.	18,455.		9,827.	28,282.
	FURNITURE & FIXTURES														
29	FARM TENT	05/31/12	SL	7.00		HY17	4,564.				4,564.	3,043.		652.	3,695.
30	ADAMS BURCH REFRIGERATOR	07/31/12	SL	7.00		16	3,799.				3,799.	2,443.		543.	2,986.
31	FREEZER	12/31/15	SL	7.00		HY17	7,500.				7,500.	1,160.		1,071.	2,231.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
32	ALTO-HARTLEY TEW MANUFACTURING	12/31/15	SL	7.00		HXL7	6,613.				6,613.	1,024.		945.	1,969.
33	CORPORATION	12/31/15	SL	7.00		HXL7	2,565.				2,565.	397.		366.	763.
127	9 SHELTERS	10/31/17	SL	7.00		HXL9C	9,583.				9,583.			342.	342.
	* 990 PAGE 10 TOTAL - FURNITURE & FIXTURES						34,624.				34,624.	8,067.		3,919.	11,986.
	EQUIPMENT														
35	TRACTOR-KUBOTA 7040	11/30/11	SL	7.00		HXL7	38,380.				38,380.	28,328.		5,483.	33,811.
36	LANDPRIDE RCR 1884 BUSHHOG	11/30/11	SL	7.00		HXL7	3,050.				3,050.	2,252.		436.	2,688.
37	BEFCO C70 FLAIL MOWER	11/30/11	SL	7.00		HXL7	5,850.				5,850.	4,318.		836.	5,154.
38	(D)TRACTOR-KUBOTA L245H	10/31/11	SL	7.00		HXL7	12,000.				12,000.	8,999.		857.	9,856.
39	TRACTOR-KUBOTA 2620	07/31/11	SL	7.00		HXL7	17,500.				17,500.	13,750.		2,500.	16,250.
40	MACHIO B-70 ROTOTILLER	10/31/11	SL	7.00		HXL7	6,050.				6,050.	4,537.		864.	5,401.
41	WILLIAMS TOOL SYSTEM	10/31/11	SL	7.00		HXL7	3,492.				3,492.	2,619.		499.	3,118.
42	TOOL BAR AND DISCS	10/31/11	SL	7.00		HXL7	1,395.				1,395.	1,046.		199.	1,245.
43	LESCH 5600 BED-SHAPER	10/31/11	SL	7.00		HXL7	2,450.				2,450.	1,838.		350.	2,188.
44	PERFECTA S-TIME HARROW	10/31/11	SL	7.00		HXL7	2,800.				2,800.	2,100.		400.	2,500.
45	STOLTZFUS MFG WLS 50LR SPREADER	02/28/12	SL	7.00		HXL7	14,099.				14,099.	9,903.		2,014.	11,917.
46	MECHANICAL TRANSPLANTER MT-90 MULCHER	03/31/12	SL	7.00		HXL7	2,385.				2,385.	1,647.		341.	1,988.
47	GANDY DROP SPREADER	03/31/12	SL	7.00		HXL7	4,100.				4,100.	2,832.		586.	3,418.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
48	KEYLINE PLOW/SUBSOILER	03/31/12	SL	7.00		HXL7	10,469.				10,469.	7,229.		1,496.	8,725.
49	KEYLINE PLOW/SUBSOILER	03/31/12	SL	7.00		HXL7	2,537.				2,537.	1,751.		362.	2,113.
50	WATER TANK/TRAILER	03/31/13	SL	7.00		HXL7	5,860.				5,860.	3,209.		837.	4,046.
51	WATER WHEEL PLANTER	03/31/13	SL	7.00		HXL7	4,160.				4,160.	2,278.		594.	2,872.
52	UTV	06/30/13	SL	7.00		HXL7	17,115.				17,115.	8,761.		2,445.	11,206.
53	GLENCO SOIL SAVER	02/28/14	SL	7.00		HXL7	7,000.				7,000.	2,917.		1,000.	3,917.
54	UNDERCUTTER, SPREADER, SHANKS, TINES	02/28/14	SL	7.00		HXL7	5,241.				5,241.	2,184.		749.	2,933.
55	BASKET WEEDER	03/31/14	SL	7.00		HXL7	4,775.				4,775.	1,932.		682.	2,614.
56	MACHIO TILLER	04/30/14	SL	7.00		HXL7	5,570.				5,570.	2,189.		796.	2,985.
57	DR MOWER	04/30/14	SL	7.00		HXL7	3,052.				3,052.	1,199.		436.	1,635.
58	INTERNATIONAL 84 HYDRO	01/31/15	SL	7.00		HXL7	13,780.				13,780.	3,938.		1,969.	5,907.
59	HILLING DISCS	02/28/15	SL	7.00		HXL7	4,090.				4,090.	1,120.		584.	1,704.
60	TRANSPORT DISC/BALE CARRIER	02/28/15	SL	7.00		HXL7	4,525.				4,525.	1,239.		646.	1,885.
61	CULTIVATOR	04/30/15	SL	7.00		HXL7	12,258.				12,258.	3,064.		1,751.	4,815.
62	UNDERCUTTER 54"	07/31/15	SL	7.00		HXL7	2,750.				2,750.	589.		393.	982.
63	MASSEY FERGUSON PLOW	07/31/15	SL	7.00		HXL7	3,900.				3,900.	836.		557.	1,393.
64	INTERSEEDER	09/30/15	SL	7.00		HXL7	24,300.				24,300.	4,628.		3,471.	8,099.
65	CULTIVATING TRACTOR FROM ALLIS CHALMERS	09/30/15	SL	7.00		HXL7	5,250.				5,250.	1,000.		750.	1,750.

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(D) - Asset disposed

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction in Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
66	DECEMBER PURCHASES	12/31/15	SL	7.00		HXL7	123,715.				123,715.	18,715.		17,674.	36,389.
84	KUBOTA DIESEL GENERATOR	11/30/16	SL	7.00		HXL7	5,500.				5,500.	131.		786.	917.
85	KIFCOO 1.4"X350' HARD HOSE REEL	12/31/16	SL	7.00		HXL7	4,894.				4,894.	58.		699.	757.
86	2007 JOHN DEER MX15 BUSHHOG	12/31/16	SL	7.00		HXL7	6,500.				6,500.	77.		929.	1,006.
87	LANDPRIDE FM3188 FLAIL MOWER	12/31/16	SL	7.00		HXL7	7,653.				7,653.	91.		1,093.	1,184.
119	20FT EQUIPMENT TRAILER	02/28/17	SL	7.00		HXL9C	5,973.				5,973.			780.	780.
120	LOG SPLITTER	02/28/17	SL	7.00		HXL9C	3,144.				3,144.			412.	412.
121	PRO WOOD CHIPPER	03/31/17	SL	7.00		HXL9C	2,650.				2,650.			315.	315.
122	VERMEER X2	04/30/17	SL	7.00		HXL9C	41,996.				41,996.			4,500.	4,500.
123	VERMEER	05/31/17	SL	7.00		HXL9C	3,061.				3,061.			292.	292.
124	BOBCAT T190	06/30/17	SL	7.00		HXL9C	24,000.				24,000.			2,000.	2,000.
139	NF 1035 DIESEL TRACTOR	03/31/17	SL	7.00		HXL9C	10,050.				10,050.			1,196.	1,196.
140	27 SERIES 6FT SPADER	03/31/17	SL	7.00		HXL9C	14,093.				14,093.			1,678.	1,678.
141	TRACTOR-KUBOTA RTV X900 S/N 10519	04/30/17	SL	7.00		HXL9C	11,500.				11,500.			1,232.	1,232.
142	SPREADER T32210	05/31/17	SL	7.00		HXL9C	2,014.				2,014.			192.	192.
143	GOLF CART	09/30/17	SL	7.00		HXL9C	3,475.				3,475.			165.	165.
	* 990 PAGE 10 TOTAL - EQUIPMENT						520,401.				520,401.	153,304.		68,826.	222,130.
	VEHICLES - FARM														

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line n o.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
68	2002 DODGE RAM	11/30/11	SL	5.00		HXL17	15,300.				15,300.	15,300.		0.	15,300.
69	TRAILER	12/31/11	SL	5.00		HXL17	5,790.				5,790.	5,790.		0.	5,790.
88	DELIVERY TRUCK	06/30/16	SL	5.00		HXL17	10,050.				10,050.	1,173.		2,010.	3,183.
89	DODGE FLATBED	01/31/17	SL	5.00		HXL19B	5,564.				5,564.			1,113.	1,113.
	* 990 PAGE 10 TOTAL - VEHICLES - FARM						36,704.				36,704.	22,263.		3,123.	25,386.
	COMPUTER HARDWARE														
72	LAPTOP - MAINTENANCE PERSON	01/31/17	SL	3.00		HXL19A	999.				999.			333.	333.
96	LAPTOP	09/30/11	SL	3.00		HXL17	2,317.				2,317.	2,317.		0.	2,317.
	* 990 PAGE 10 TOTAL - COMPUTER HARDWARE						3,316.				3,316.	2,317.		333.	2,650.
	VEHICLES - CONSERVANCY														
74	RHINO	11/30/11	SL	5.00		HXL17	14,267.				14,267.	14,267.		0.	14,267.
75	RHINO	08/31/13	SL	5.00		HXL17	21,910.				21,910.	14,972.		4,382.	19,354.
76	FORD F250 SUPER DUTY 2008	06/18/15	SL	5.00		HXL17	29,869.				29,869.	9,459.		5,974.	15,433.
	* 990 PAGE 10 TOTAL - VEHICLES - CONSERVANCY BUILDING IMPROVEMENTS - CONSERVANCY						66,046.				66,046.	38,698.		10,356.	49,054.
91	CONCRETE	01/31/17	SL	20.00		HXL19F	21,870.				21,870.			1,094.	1,094.
92	POLE BARN	01/31/17	SL	20.00		HXL19F	6,424.				6,424.			321.	321.
93	POLE BARN	01/31/17	SL	20.00		HXL19F	19,890.				19,890.			995.	995.

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94	POLE BARN	01/31/17	SL	20.00		HY19F	790.				790.			40.	40.
95	PLUMBING SUPPLIES	01/31/17	SL	20.00		HY19F	968.				968.			48.	48.
97	POLE BARN - PLUMBING/FRAMING SUPPLIES	01/31/17	SL	20.00		HY19F	2,240.				2,240.			112.	112.
98	POLE BARN - BUILDING PAD	01/31/17	SL	20.00		HY19F	8,345.				8,345.			417.	417.
99	POLE BARN	01/31/17	SL	20.00		HY19F	30,720.				30,720.			1,536.	1,536.
100	POLE BARN	02/28/17	SL	20.00		HY19F	6,424.				6,424.			294.	294.
101	POLE BARN PAD	02/28/17	SL	20.00		HY19F	3,219.				3,219.			148.	148.
102	POLE BARN - ELECTRICAL	02/28/17	SL	20.00		HY19F	23,600.				23,600.			1,082.	1,082.
103	POLE BARN - CABINETRY, PLYWOOD, PLUMBING	02/28/17	SL	20.00		HY19F	1,489.				1,489.			68.	68.
104	POLE BARN - PLUMBING & FENCING	03/31/17	SL	20.00		HY19F	733.				733.			31.	31.
105	POLE BARN PLUMBING & INTERIOR	04/30/17	SL	20.00		HY19F	5,100.				5,100.			191.	191.
106	POLE BARN STONE FOR ACCESS ROAD	04/30/17	SL	20.00		HY19F	9,635.				9,635.			361.	361.
107	POLE BARN SEPTIC	04/30/17	SL	20.00		HY19F	1,680.				1,680.			63.	63.
108	POLE BARN SEPTIC	04/30/17	SL	20.00		HY19F	3,875.				3,875.			145.	145.
109	POLE BARN ELECTRICAL	04/30/17	SL	20.00		HY19F	5,900.				5,900.			221.	221.
110	POLE BARN INTERIOR FINISHES & LOCKERS	05/31/17	SL	20.00		HY19F	808.				808.			27.	27.
111	POLE BARN ONSITE SEWAGE SYSTEM	06/30/17	SL	20.00		HY19F	30,358.				30,358.			885.	885.
112	POLE BARN - FENCE	07/31/17	SL	20.00		HY19F	4,490.				4,490.			112.	112.

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113	POLE BARN WATER SUPPLY/PLUMBING/HOOKUP	07/31/17	SL	20.00		HY19F	319.				319.			8.	8.
114	FUEL STATION POSTS, TRENCHES, CONCRETE	09/30/17	SL	20.00		HY19F	826.				826.			10.	10.
115	FUEL STATION - ELECTRICAL SUPPLIES/EMERGENCY SHUTOFF	10/31/17	SL	20.00		HY19F	1,165.				1,165.			15.	15.
116	TAKE FOR FUEL STATION	11/30/17	SL	20.00		HY19F	16,414.				16,414.			137.	137.
117	INSTALLED ROOF OVER FUEL STATION & BARN	12/31/17	SL	20.00		HY19F	2,332.				2,332.			19.	19.
144	CONCRETE	11/30/17	SL	20.00		HY19F	605.				605.			3.	3.
* 990 PAGE 10 TOTAL -															
BUILDING IMPROVEMENTS - CONS															
* GRAND TOTAL 990 PAGE 10															
DEPR															
CURRENT YEAR ACTIVITY															
BEGINNING BALANCE															
ACQUISITIONS															
DISPOSITIONS															
ENDING BALANCE															
ENDING ACCUM DEPR LESS DISPOSITIONS															
ENDING BOOK VALUE															
							1,540,379.			0.	1,540,379.	448,798.			588,145.
							556,019.			0.	556,019.	0.			30,250.
							12,000.			0.	12,000.	8,999.			9,856.
							2,084,398.			0.	2,084,398.	439,799.			608,539.
												608,539.			
												1,475,859.			

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

OMB No. 1545-0087

2017

Department of the Treasury
Internal Revenue Service

For calendar year 2017 or other tax year beginning _____, and ending _____

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed		Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)		D Employer identification number (Employees' trust, see instructions.)
B Exempt under section <input checked="" type="checkbox"/> 501(c)(4)			WILLOWSFORD CONSERVANCY		45-0609461
<input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)			Number, street, and room or suite no. If a P.O. box, see instructions. 44095 PIPELINE PLAZA, NO. 140		E Unrelated business activity codes (See instructions.)
<input type="checkbox"/> 408A <input type="checkbox"/> 530(a)			City or town, state or province, country, and ZIP or foreign postal code ASHBURN, VA 20147		110000
C Book value of all assets at end of year 1,883,744.		F Group exemption number (See instructions.)			
		G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust			

H Describe the organization's primary unrelated business activity. **RETAIL SALES FROM FARM STAND OPERATIONS**
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No
 If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of **THE ORGANIZATION** Telephone number **(571) 252-3980**

Part I Unrelated Trade or Business Income				(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales	117,561.				
b	Less returns and allowances		c Balance	1c	117,561.	
2	Cost of goods sold (Schedule A, line 7)			2	125,634.	
3	Gross profit. Subtract line 2 from line 1c			3	-8,073.	-8,073.
4a	Capital gain net income (attach Schedule D)			4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			4b		
c	Capital loss deduction for trusts			4c		
5	Income (loss) from partnerships and S corporations (attach statement)			5		
6	Rent income (Schedule C)			6		
7	Unrelated debt-financed income (Schedule E)			7		
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)...			8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			9		
10	Exploited exempt activity income (Schedule I)			10		
11	Advertising income (Schedule J)			11		
12	Other income (See instructions; attach schedule)			12		
13	Total. Combine lines 3 through 12			13	-8,073.	-8,073.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)				(Except for contributions, deductions must be directly connected with the unrelated business income.)	
14	Compensation of officers, directors, and trustees (Schedule K)	14		14	
15	Salaries and wages	15		15	57,240.
16	Repairs and maintenance	16		16	
17	Bad debts	17		17	
18	Interest (attach schedule)	18		18	
19	Taxes and licenses	19		19	
20	Charitable contributions (See instructions for limitation rules)	20		20	
21	Depreciation (attach Form 4562)	21		21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b	
23	Depletion	23		23	
24	Contributions to deferred compensation plans	24		24	
25	Employee benefit programs	25		25	
26	Excess exempt expenses (Schedule I)	26		26	
27	Excess readership costs (Schedule J)	27		27	
28	Other deductions (attach schedule)	28		28	
29	Total deductions. Add lines 14 through 28	29		29	57,240.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30		30	-65,313.
31	Net operating loss deduction (limited to the amount on line 30)	31	SEE STATEMENT 1	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32		32	-65,313.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33		33	1,000.
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34		34	-65,313.

Part III Tax Computation**35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ☐ See instructions and:

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34 35c 0.

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:☐ Tax rate schedule or ☐ Schedule D (Form 1041) 36**37 Proxy tax.** See instructions 37**38 Alternative minimum tax** 38**39 Tax on Non-Compliant Facility Income.** See instructions 39**40 Total.** Add lines 37, 38 and 39 to line 35c or 36, whichever applies 40 0.**Part IV Tax and Payments****41a Foreign tax credit** (corporations attach Form 1118; trusts attach Form 1116) 41a

b Other credits (see instructions) 41b

c General business credit. Attach Form 3800 41c

d Credit for prior year minimum tax (attach Form 8801 or 8827) 41d

e Total credits. Add lines 41a through 41d 41e

42 Subtract line 41e from line 40 42 0.**43 Other taxes.** Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule) 43**44 Total tax.** Add lines 42 and 43 44 0.**45a Payments:** A 2016 overpayment credited to 2017 45a

b 2017 estimated tax payments 45b

c Tax deposited with Form 8868 45c

d Foreign organizations: Tax paid or withheld at source (see instructions) 45d

e Backup withholding (see instructions) 45e

f Credit for small employer health insurance premiums (Attach Form 8941) 45f

g Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total 45g**46 Total payments.** Add lines 45a through 45g 46**47 Estimated tax penalty** (see instructions). Check if Form 2220 is attached ☐ 47**48 Tax due.** If line 46 is less than the total of lines 44 and 47, enter amount owed 48 0.**49 Overpayment.** If line 46 is larger than the total of lines 44 and 47, enter amount overpaid 49 0.**50 Enter the amount of line 49 you want:** Credited to 2018 estimated tax Refunded 50**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ☒ Yes ☒ No

52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. ☒ Yes ☒ No

53 Enter the amount of tax-exempt interest received or accrued during the tax year \$**Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer _____ Date _____ Title **VICE PRESIDENT, FINANCE**

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name **SANDRA TONDREAU** Preparer's signature _____ Date _____ Check ☐ if self-employed PTIN **P01292788**

Firm's name **MITCHELL & CO., P.C.** Firm's EIN **54-1853459**

Firm's address **110 EAST MARKET ST. #200 LEESBURG, VA 20176** Phone no. **703-777-4900**

Form 990-T (2017)

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

1	Inventory at beginning of year	1	0.	6	Inventory at end of year	6	0.
2	Purchases	2	125,634.	7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	125,634.
3	Cost of labor	3					
4a	Additional section 263A costs (attach schedule)	4a					
4b	Other costs (attach schedule)	4b		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
5	Total. Add lines 1 through 4b	5	125,634.				X

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)



0.

(b) Total deductions.
Enter here and on page 1, Part I, line 6, column (B)

0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 5 x total of columns 3(a) and 3(b))
(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)							
(1)						%		
(2)						%		
(3)						%		
(4)						%		
Totals							0.	0.
Total dividends-received deductions included in column 8							0.	0.

Form 990-T (2017)

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.
Totals		0.	0.			0.

Schedule J - Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) ▶	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			0.

Form 990-T (2017)

FORM 990-T	NET OPERATING LOSS DEDUCTION	STATEMENT	1
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TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/12	8,497.	0.	8,497.	8,497.
12/31/13	35,322.	0.	35,322.	35,322.
12/31/14	48,067.	0.	48,067.	48,067.
12/31/15	39,448.	0.	39,448.	39,448.
12/31/16	14,183.	0.	14,183.	14,183.
NOL CARRYOVER AVAILABLE THIS YEAR			145,517.	145,517.

Depreciation and Amortization
 (Including Information on Listed Property) 990
 Attach to your tax return.

OMB No. 1545-0172
2017
 Attachment
 Sequence No. 179

Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

Identifying number

WILLOWSFORD CONSERVANCY

FORM 990 PAGE 10

45-0609461

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	510,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,030,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	543.

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	138,804.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property		999.	3 YRS.	HY	SL	333.
b 5-year property		5,564.	5 YRS.	HY	SL	1,113.
c 7-year property		215,043.	7 YRS.	HY	SL	18,074.
d 10-year property		38,176.	10 YRS.	HY	SL	1,474.
e 15-year property		15,093.	15 YRS.	HY	SL	263.
f 20-year property		265,526.	20 YRS.	HY	SL	8,993.
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	169,597.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)**24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use**25****26** Property used more than 50% in a qualified business use:

	:	:	%					
	:	:	%					
	:	:	%					

27 Property used 50% or less in a qualified business use:

	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1**28****29** Add amounts in column (i), line 26. Enter here and on line 7, page 1**29****Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
30 Total business/investment miles driven during the year (don't include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
-----------------------------	------------------------------------	------------------------------	------------------------	---	--------------------------------------

42 Amortization of costs that begins during your 2017 tax year:

	:	:			
	:	:			

43 Amortization of costs that began before your 2017 tax year**43****44** Total. Add amounts in column (f). See the instructions for where to report**44**

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

OMB No. 1545-1709

► **File a separate application for each return.**

► **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	WILLOWSFORD CONSERVANCY	45-0609461
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
File by the due date for filing your return. See instructions.	44095 PIPELINE PLAZA, NO. 140	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
ASHBURN, VA 20147		

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

THE ORGANIZATION

- The books are in the care of ► **44095 PIPELINE PLAZA, NO. 140 - ASHBURN, VA 20147**
Telephone No. ► **(571) 252-3980** Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☒ calendar year **2017** or
► ☐ tax year beginning , and ending

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**Department of Taxation
P.O. Box 1500
Richmond, VA 23218-1500**

[illegible]

Official Use Only

☐ Short Year Return ☐ Change in Accounting Period

X

Check all that apply:

☐ Initial Filer
☐ Name Change
☐ Mailing Address Change
☐ Physical Address Change

RETAIL SALES FROM FARM STAND OPERATIONS

Corporate Telecommunications Company

Enter amount from Form 500T, Line 7:

.00

Noncorporate Telecommunications

Company Check box and enter amount from Form 500T, Line 10: ☐ .00

Electric Supplier Company

Enter amount from Sch. 500EL, Line 7 or 14:

☐ Nonrefundable or Refundable
Credit Change

- ☐ Schedule 500AB Changes
- ☐ Capital Loss Carryback

- ☐ Schedule 500A Changes
- ☐ Schedule 500ADJ Changes

☐ Other - Enclose explanation.

Enter Exception amount from Schedule 500AB, Line 8 A .00

B XXXXXXXXXXXXXXXXXXXXXXXXXX

(1) Year of loss _____

(2) Federal NOL	.00
-----------------	-----

(3) Percent of federal NOL used this year	%

(If there are NOLs for more than one year, enclose a schedule for each year with the information requested in Section C.)

D If Pass-Through Entity Withholding is claimed, enter the number of Schedules

VK-1 and complete and enclose Schedule 500ADJ, Page 2.

E Has your federal income tax liability been redetermined with the IRS and finalized for any prior year(s) that has not previously been reported to the Department? If yes, provide the year(s).

D _____

Year E

Year _____

F Location of corporation's books		Year

Contact for corporation's books **THE ORGANIZATION**

Contact phone number (571) 252-3980

**2017 Virginia
Form 500**

Page 2

FEIN
45-0609461



INCOME

1. Federal taxable income (from enclosed federal return)	1.	-65313 .00
2. Total additions from Schedule 500ADJ, Section A, Line 7	2.	.00
3. Total (add Lines 1 and 2)	3.	-65313 .00
4. Total subtractions from Schedule 500ADJ, Section B, Line 10	4.	.00
5. Balance (subtract Line 4 from Line 3)	5.	-65313 .00
6. Savings and Loan Association's Bad Debt Deduction (see instructions)	6.	.00
7. Virginia taxable income (subtract Line 6 from Line 5)	7.	-65313 .00

TAX COMPUTATION

8. Multistate Corporation - If business conducted within and without Virginia (Multistate Corporation), enclose Schedule 500A and complete Lines 8(a) through 8(d). If entire business conducted in Virginia, skip to Line 9.		
(a) Income subject to Virginia tax from Schedule 500A, Section B, Line 3(j)	8(a)	.00
(b) Apportionment factor percentage from Schedule 500A, Section B, Line 1 or Line 2(g)	8(b)	%
(c) Nonapportionable investment function income from Schedule 500A, Section B, Line 3(c)	8(c)	.00
(d) Nonapportionable investment function loss from Schedule 500A, Section B, Line 3(e)	8(d)	.00
9. Income tax (6% of Line 7 or 6% of Line 8(a))	9.	0 .00

PAYMENTS AND CREDITS

10. Nonrefundable tax credits: Enter the amount from Schedule 500CR, Section 2, Part 1, Line 1B	10.	.00
11. Adjusted corporate tax (subtract Line 10 from Line 9)	11.	.00
12. 2017 estimated Virginia income tax payments including overpayment credit from 2016	12.	.00
13. Extension payment	13.	.00
14. Refundable tax credits from Schedule 500CR, Section 4, Part 1, Line 1A	14.	.00
15. Pass-through entity total withholding from Schedule 500ADJ, Section D	15.	.00
16. Total payments and credits (add Lines 12 through 15)	16.	.00

REFUND OR TAX DUE

17. Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11)	17.	.00
18. Penalty (see instructions)	18.	.00
19. Interest (see instructions)	19.	.00
20. Additional charge from Form 500C, Line 17 (enclose Form 500C)	20.	.00
21. Total due (add Lines 17 through 20)	21.	.00
22. Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16)	22.	.00
23. Amount to be credited to 2018 estimated tax	23.	.00
24. Amount to be refunded (subtract Line 23 from Line 22)	24.	.00

I, the undersigned president, vice-president, treasurer, assistant treasurer, chief accounting officer, or other officer duly authorized to act on behalf of the corporation for which this return is made, declare under the penalties provided by law that this return (including any accompanying schedules and statements) has been examined by me and is, to the best of my knowledge and belief, a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the income tax laws of the Commonwealth of Virginia. If prepared by a person other than the taxpayer, this declaration is based on all information of which he or she has any knowledge.

Date	Signature of Officer	Title VICE PRESIDENT, FINANCE
Printed Name of Officer DANIEL J. AUTINO		Phone Number
Print Preparer's Name and Firm Name SANDRA TONDREAU MITCHELL & CO., P.C.		Preparer Phone Number 703-777-4900
Date	Individual or Firm, Signature of Preparer	Address of Preparer 110 EAST MARKET ST. #200 LEESBURG, VA 20176
Preparer's FEIN, PTIN, or SSN P01292788		Approved Vendor Code 1019

IMPORTANT: INCLUDE A COPY OF YOUR FEDERAL RETURN WITH THIS RETURN

Schedule of Federal
Line Items



Enclose Schedule 500FED with your Virginia Corporation Income Tax Return, Form 500.
Schedule 500FED does not replace the requirement to enclose a complete federal Form 1120 with your Virginia return.

Name as shown on Virginia return **WILLOWSFORD CONSERVANCY**

FEIN **45-0609461**

Form 1120 - Deductions and Taxable Income

1. Domestic Production Activities Deduction	1.	.00
2. Federal Taxable Income before NOL and Special Deductions	2.	-65313.00
3. Net Operating Loss Deduction	3.	.00
4. Special Deductions	4.	1000.00
5. Federal Taxable Income after NOL and Special Deductions	5.	-65313.00

Form 1120, Schedule C - Dividends and Special Deductions

6. Subpart F Income	6.	.00
7. Foreign Dividend Gross-Up	7.	.00

Form 1120, Schedule K or M-3

8. Tax Exempt Interest	8.	.00
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Form 5884 - Work Opportunity Credit

9. Salaries and Wages not deducted due to the WOTC	9.	.00
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Form 4562 - Special Depreciation Allowance and Other Depreciation

10. Special depreciation allowance for qualified property placed in service during the taxable year	10.	.00
11. Property subject to 168(f)(1) election	11.	.00
12. Other depreciation	12.	543.00

Form 1118, Schedule A - Income or Loss Before Adjustments - Gross Income or Loss

13. Total: Deemed Dividends (Exclude Gross-up)	13.	.00
14. Total: Deemed Dividend (Gross-up)	14.	.00
15. Total: Other Dividends (Exclude Gross-up)	15.	.00
16. Total: Other Dividends (Gross-up)	16.	.00
17. Total: Interest	17.	.00
18. Total: Gross Rents, Royalties, and License Fees	18.	.00
19. Total: Gross Income from Performance of Services	19.	.00
20. Total: Other	20.	.00
21. Total: Total Gross Income or Loss from Outside the US	21.	.00

Form 1118, Schedule A - Income or Loss Before Adjustments - Deductions

22. Total: Definitely Allocable - Rental, Royalty, and Licensing Expenses - Depreciation, Depletion, and Amortization	22.	.00
23. Total: Definitely Allocable - Rental, Royalty, and Licensing Expenses - Other Expenses	23.	.00
24. Total: Definitely Allocable - Expenses Related to Gross Income from Performance of Services	24.	.00
25. Total: Definitely Allocable - Other Definitely Allocable Deductions	25.	.00
26. Total: Total Definitely Allocable Deductions	26.	.00
27. Total: Apportioned Share of Deductions not Definitely Allocable	27.	.00
28. Total: Net Operating Loss Deduction	28.	.00
29. Total: Total Deductions	29.	.00

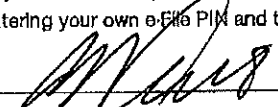
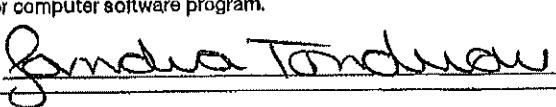
Form 1118, Schedule A - Income or Loss Before Adjustments - Total Income

30. Total: Total Income or (Loss) Before Adjustments	30.	.00
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Virginia Corporation Income Tax e-file Signature
Authorization

Tax Year
2017

DO NOT SEND THIS VA-8879C TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS.
IT MUST BE MAINTAINED IN YOUR FILES!

Corporation Name	Federal ID Number
WILLOWSFORD CONSERVANCY	45-0609461
Part I Tax Return Information	
1. Federal Taxable Income (Form 500, Page 2, Line 1)	1. -65,313.
2. Virginia Taxable Income (Form 500, Page 2, Line 7)	2. -65,313.
3. Income tax (Form 500, Page 2, Line 9)	3.
4. Total payments and credits (Form 500, Page 2, Line 18)	4.
5. Total due (Form 500, Page 2, Line 21)	5.
6. Amount to be refunded (Form 500, Page 2, Line 24)	6.
Part II Declaration and Signature Authorization of Officer	
<p>Under penalties of perjury, I declare to be the officer of the above corporation and that I have examined a copy of the corporation's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider including the amounts shown in Part I above agrees with the information and amounts shown on the corresponding lines of the corporate electronic income tax return. If filing a balance due return, I authorize the Virginia Department of Taxation (Virginia Tax) and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on the 2017 Virginia income tax return for payment of state taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.</p> <p>I understand that if Virginia Tax does not receive full and timely payment of the tax liability, the corporation will remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit the complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return.</p>	
<p>Officer's e-File PIN: check one box only</p> <p><input checked="" type="checkbox"/> I authorize the ERO named below to enter my e-File PIN <u>77749</u> as my signature on the corporation's 2017 electronic Virginia corporation income tax return. <small>Do not enter all zeros</small></p> <p><u>MITCHELL & CO., P.C.</u></p> <p style="text-align: center;">ERO Firm Name</p> <p><input type="checkbox"/> I will enter my e-File PIN as my signature on the corporation's 2017 electronic Virginia corporation income tax return. Check this box only if you are entering your own e-File PIN and the return is filed using the Practitioner PIN method. The ERO must complete Part III below.</p>	
Your Signature 	Date <u>11/12/2018</u>
Part III Certification and Authentication	
<p>ERO's EFIN/PIN: Enter your six digit EFIN followed by your five digit self-selected PIN. <u>54186377749</u> <small>Do not enter all zeros</small></p> <p>I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2017 Virginia corporation income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and have followed all other requirements as specified by Virginia Tax. ERO's may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.</p>	
ERO's Signature 	Date <u>11-12-18</u>

Form VA-8879C (REV 08/17)