Form 990

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2016

DLN: 93493319025417

nterna	ment of the Tr l Revenue Ser	ice	RS gov/forms		O	pen to Public Inspection
\ F	or the 201	ocalendar year, or tax year beginning 01-01-2016 ,and ending 12-31-2	2016			
□ Ad	ck ıf applıcab dress change me change	WILLOWSFORD CONSERVANCY		D Employer 45-06094		ication number
	tıal return	Doing business as				
Fın Detur	al n/terminated	N		E Telephone	number	
	nended return	Number and street (or P O box if mail is not delivered to street address) Room/suite 44095 PIPELINE PLAZA NO 140				
□ Ар	plication pen	Ing		(571) 252	2-3960	
		ASHBURN, VA 20147		G Gross rece	•	535,360
		F Name and address of principal officer DANIEL J AUTINO	i(a) Is this a	a group retu	rn for	
		44095 PIPELINE PLAZA NO 140	subordi			□Yes 🗹 No
		ASHBURN, VA 20147	l(b) Are all include		5	☐ Yes ☐No
Tax	x-exempt sta	us			t (see	instructions)
W	ebsite: ▶	WWW WILLOWSFORD COM/VISION/CONSERVANCY	H(c) Group	exemption n	umber	>
(Forn	n of organıza	on ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ ☐ L	Year of formati	on 2010 N	1 State (of legal domicile VA
Pa	rt I S	mmary				
		describe the organization's mission or most significant activities				
aų.	TO GE	ERATE, PRESERVE & ENHANCE THE WILLOWSFORD COMMUNITY THROUGH PRO	GRAMS, ACT	IVITIES & S	ERVICE	<u> S</u>
Ĭ						
governance						
Š		this box \blacktriangleright \square if the organization discontinued its operations or disposed of more	e than 25% o	of its net ass	ets	1
	3 Numb	er of voting members of the governing body (Part VI, line 1a)			3	4
o A	4 Numb	er of independent voting members of the governing body (Part VI, line 1b) .			4	4
≟	5 Total	number of individuals employed in calendar year 2016 (Part V, line 2a)			5	C
ACTIVILIES &	6 Total	number of volunteers (estimate if necessary)			6	C
Ĭ	7a Total	nrelated business revenue from Part VIII, column (C), line 12			7a	12,717
	b Net u	related business taxable income from Form 990-T, line 34			7b	-14,183
			Prio	r Year		Current Year
a.	8 Contr	outions and grants (Part VIII, line 1h)		924,43	4	953,985
ēnue		m service revenue (Part VIII, line 2g)			0	953,989 2,060
ēn uō Aē	9 Progr			· ·		· · · · · · · · · · · · · · · · · · ·
Ravenua	9 Progr	m service revenue (Part VIII, line 2g)		· ·	0	· · · · · · · · · · · · · · · · · · ·
Ravenua	9 Progr10 Inves11 Other	m service revenue (Part VIII, line 2g)		,	0	2,060
Ravenue	9 Progr 10 Inves 11 Other 12 Total	m service revenue (Part VIII, line 2g)		120,18 1,044,62	0	2,060 (44,77
Ravenue	 9 Progr 10 Inves 11 Other 12 Total 13 Grant 	m service revenue (Part VIII, line 2g)		120,18 1,044,62	0 0 9 3	2,060 (44,77
	9 Progr10 Inves11 Other12 Total13 Grant14 Benef	m service revenue (Part VIII, line 2g)		120,18 1,044,62	0 0 9 3 0 0 0 0	2,060 44,77 1,000,82
	 9 Progr 10 Inves 11 Other 12 Total 13 Grant 14 Benef 15 Salar 	m service revenue (Part VIII, line 2g)		120,18 1,044,62 376,24	0 0 9 3 0 0 0 0	2,060 (44,77
	 9 Progr 10 Inves 11 Other 12 Total 13 Grant 14 Benef 15 Salar 16a Profe 	m service revenue (Part VIII, line 2g)		120,18 1,044,62 376,24	0 0 9 3 0 0 0 5 5	2,060 (44,777 1,000,827 (
Expenses Revenue	 9 Progr 10 Inves 11 Other 12 Total 13 Grant 14 Benef 15 Salar 16a Profe b Total f 	ment income (Part VIII, line 2g)		120,18 1,044,62 376,24	0 0 9 3 3 0 0 0 5 0	2,060 (44,777 1,000,822 ((489,061
	 9 Progr 10 Inves 11 Other 12 Total 13 Grant 14 Benet 15 Salar 16a Profe b Total f 17 Other 	m service revenue (Part VIII, line 2g)		120,18 1,044,62 376,24 334,23	0 0 0 9 3 3 0 0 0 5 5 0 0 7 7	2,060 (44,77) 1,000,822 (0 489,06) (0 406,70)
	 9 Progr 10 Inves 11 Other 12 Total 13 Grant 14 Benef 15 Salar 16a Profe b Total f 17 Other 18 Total 	m service revenue (Part VIII, line 2g)		120,18 1,044,62 376,24 334,23 710,48	0 0 0 9 3 3 0 0 0 5 5 0 0 7 7 2 2	2,060 (44,77) 1,000,82; (489,06) (406,70) 895,76;
Expenses	 9 Progr 10 Inves 11 Other 12 Total 13 Grant 14 Benef 15 Salar 16a Profe b Total f 17 Other 18 Total 	m service revenue (Part VIII, line 2g)	Beginning o	120,18 1,044,62 376,24 334,23 710,48 334,14	0 0 0 9 3 3 0 0 0 0 5 5 0 0 0 7 7 2 2 1 1	2,060 (44,77) 1,000,822 (0 489,06) (0 406,70)
Expenses	 9 Progr 10 Inves 11 Other 12 Total 13 Grant 14 Benef 15 Salar 16a Profe b Total f 17 Other 18 Total 	m service revenue (Part VIII, line 2g)	Beginning o	120,18 1,044,62 376,24 334,23 710,48	0 0 0 9 3 3 0 0 0 0 5 5 0 0 0 7 7 2 2 1 1	2,060 (44,773 1,000,823 (6 (489,063 (703 406,703 895,763 105,05
Expenses	9 Progr 10 Inves 11 Other 12 Total 13 Grant 14 Benef 15 Salar 16a Profe b Total f 17 Other 18 Total 19 Rever	m service revenue (Part VIII, line 2g)	Beginning or	120,18 1,044,62 376,24 334,23 710,48 334,14	0 0 0 9 3 3 0 0 0 0 5 5 0 0 0 7 7 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2,060 (44,773 1,000,823 (6 (489,063 (703 406,703 895,763 105,05
Expenses	9 Progr 10 Inves 11 Other 12 Total 13 Grant 14 Benet 15 Salar 16a Profe b Total f 17 Other 18 Total 19 Rever	ment income (Part VIII, line 2g)	Beginning o	120,18 1,044,62 376,24 334,23 710,48 334,14 f Current Yea	0 0 0 99 33 0 0 0 0 5 5 0 0 7 7 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2,060 (44,773 1,000,823 (489,063 (406,703 895,763 105,053
	9 Progr 10 Inves 11 Other 12 Total 13 Grant 14 Benet 15 Salar 16a Profe b Total f 17 Other 18 Total 19 Rever 20 Total 21 Total	ment income (Part VIII, line 2g)	Beginning of	120,18 1,044,62 376,24 334,23 710,48 334,14 f Current Yea 1,236,51	0 0 0 99 33 0 0 0 0 55 0 0 77 22 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2,060 (44,77) 1,000,82; (6 (489,06) (7) 406,70; 895,76; 105,05; End of Year
Net Assets of Expenses Fund Balances	9 Progr 10 Inves 11 Other 12 Total 13 Grant 14 Benef 15 Salar 16a Profe b Total f 17 Other 18 Total 19 Rever 20 Total 21 Total 22 Net a	m service revenue (Part VIII, line 2g)	Beginning o	120,18 1,044,62 376,24 334,23 710,48 334,14 f Current Yes 1,236,51 115,88	0 0 0 99 33 0 0 0 0 55 0 0 77 22 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2,060 444,77 1,000,82: 489,06: 406,70: 895,76: 105,05: End of Year 1,473,60: 247,91:
Net Assets of Expenses	9 Progr 10 Inves 11 Other 12 Total 13 Grant 14 Benet 15 Salar 16a Profe b Total f 17 Other 18 Total 19 Rever 20 Total 21 Total 22 Net a	m service revenue (Part VIII, line 2g)	hedules and s	120,18 1,044,62 376,24 334,23 710,48 334,14 f Current Yes 1,236,51 115,88 1,120,62	0 0 0 99 33 0 0 0 0 55 0 0 77 22 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2,060 444,77 1,000,82: (489,06: 489,06: 406,70: 895,76: 105,05 End of Year 1,473,60: 247,91: 1,225,68: the best of my
Net Assets of Expenses Fund Balances	9 Progr 10 Inves 11 Other 12 Total 13 Grant 14 Benef 15 Salar 16a Profe b Total f 17 Other 18 Total 19 Rever 20 Total 21 Total 22 Net a till Si penalties edge and b	m service revenue (Part VIII, line 2g)	hedules and s	120,18 1,044,62 376,24 334,23 710,48 334,14 f Current Yes 1,236,51 115,88 1,120,62	0 0 0 99 33 0 0 0 0 55 0 0 77 22 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2,060 444,77 1,000,82: (489,06: 489,06: 406,70: 895,76: 105,05 End of Year 1,473,60: 247,91: 1,225,68: the best of my
Net Assets of Expenses Fund Balances	9 Progr 10 Inves 11 Other 12 Total 13 Grant 14 Benet 15 Salar 16a Profe b Total f 17 Other 18 Total 19 Rever 20 Total 21 Total 22 Net a	m service revenue (Part VIII, line 2g)	hedules and s	120,18 1,044,62 376,24 334,23 710,48 334,14 f Current Yes 1,236,51 115,88 1,120,62	0 0 0 99 33 0 0 0 0 55 0 0 77 22 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2,060 (44,77) 1,000,822 (6 (489,06) (7 (406,70) 895,761 105,05) End of Year 1,473,600 247,910 1,225,680 the best of my
Net Assets of Expenses Fund Balances	9 Progr 10 Inves 11 Other 12 Total 13 Grant 14 Benef 15 Salar 16a Profe b Total 17 Other 18 Total 19 Rever 20 Total 21 Total 22 Net a 11 Si penalties edge and benowledge	m service revenue (Part VIII, line 2g)	nedules and s	120,18 1,044,62 376,24 334,23 710,48 334,14 f Current Yes 1,236,51 115,88 1,120,62	0 0 0 99 33 0 0 0 0 55 0 0 77 22 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2,060 (44,77) 1,000,822 (6 (489,06) (7 (406,70) 895,761 105,05) End of Year 1,473,600 247,910 1,225,680 the best of my
density of Assets of Expenses with Balances of Kind Balances of Kind Balances	9 Progr 10 Inves 11 Other 12 Total 13 Grant 14 Benet 15 Salar 16a Profe b Total f 17 Other 18 Total 19 Rever 20 Total 21 Total 22 Net a til Si penalties edge and b nowledge	m service revenue (Part VIII, line 2g)	nedules and s	120,18 1,044,62 376,24 334,23 710,48 334,14 f Current Yea 1,236,51 115,88 1,120,62	0 0 0 99 33 0 0 0 0 55 0 0 77 22 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2,060 (44,77) 1,000,822 (6 (489,06) (7 (406,70) 895,761 105,05) End of Year 1,473,600 247,910 1,225,680 the best of my
Kount of Assets of Expenses knowld and Balances	9 Progr 10 Inves 11 Other 12 Total 13 Grant 14 Benef 15 Salar 16a Profe b Total f 17 Other 18 Total 19 Rever 20 Total 21 Total 22 Net a 11 Si penalties edge and b nowledge	m service revenue (Part VIII, line 2g)	nedules and s	120,18 1,044,62 376,24 334,23 710,48 334,14 f Current Yea 1,236,51 115,88 1,120,62	0 0 0 99 33 0 0 0 0 55 0 0 77 22 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2,060 (44,77) 1,000,822 (6 (489,06) (7 (406,70) 895,761 105,05) End of Year 1,473,600 247,910 1,225,680 the best of my
density of Assets of Expenses with Balances of Kind Balances of Kind Balances	9 Progr 10 Inves 11 Other 12 Total 13 Grant 14 Benef 15 Salar 16a Profe b Total f 17 Other 18 Total 19 Rever 20 Total 21 Total 22 Net a 11 Si penalties edge and b nowledge	m service revenue (Part VIII, line 2g)	nedules and s) is based on 2017- Date	120,18 1,044,62 376,24 334,23 710,48 334,14 f Current Yes 1,236,51 115,88 1,120,62 statements, all informat	0 0 0 99 33 0 0 0 0 55 0 0 77 7 7 88 99 and to loon of w	2,060 (44,77) 1,000,822 (6 (489,06) (7 (406,70) 895,761 105,05) End of Year 1,473,600 247,910 1,225,680 the best of my
Part Balances Expenses Fund Balances	9 Progr 10 Inves 11 Other 12 Total 13 Grant 14 Benef 15 Salar 16a Profe b Total 17 Other 18 Total 19 Rever 20 Total 21 Total 22 Net a 11 Si penalties dedge and benowledge	m service revenue (Part VIII, line 2g)	hedules and s) is based on 2017- Date	120,18 1,044,62 376,24 334,23 710,48 334,14 f Current Yea 1,236,51 115,88 1,120,62 statements, all informat	0 0 0 9 3 3 0 0 0 5 0 0 7 7 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2,066 444,77 1,000,82: 489,06: 489,06: 406,70: 895,76: 105,05: End of Year 1,473,60: 247,91: 1,225,68: the best of my which preparer has
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A Mender Assess of Expenses on the Parances of Expenses of the Parances of the	9 Progr 10 Inves 11 Other 12 Total 13 Grant 14 Benef 15 Salar 16a Profe b Total f 17 Other 18 Total 19 Rever 20 Total 21 Total 22 Net a till Si penalties edge and benowledge	m service revenue (Part VIII, line 2g)	hedules and so	120,18 1,044,62 376,24 334,23 710,48 334,14 f Current Yea 1,236,51 115,88 1,120,62 statements, all informat 11-10	0 0 0 9 3 3 0 0 0 0 5 5 0 0 0 7 7 2 2 1 1 9 7 7 8 8 9 9 9 1 1 N 0 4 6 1 3 5 9 8 5 3 4 5 9	2,066 444,77 1,000,82: 489,06: 489,06: 406,70: 895,76: 105,05: End of Year 1,473,60: 247,91: 1,225,68: the best of my which preparer has

☑ Yes ☐ No

Form	990 (2016)					Pa	ge 2
Par	t IIII Statement	of Program Service	e Accomplishmen	ts			
	Check If Sche	edule O contains a respon	nse or note to any line	e in this Part III .			✓
1	Briefly describe the o	organization's mission					
SEE	DETAIL STATEMENT IN	N SCHEDULE O					
2	-	undertake any significar	. •				
		or 990-EZ?				☐ Yes ☑ No	
_	If "Yes," describe the						
3	-	cease conducting, or ma	-		any program		
						🗌 Yes 🗹 N	0
	If "Yes," describe the	ese changes on Schedule	: O				
4	Section 501(c)(3) an		ns are required to rep		st program services, as measu nts and allocations to others, th		
4a	(Code) (Expenses \$	825,207 includ	ing grants of \$) (Revenue \$	405,291)	
	See Additional Data	• • •	,		, ,	, ,	
4b	(Code) (Expenses \$	ınclud	ing grants of \$) (Revenue \$)	
	(C-1-	\) (8		
4c	(Code) (Expenses \$	Includ	ing grants of \$) (Revenue \$)	
	-						
4d	Other program servi	ces (Describe in Schedu	le O)				
	(Expenses \$	ınclu	ding grants of \$)	(Revenue \$)	
4e	Total program ser	vice expenses ▶	825,207			-	
						Form 990 (2	016)

Section 501(c)(3) organizations.

or X as applicable

Page 3

No

Νo

No

Nο

No

Nο

Nο

Nο

Nο

Νo

Nο

No

Nο

Form 990 (2016)

Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.

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

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

ın Part X, line 16? *If "Yes," complete Schedule D, Part IX* 😼

b Was the organization included in consolidated, independent audited financial statements for the tax year?

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

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

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

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

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

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 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥞

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Yes

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Nο

Yes

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Par	Checklist of Required Schedules (continued)			_
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

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

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

organization? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 😼

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

No

Nο

Νo

Nο

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35a

35h

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Yes

Yes

Form 990 (2016)

Page 4

	990 (2016)			Page
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 38	J 1		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	.		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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	4 I	V	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
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)?			
		4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
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?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
٥-	Did the appropriate propriation make any tayable distributions under section 40662	8 9a		
	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
	Section 501(c)(7) organizations. Enter	190		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
	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	13a		
а	→ · · · · · · · · · · · · · · · · · · ·			
	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			
b	which the organization is licensed to issue qualified health plans			
b c		14a		No

	390 (2010)			Page (
Par	TVI Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to li	nes
	Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ction A. Governing Body and Management		<u> </u>	
	ction At Governing Body and Hanagement		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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			
b	Enter the number of voting members included in line 1a, above, who are independent 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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	$ \label{lem:decomposition} \text{Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following } $			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
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 44095 PIPELINE PLAZA NO 140 ASHBURN, VA 20147 (571) 252-3980			

Part VII

(F)

Compensation of Officers,	Directors, Trustees,	Key Employees,	Highest (Compensated	Employees,
and Independent Contract	ors				

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid • List all of the organization's current key employees, if any See instructions for definition of "key employee"

• List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the

organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000

of reportable compensation from the organization and any related organizations

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

🗹 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (B) (F)

(A) Name and Title	(B) Average hours per week (list any hours for related	verage Position (do not check more than one box, unless person eek (list is both an officer and a director/trustee) New York Compensation from the organization organization organization organizations							compensation from related organizations	(F) Estimated amount of other compensation from the organization and		
	organizations below dotted line)	Individual trustee or director	Institutional Trust⊌≑	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations		
(1) MARK TROSTLE PRESIDENT	1 00	Х		x				0	0	0		
(2) STACEY KESSINGER SECRETARY	1 00	X		x				0	0	0		
(3) STAN SETTLE TREASURER	1 00	Х		×				0	0	0		
(4) RICHARD DIBELLA VICE PRESIDENT	1 00	Х		×				0	0	0		
										Form 990 (2016)		

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) **(F)** Estimated

(C) Compensation

Form 990 (2016)

(B) Description of services

Page 8

	(A) Name and Title	(B) Average hours per week (list any hours	Position (do not check more than one box, unless person ek (list is both an officer and a y hours director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Reportable compensation compensation from the organization (Worganizations (Worganization (Wo								/-	(F) Estima amount o compens from t	ited f other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		organizati relati organiza	ed
											+		
											+		
c T	Total from continuation sheets to P	 art VII, Sectio 	nA.				*		0	C)		0
2	Total number of individuals (including of reportable compensation from the			e list	ed al	bove	e) who	rec	eived more than \$10	00,000			
												Yes	No
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> 2			ee, k		mple •		or hi	ghest compensated	employee on	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual							the	4		No		
5	Did any person listed on line 1a recei services rendered to the organization								-		5		No
	ection B. Independent Contract											'	
1	Complete this table for your five high from the organization. Report competents										pens	ation	

(A) Name and business address

compensation from the organization ▶ 0

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

Part		II Statement of Reven	ue					rage 3
		Check if Schedule O cont		onse or note to any l	ine in this Part VIII			🗆
					(A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under sections
	1:	a Federated campaigns	1a			revenue		512-514
nts nts		b Membership dues	1b					
rar		c Fundraising events	<u> </u>	<u> </u>				
A G		_	1c					
ifts ar		d Related organizations	1d	953,985				
£,5		e Government grants (contribution						
Sis		 All other contributions, gifts, gra and similar amounts not included 						
Contributions, Gifts, Grants and Other Similar Amounts		above						
ijŏ		g Noncash contributions included in lines 1a-1f \$	ded					
Cont and	١.	n Total.Add lines 1a-1f		_				
	, - '	1 Total.Add lines 1a-11		Business	953,985 Code			
Service Revenue	2-	DDOCDAM EVENTS (ACTIVIT				1,953 1	953	
eV 4		PROGRAM EVENTS/ACTIVIT OTHER OPERATIONAL INCO			611600		107	
η Ε	_	-						
rvic	C							
32		•						
ran	e f	All other program service rev						
Program		· -		_	2,060			
		Total.Add lines 2a-2f		<u> </u>	1	1		
		Investment income (including similar amounts)		interest, and other				
	4	Income from investment of tax	x-exempt b	ond proceeds >				
	5	Royalties						
		***	Real	(II) Personal				
	6a	Gross rents						
	Ł	Less rental expenses						
	•	Rental income or (loss)						
	•	L ■ Net rental income or (loss)			1			
		(ı) Se	ecurities	(II) Other				
	7a	Gross amount from sales of						
		assets other						
		than inventory						
	Ŀ	tess cost or other basis and						
	,	sales expenses Gain or (loss)						
		d Net gain or (loss)		<u> </u>	<u> </u>			
		Gross income from fundraisin	g events					
ne		(not including \$	of					
æ		contributions reported on line See Part IV, line 18		}				
Re	Ŀ	Less direct expenses	. ь					
er	•	Net income or (loss) from fun	ndraising ev	ents	1			
Other Revenue	9a	Gross income from gaming ac See Part IV, line 19						
•		See Part IV, line 19	a	}				
	Ŀ	Less direct expenses						
	•	: Net income or (loss) from gar	mıng actıvıt	iles •	ı			
	10	aGross sales of inventory, less	i					
		returns and allowances .	а	403,231				
	ŀ	Less cost of goods sold .						
		Net income or (loss) from sal	_	·] -131,307	-144,024	12,717	
		Miscellaneous Revenue		Business Code				
	11	LaTRANSFER FEE INCOME		900099	118,680	118,680		
	Ŀ	RESIDENT ASSESSMENTS		900099	57,404	57,404		
	•	 :				1		
		d All other revenue						
		Total. Add lines 11a-11d .		•				
	12	2 Total revenue. See Instructi	ions		176,084			
			<u> </u>	· P	1,000,822	34,120	12,717	0 Form 990 (2016)

I GI C LA	Statement or i	anctional Expen	1303			
Section 501	(c)(3) and 501(c)(4)	organizations must	complete all columns	All other organizations	must complete column (A)	

orm 990 (2016)				Page 1
Part IX Statement of Functional Expenses ection 501(c)(3) and 501(c)(4) organizations must complete all col	lumns All other orga	anızatıons must comp	elete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX			🗆
o not include amounts reported on lines 6b, o, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpense
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.			g	
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	422,238	374,161	48,077	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	34,949	26,212	8,737	
0 Payroll taxes	31,876	27,891	3,985	
1 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	1,750		1,750	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	37,996	37,815	181	
2 Advertising and promotion	4,734	4,734		
3 Office expenses	58,854	58,085	769	
4 Information technology	863	863		
5 Royalties				
6 Occupancy				
7 Travel	4,202	4,202		
8 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
9 Conferences, conventions, and meetings	1,858	1,858		
O Interest				
1 Payments to affiliates				
2 Depreciation, depletion, and amortization	140,802	140,802		
3 Insurance	27,783	20,837	6,946	
4 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	102,786	102,673	113	
b SUPPLIES, TOOLS, & EQUI	21,226	21,226		
c EVENTS	3,848	3,848		
d				
e All other expenses				
5 Total functional expenses. Add lines 1 through 24e	895,765	825,207	70,558	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational company and fundamental column columns.		, .	, ==	

Form **990** (2016)

educational campaign and fundraising solicitation

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

	Check if Schedule O contains a response or note to any line in this Part IX .			<u> L</u>
		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	68,443	1	100,
2	Savings and temporary cash investments		2	

2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	126,835	4	
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part			

II of Schedule L 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 instructions) Complete Part II of Schedule L Notes and loans receivable, net

Assets Inventories for sale or use . .

Prepaid expenses and deferred charges .

10a Land, buildings, and equipment cost or other 10a basis Complete Part VI of Schedule D

10b Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Investments—program-related See Part IV, line 11 .

b Less accumulated depreciation

11 12 13 14 Intangible assets

15 Other assets See Part IV, line 11 16

Total assets.Add lines 1 through 15 (must equal line 34) . . Accounts payable and accrued expenses

Grants payable . . . Deferred revenue . . .

17 18 19 20 Tax-exempt bond liabilities 21 22

Escrow or custodial account liability Complete Part IV of Schedule D 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 .

Unsecured notes and loans payable to unrelated third parties .

Liabilities 23 24 25

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Fund Balances

Assets or 30

Net

27

28

29

31

32

33

34

and other liabilities not included on lines 17-24) Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 .

26

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

complete lines 27 through 29, and lines 33 and 34.

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and Unrestricted net assets

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

Secured mortgages and notes payable to unrelated third parties . . .

449.898

1,599,903

1.040.839

9

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400

1,236,517

110.826

5.062

115.888

1,120,629

1,120,629

1.236.517

6

8

Page **11**

222,250

1.150.005

400

1,473,602

247,916

247,916

1,225,686

1,225,686

1.473.602

Form **990** (2016)

Form	990 (2016)			,	Page 12
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			000,822
2	Total expenses (must equal Part IX, column (A), line 25)	2			895,765
3	Revenue less expenses Subtract line 2 from line 1	3			105,057
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,	120,629
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	10		1,	225,686
Par	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	ĺ	No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed of separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			

За

3b

Νo

Form **990** (2016)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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

Audit Act and OMB Circular A-133?

Additional Data

Software Version: EIN: 45-0609461

Name: WILLOWSFORD CONSERVANCY

Software ID:

Form 990 (2016)

Form 990, Part III, Line 4a:

SEE SCHEDULE O FOR DETAIL STATEMENT

efile GRAPHIC print - DO NOT PROCESS SCHEDULE D

As Filed Data -

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.

DLN: 93493319025417 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number

WII	LOWSFORD CONSERVANCY		45-0609461	
Pā	Organizations Maintaining Donor Complete if the organization answere		Funds or Accounts.	
		(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 funds are the organization's property, subject to] No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?			□No
Pa	rt III Conservation Easements. Complet	e if the organization answered "Yes	s" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the	e organization (check all that apply)		
	\square Preservation of land for public use (e g , rec	reation or education)	ation of an historically important land area	
	Protection of natural habitat	Preserv	ation of a certified historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization	neld a qualified conservation contributio		
_	easement on the last day of the tax year Total number of conservation easements		Held at the End of the Yea	ar
a b	Total acreage restricted by conservation easemen	te	2b	
c	Number of conservation easements on a certified		2c	
d	Number of conservation easements included in (c) structure listed in the National Register	, ,		
3	Number of conservation easements modified, traitax year ▶	nsferred, released, extinguished, or tern	ninated by the organization during the	
4	Number of states where property subject to conse	ervation easement is located >		
5	Does the organization have a written policy regar and enforcement of the conservation easements i	ding the periodic monitoring, inspection t holds?	, handling of violations, Yes No	
6	Staff and volunteer hours devoted to monitoring, •	inspecting, handling of violations, and e	enforcing conservation easements during the yea	ır
7	Amount of expenses incurred in monitoring, inspect ▶ \$	ecting, handling of violations, and enforc	ring conservation easements during the year	
8	Does each conservation easement reported on lin	e 2(d) above satisfy the requirements o	f section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?		☐ Yes ☐ No	
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's fin-		
Pai	Complete if the organization answere	tions of Art, Historical Treasure	•	
1a	If the organization elected, as permitted under SF art, historical treasures, or other similar assets he provide, in Part XIII, the text of the footnote to it	eld for public exhibition, education, or re	search in furtherance of public service,	
b	If the organization elected, as permitted under SI historical treasures, or other similar assets held for following amounts relating to these items	FAS 116 (ASC 958), to report in its reve	nue statement and balance sheet works of art,	
(i) Revenue included on Form 990, Part VIII, line 1		▶ \$	_
(i)Assets included in Form 990, Part X		▶ \$	
2	If the organization received or held works of art, following amounts required to be reported under			_
а	Revenue included on Form 990, Part VIII, line 1		▶ \$	_
b	Assets included in Form 990, Part X		> \$	
For	Paperwork Reduction Act Notice, see the Instr	uctions for Form 990.	Cat No 52283D Schedule D (Form 990)	2016

Par	3111	Organizations Ma	aintaining Coll	ections of A	rt, Histor	icai T	<u>reası</u>	ires, or	Otner	Similar As	<u>ssets (</u>	continue	ed)	
3		the organization's acquis (check all that apply)	uisition, accession	, and other rec	ords, check	any of	the fo	llowing th	nat are a	significant i	use of it	s collect	ion	
а		Public exhibition			d		Loan	or excha	nge prog	ırams				
b		Scholarly research			e		Othe	r						
c		Preservation for future	generations											
4	Provide Part	de a description of the o	organızatıon's coll	ections and exp	olain how th	ey furt	her the	e organiza	ation's ex	kempt purpo	se in			
5		ig the year, did the orga is to be sold to raise fur								nılar	□ Ye	es [□No	
Par	t IV	Escrow and Custon Complete of the organic X, line 21.			ı Form 990), Part	IV, lı	ne 9, or	reporte	ed an amou	int on	Form 9	90, P	art
1a		e organization an agent ded on Form 990, Part)		in or other inte	rmediary fo	r contri	bution	s or othe	r assets	not	☐ Y	es [] No	
b	If "Ye	es," explain the arrange	ement in Part XIII	and complete t	he following	g table		Γ		Α	mount			
С	Begin	nning balance						Γ	1c					
d	Addıt	ions during the year						Γ	1d					
e	Dıstrı	butions during the year	-					Γ	1e					
f	Endın	ng balance						Γ	1f					
2a	Did th	- he organization include	an amount on Foi	m 990, Part X,	line 21, for	escrov	v or cu	ıstodıal ad	count lia	ability?	□ Ye	- F	□No	
b	If "Ye	es," explain the arrange	ment in Part XIII	Check here if t	the explana	tion has	s been	provided	ın Part :	XIII				
Pa	rt V	Endowment Fund	ds. Complete ıf	the organizat	ion answe	red "Y	es" or	n Form 9	990, Pai	t IV, line 1	.0.			
				(a)Current ye	ar (b) i	Prior yea	r	(c) Two ye	ars back	(d)Three yea	ars back	(e)Four	years	back
	-	ing of year balance .												
		outions												
С	Net inv	estment earnings, gain	ns, and losses											
d	Grants	or scholarships	•											
		expenditures for facilitie ograms	es											
f	Admını	strative expenses .												
g	End of	year balance												
2	Provid	de the estimated percer	ntage of the curre	nt year end bal	ance (line 1	.g, colu	mn (a)) held as						
а	Board	d designated or quasi-ei	ndowment 🟲											
b	Perm	anent endowment 🟲												
С	Temp	orarily restricted endov	wment 🕨											
	The p	percentages on lines 2a,	, 2b, and 2c shoul	d equal 100%										
3а		here endowment funds nization by	not in the possess	sion of the orga	inization tha	at are h	eld an	d adminis	stered fo	r the		Y	es	No
	(i) ur	nrelated organizations									3	a(i)		
		elated organizations .									<u> </u>	a(ii)		
b		es" on 3a(II), are the rel	-	·			.7 .				L	3b		
4		ribe in Part XIII the inte			endowment	funds								
Pai	t VI	Land, Buildings, Complete if the org			Form 000	Dart	T\/ lue	00 110 9	Egg Egr	m 000 Par	+ V lun	0.10		
	Descri	iption of property	(a) Cost or oth (investme	er basis (b	Cost or other					epreciation		(d) Book	value	
1a	Land													
	Buildin	ŀ				7-	47,358			117,208			(530,150
		old improvements					-			,				
		nent				5	29,552			225,749			-	303,803
		ŀ					22,993	 		106,941				216,052
	Other L Add	ines 1a through 1e (Co	l olumn (d) must ea	ual Form 990	Part Y colu			10(c)		100,341				150.005

Schedule D (Form 990) 2016 Part VII Investments—Other Securities. Complete if the organi	zation ansv	vered 'Yes' on Form 9	Page 3
See Form 990, Part X, line 12. (a) Description of security or category	(b)Book		nod of valuation
(including name of security)	value		of-year market value
(1)Financial derivatives			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	>	wared Weel on Form	000 Port IV line 11c
Part VIII Investments—Program Related. Complete if the organ See Form 990, Part X, line 13. (a) Description of investment (b)	Book value	(c) Met	hod of valuation
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answered 'Yes' on F	000 D-	wt TV	- 000 Port V lune 15
(a) Description	-orm 990, Pa	irt IV, line 11d See Forn	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(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 Fo	orm 990, Part IV, line	
See Form 990, Part X, line 25. 1. (a) Description of liability	(b) B	ook 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 footnorganization's liability for uncertain tax positions under FIN 48 (ASC 740) Chec		_	_

Return Reference

Schedule D (Form 990) 2015

Schedule D (Fo	Page 5		
Part XIII	Supplemental Info		
Ret	urn Reference	Explanation	
			Schedule D (Form 990) 2016

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493319025417 OMB No 1545-0047 Supplemental Information to Form 990 or 990-EZ SCHEDULE O (Form 990 or 990-Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. EZ) ▶ Attach to Form 990 or 990-EZ. Open to Public ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at Department of the Treasury Inspection www.irs.gov/form990. Name of the organization Employer identification number WILLOWSFORD CONSERVANCY 45-0609461 990 Schedule O, Supplemental Information Return Reference Explanation PART III, LINE 1 THE WILLOWSFORD CONSERVANCY PROTECTS, MAINTAINS, AND PROMOTES THE VIABLE, LONG-TERM USE OF ORGANIZATION'S THE LAND. INTEGRATING FARMING. RECREATION. CONSERVATION AND EDUCATION TO ENHANCE THE QUALITY MISSION OF LIFE FOR THE RESIDENTS OF WILLOWSFORD AND THE GREATER COMMUNITY GUIDING PRINCIPLES STEWARDSHIP (RESPECT FOR THE LAND) CONSIDERING OUR COMMUNITY'S IMPACTS ON THE LAND ON SOIL, WATER, VEGETATION, WILDLIFE AND ON WHOLE NATURAL SYSTEMS, CELEBRATING LOCAL MATERIALS AND HUMAN RESOURCES AND UTILIZING APPROPRIATE TECHNOLOGIES REALIZING A POSITIVE. REGENERATIVE EFFECT ON THE LAND THROUGH ALL ASPECTS OF OUR OPERATIONS. INCLUDING LAND USE AND AGRICULTURAL PRODUCTION, SHELTER AND STRUCTURES, MATERIALS USE, ENERGY, AND HUMAN RESOURCES COMMUNITY (WHO WE ARE) CREATING AN AUTHENTIC SENSE OF PLACE AND SHARED PURPOSE BY CONNECTING PEOPLE TO THE LAND AND TO EACH OTHER THROUGH CULTURAL, ARTISTIC, MUSICAL, RECREATIONAL, CULINARY AND SOCIAL PROGRAMS, ACTIVITES, AND SERVICES THAT ENHANCE THE LIFESTYLE WITHIN, AND CONTRIBUTE TO THE BETTERMENT OF, WILLOWSFORD ADN THE SURROUNDING COMMUNITY HEALTH AND RECREATION (GO PLAY OUTSIDE) INSPIRING AND PROMOTING A HEALTHY LIFESTYLE THROUGH ENGAGING OUTDOOR RECREATIONAL OPPORTUNITIES AND ACTIVITIES TO ENRICH MIND, BODY, AND SPIRIT WHILE ENHANCING LIFELONG LEARNING CONSERVATION (LOVE OF NATURE) CREATING PROGRAMS THAT HELP FOSTER A PASSION AND COMMITMENT TO THE CONSERVATION OF WILDLIFE AND NATURAL HABITATS ENSURING THAT THEY CAN BE APPRECIATED BY FUTURE GENERATIONS. QUALITY AND INTEGRITY (BEING GREAT) STRIVING TO DO OUR BEST AND BE OUR BEST IN ALL THAT WE DO, AND TO PRODUCE HIGH QUALITY. SAFE PRODUCTS, EVENTS, AND INTERACTIONS, CREATING AN OUTSTANDING WORK AND PLAY ENVIRONMENT THAT CULTIVATES SAFE, FRIENDLY, AND ETHICAL PRACTICES BASED ON RESPECT AND DIGNITY EDUCATION (EXPLORATION, DISCOVERY AND UNDERSTANDING) TEACHING, MODELING AND SHARING IDEAS ABOUT ECOLOGICAL LITERACY, FOOD LITERACY, HISTORICAL LITERACY, SOCIAL LITERACY AND OTHER TOOLS FOR CRITICAL THINKING, TO CULTIVATE ENGAGED CITIZENS AND COMMUNITY MEMBERS FARMING (GOOD FOOD)

SUPPORTING OUR COMMUNITY WITH FOOD THAT IS FRESH, CLEAN AND HEALTHY AND THAT TASTES GREAT INTEGRATING THE FARM INTO THE FABRIC OF WILLOWSFORD TO SERVE AS A SOCIAL AND EDUCATIONAL RESOURCE FOR THE COMMUNITY SUSTAINABILITY (THE LONG HAUL) PLACING HIGH VALUE ON ECOLOGICAL AND SOCIAL HEALTH AND RECOGNIZING THAT ECONOMIC VIABILITY IS A CRITICAL PRECURSOR TO SUCCESS

Return Reference	Explanation
PART III LINE 4 PROGRAM SERVICE ACCOMPLISHMENTS	THE WILLOWSFORD CONSERVANCY IS THE STEWARD OF 2,000 ACRES OF OPEN SPACE (PROGRESSIVELY DED ICATED AS THE COMMUNITY DEVELOPS), INTEGRATED WITHINN THE WILLOWSFORD NEIGHBORHOOD, AND SET ASIDE FOR CONSERVATION, RECREATION, EDUCATION AND AGRICULTURAL USE ITS LOCATION WITHIN L OUDOUN COUNTY, NEAR FAST-GROWING NORTHERN VIRGINIA RESIDENTIAL AND BUSINESS AREAS, 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 OPP ORTUNITIES WITH NATURE TRAILS, CAMPSITES, FORESTS AND WETLANDS THAT SUPPORT DIVERSE NATIVE WILDLIFE AND VEGETATION, AND THE CONSERVANCY'S LAND STEWARDSHIP PROGRAMS-INCLUDING HABITA T RESTORATION, WILDLIFE MANAGEMENT, AND INVASIVE SPECIES CONTROL-CONTRIBUTE POSITIVELY TO THE REGION'S QUALITY OF LIFE IN 2016, THE CONSERVANCY CONTINUED TO CONDUCT AND EXPAND THE ACTIVITIES SPECIFICALLY SUPPORTING ITS MISSION FARMING IN SUPPORT OF ITS MISSION FOR LON G-TERM PROTECTION AND VIABLE USE OF THE LAND, THE CONSERVANCY FOLLOWS SUSTAINABLE FARMING PRACTICES THAT ENHANCE THE ECOLOGICAL, AGRICULTURAL AND SOCIAL RESOURCES OF THE LAND AND A RE INTEGRATED WITH THE RESIDENTIAL LIFE OF THE COMMUNITY, EDUCATION, AND CONSERVATION ACTI VITES SUSTAINABLE AGRICULTURE PROVIDES FRESH, NOURISHING FOOD FOR WILLOWSFORD RESIDENTS A ND THE LOCAL COMMUNITY, AND SUPPORTS THE CONSERVANCY SCONSERVATION EFFORTS THE FARM ALSO PLAYS AN ACTIVE ROLE IN THE GREATER COMMUNITY, SUPPORTING LOCAL AGRICULTURE AND ARTISINAL FOOD PRODUCTION, FOOD LITERACY, HEALTHY NUTRITION, AND A VIBRANT COMMUNITY SUPPORTED AGRICULTURE (CSA) PROGRAM TO PRODUCE 200 VEGETABLE SHARES, IN TIS COMMUNITY SUPPORTED AGRICULTURE (CSA) PROGRAM TO PRODUCE 200 VEGETABLE SHARES IN 1TS COMMUNITY SUPPORTED AGRICULTURE (CSA) PROGRAM TO PRODUCE 200 VEGETABLE SHARES, ON AND A VIBRANT COMMUNITY SUPPORTED AGRICULTURE (CSA) PROGRAM TO PRODUCE 200 VEGETABLE SHARES, NOTALL THE CONSERVANCY FOR AND CHICKEN SHARES, INCLUDING A SHARES, INCLUDING AND THE FARM STA ND MOST

Return Reference	Explanation
PART III LINE 4 PROGRAM SERVICE ACCOMPLISHMENTS	CIFIC EDUCATION PROGRAMS AND EVENTS FOR ADULTS AND CHILDREN RELATED TO ENVIRONMENTAL STEWA RDSHIP, LAND CONSERVATION, FOOD SYSTEMS, NUTRITION AND CULINARY ARTS, AND RESPONSIBLE OUTD OOR RECREATION THROUGH THESE ACTIVITIES, THE CONSERVANCY AIMS TO FACILITATE INFORMED DECI SION-MAKING AND INSPIRE PEOPLE TO BECOME LIFELONG ADVOCATES FOR ENVIRONMENTAL SUSTAINABILI TY, CONSERVATION AND HEALTHY LIFESTYLES THE WILLOWSFORD CONSERVANCY OFFERS OUTDOOR ENVIRON MENTAL EDUCATION PROGRAMS FOR ALL AGES TO CULTIVATE CITIZEN STEWARDSHIP, ENVIRONMENTAL LI TERACY AND A DEEP EMOTIONAL CONNECTION TO THE NATURAL WORLD PROVIDING HOMEOWNERS WITH INF ORMATION AND RESOURCES TO CREATE AND MANAGE ENVIRONMENTALLY FRIENDLY HOME LANDSCAPES CONTR IBUTES POSITIVELY TO OVERALL HABITAT HEALTH AND CONNECTIVITY NOT ONLY AT WILLOWSFORD BUT IN THE GREATER REGION THROUGH PARTNERSHIPS WITH ORGANIZATIONS INCLUDING BANSHEE REEKS NATU RE PRESERVE, THE VIRGINIA DEPARTMENT OF GAME AND INLAND FISHERIES, THE SMITHSONIAN CONSERV ATION BIOLOGY INSTITUTE, LOUDOUN WILDLIFE CONSERVANCY (LWC), PIEDMONT ENVIRONMENTAL COUNCI L AND OTHERS, THE CONSERVANCY RECEIVES INSIGHTS AND BUILDS EXPERTISE ON HOW IT CAN BEST PR OMOTE THE PRESERVATION AND PROLIFERATION OF HEALTHY WILDLIFE HABITATS IN THE COMMUNITY TH ROUGHOUT 2016, THE WILLOWSFORD CONSERVANCY DELIVERED VARIOUS PROGRAMS WITH LWC, THE BLUEB IRD NEST BOX MONITORING PROGRAM CONTINUED WITH TWO ESTABLISHED BLUEBIRD NEST BOX TRAILS IN THE GRANGE AND GROVE VILLAGES, FOR PEOPLE TO LEARN ABOUT OUR LOCAL CAVITY NESTERS, AND TO SUPPORT NATIVE SONGBIRDS WITH HABITAT AND NESTINGSITES RESIDENTS AND LWC VOLUNTEERS VOLUN TEERED THEIR TIME MONITORING AND MAINTAINING THE NESTING BOXES AND TRAIL LOOPS THE 2016 N TESTING BOX MONITORING PROGRAM KICKED OFF IN MARCH WITH A VOLUNTTEER ORIENTATION LECTURE AND WALK CONDUCTED BY LOUDOUN WILDLIFE CONSERVANCY OFFERED A LECTURE ON TICK ECOLOGY, IN PARTNERSHIP WITH BANSHEE REEKS NATURE PRESERVE OUR WORK TO IMPROVE WILDLIFE HABITAT AND SUSTAINABLE LANDSCAPING THROUGH OUT THE CONSERVANCY OFFERED A
	WILDLIFE AND SERVES AS A RESOURCE AND DEMONSTRATION SITE FOR EDUCATIONAL PROGRAMMING PLANS WERE DEVELOPED THIS YEAR FOR A SPRING 2017 PLANTING OF ADDITIONAL NATIVE HERBACEOUS P

Return Reference	Explanation
PART III LINE 4 PROGRAM SERVICE ACCOMPLISHMENTS	LANTS AND SHRUBS TO ENHANCE WILDLIFE, AESTHETICS AND EDUCATIONAL VALUE OF THE MEADOW OTHER ADDITIONS WILL INCLUDE INTERPRETIVE SIGNANGE, SEATING, AND ACCESS POINTS TO BETTER OBSER VE THE VERNAL POOLS, PLANTS AND WILDLIFE IN APRIL, WITH SUPPORT FROM THE LOUDOUN COUNTY S OIL AND WATER CONSERVATION DISTRICT, THE CONSERVANCY EXPANDED ITS RIPARIAN PLANTING PROGRA M WITH A SECOND PLANTING OF NATIVE TREES AND SHRUBS IN THE RIAPRIAN AREA AROUND THE GROVE FARM POND A GROUP OF BOY SCOUTS ASSISTED WITH THE PLANTING ALSO IN APRIL, THE CONSERVANCY WORKED WITH THE VIRGINIA DEPARTMENT OF GAME AND INLAND FISHERIES TO CONDUCT A POND AND F ISH SURVEY AT OUR FUTURE CEDAR POND EDUCATION SITE IN AUTUMN, THE CONSERVANCY COMMISSIONED THE SMITHSONIAN CONSERVATION BIOLOGY INSTITUTE TO CONDUCT A BROWSE SURVEY TO ASSESS THE IMPACT OF DEER BROWSING ON WOODLAND AREAS THE STUDY HELPS INFORM THE CONSERVANCY'S DEER P OPULATION MANAGEMENT PROGRAM WHICH WAS IMPLEMENTED IN 2016 IN PARTNERSHIP WITH THE VIRGINI A DEPARTMENT OF GAME AND INLAND FISHERIES, IN AN EFFORT TO PROTECT THE CONSERVANCY'S NATUR AL FOREST ECOSYSTEMS THE CONSERVANCY PRESENTED A WEEKLONG OUTDOOR NATURE EXPLORATION SUMM ER CAMP FOR AGES 9-12, TITLED "LOST AND FOUND IN THE WILDS OF WILLOWSFORD" "YOUNG NATURAL ISTS LEARNED ABOUT OUTDOOR SURVIVAL SKILLS, LOCAL PLANTS AND ANIMALS, WATER AND NATURAL HAB ITATS THROUGHOUT WILLOWSFORD'S TRAILS, WOODS AND WETLANDS IN ADDITION, THE CONSERVANCY PR OGRAMMED THREE DAYS OF THE WEEKLONG "DISCOVER" CAMP FOR AGES 9-12, WHERE CHILDREN LEARNED ABOUT SUSTAINABLE FARMING AND GROWING OF FOOD, AS WELL AS KAYAKING, CANOEING, FISHING, WILD LIFE AND PLANT IDENTIFICATION THROUGH TOURS OF THE FARM AND KITCHEN, HARVESTING, WILD CARREN FOOD, WATER ACTIVITIES ON WILLOW LAKE, AND WOODLAND EXPLORATION IN PARTNERSHIP WITH THE WILLOWSFORD HOMEOWNERS ASSOCIATION AND THE WILLOWSFORD KITCHEN, THE CONSERVANCY WORKS TO ENCOURAGE HEALTHY NUTRITION, CULLINARY CONFIDENCE, AND GREATER UNDERSTANDING OF AND SUPPORT FOR SUSTAINABLE FOOD PRODUCTION IN 2016, FOOD AND CULINARY

Return Reference	Explanation
Return Reference PART III LINE 4 PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)	Explanation OUTDOOR RECREATION OUTDOOR RECREATION PROGRAMS AND EVENTS ENRICH WILLOWSFORD'S SENSE OF COMMUNITY AND HEALTHY LIFESTYLE, AND HELP RESIDENTS BECOME CONFIDENT AND PROFICIENT IN OUTDOOR EXPLORATION AND RECREATION SKILLS 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, TRAIL WALKS, AND AMENITIES THAT FACILITATE USE OF THE TRAILS THE TRAIL SYSTEM IS AN INTEGRAL PART IN SUPPORTING HEALTH, RECREATION AND ENVIRONMENTAL CONSERVATION AT WILLOWSFORD A GUIDED CONSERVANCY TRAIL WALK MARKED THE OPENING OF A NEW TRAIL PORTION IN THE GREENS IN JUNE THE CONSERVANCY PARTNERS WITH REV3 ADVENTURE TO OFFER ADVENTURE RACES ON THE CONSERVANCY TRAILS THROUGHOUT THE YEAR 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 AN OUTDOOR MULTISPORT EXPERIENCE THAT FACILITATES INDIVIDUAL ACTIVITY AND TEAM WORK THE FAMILY-FRIENDLY RACES CATER TO BOTH BEGINNER AND EXPERIENCED PARTICIPANTS, AND HELP ESTABLISH THE CONSERVANCY'S NASCENT TRAILS IN 2016, THE PARTNERSHIP PRESENTED 15 EVENTS IN THE SPRING, SUMMER AND FALL, INCLUDING THE FIRST HALF-MARATHON RACE ON WILLOWSFORD PROPERTY IN AUGUST, THE CONSERVANCY OPENED THE FAMILY-FRIENDLY GRANT CAMPSITE TO ENCOURAGE FAMILIES TO CAMP, HIKE, OBSERVE WILDLIFE, AND EXPLORE THE OUTDOORS THE WALK-IN TENT SITE INCLUDES SEVEN FAMILY-SIZE TENT PADS, EACH SUITABLE FOR ONE LARGE TENT OR TWO 8'X 8' TENTS, AND IS LOCATED ON THE GRANT LOOP TRAIL WITH OPPORTUNITIES FOR HIKING, TRAIL RUNNING, MOUNTAIN BIKING, NATURE EXPLORATION AND WILDLIFE WATCHING OUR ANNUAL FAMILY-FRIENDLY COMMUNITY BONFIRE AND CAMP-OVER TOOK PLACE IN OCTOBER. IN THE GERENS VILLAGE THE CONSERVANCY PARTNERS WITH LOCAL CHAPTERS OF THE BOY SCOUTS OF AMERICA (BSA) TO PROMOTE OUTDOOR

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	WILLOWSFORD, LLC (FOUNDER), IS AUTHORIZED TO APPOINT, REMOVE, AND REPLACE ALL OF THE TRUSTEES FOR SO LONG AS IT, ANY OF ITS AFFILIATES, OR ANY CONSENTING OWNERS OWN REAL PROPERTY IN WILLOWSFORD, OR THE FOUNDER HAS AN UNEXPIRED OPTION TO EXPAND WILLOWSFORD PURSUANT TO COMMUNITY COVENANT, OR UNTIL SUCH EARLIER TIME AS IT RELINQUISHES SUCH RIGHT IN ADDITION, THE FOUNDER RETAINS THE FOLLOWING RIGHTS -FOR SO LONG AS THE FOUNDER, OR ANY FOUNDER AFFILIATE, OWNS REAL PROPERTY IN WILLOWSFORD, OR THE FOUNDER HAS AN UNEXPIRED OPTION TO EXPAND WILLOWSFORD PURSUANT TO A COMMUNITY COVENANT, THE FOUNDER'S CONSENT IS REQUIRED TO DISSOLVE THE CONSERVANCY, OR FOR ANY MERGER OR CONSOLIDATION OF THE CONSERVANCY -NO AMENDMENT TO THE CONSERVANCY'S BYLAWS MAY REMOVE, REVOKE, OR MODIFY ANY RIGHT OR PRIVILEGE OF THE FOUNDER WITHOUT THE WRITTEN CONSENT OF THE FOUNDER (OR THE ASSIGNEE OF SUCH RIGHT OR PRIVILEGE)

Return

Reference	
FORM 990,	WILLOWSFORD, LLC (FOUNDER), IS AUTHORIZED TO APPOINT, REMOVE, AND REPLACE ALL OF THE TRUSTEES FOR
PART VI,	SO LONG AS IT, ANY OF ITS AFFILIATES, OR ANY CONSENTING OWNERS OWN REAL PROPERTY IN WILLOWSFORD,
SECTION A,	OR THE FOUNDER HAS AN UNEXPIRED OPTION TO EXPAND WILLOWSFORD PURSUANT TO COMMUNITY COVENANT,
LINE 7B	OR UNTIL SUCH EARLIER TIME AS IT RELINQUISHES SUCH RIGHT IN ADDITION, THE FOUNDER RETAINS THE
	FOLLOWING RIGHTS -FOR SO LONG AS THE FOUNDER, OR ANY FOUNDER AFFILIATE, OWNS REAL PROPERTY IN
	WILLOWSFORD, OR THE FOUNDER HAS AN UNEXPIRED OPTION TO EXPAND WILLOWSFORD PURSUANT TO A
	COMMUNITY COVENANT, THE FOUNDER'S CONSENT IS REQUIRED TO DISSOLVE THE CONSERVANCY, OR FOR ANY
	MERGER OR CONSOLIDATION OF THE CONSERVANCY -NO AMENDMENT TO THE CONSERVANCY'S BYLAWS MAY
	REMOVE, REVOKE, OR MODIFY ANY RIGHT OR PRIVILEGE OF THE FOUNDER WITHOUT THE WRITTEN CONSENT OF
	THE FOUNDER (OR THE ASSIGNEE OF SUCH RIGHT OR PRIVILEGE)

Explanation

Return Explanation

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

Return Explanation
Reference

FORM 990, PART VI, PREPARE THE FORM THE ORGANIZATION'S TREASURER REVIEWS THE RETURN AS PREPARED BY THE PREPARER SECTION B, A COPY OF THE RETURN IS THEN PROVIDED TO ALL MEMBERS OF THE BOARD OF TRUSTEES PRIOR TO FILING LINE 11B

Return Explanation
Reference

FORM 990, THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST SECTION C, LINE 18

Return
Reference

Explanation

Explanation

LINE 19

FORM 990, FINANCIAL STATEMENTS ARE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST PART VI, SECTION C.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493319025417 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships 2016** (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** WILLOWSFORD CONSERVANCY 45-0609461 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I **(f)** Direct controlling (a)
Name, address, and EIN (if applicable) of disregarded entity **(b)** Primary activity (c) Legal domicile (state (d) (e) Total income End-of-year assets or foreign country) entity

Part II Identification of Related Tax-Exempt Organ related tax-exempt organizations during the tax		organization answere	ed "Yes" on Form 9	90, Part IV, line 34	because it had one o	r more	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) cor enti	512(b) ntrolled
(1)WILLOWSFORD HOME OWNER'S ASSOCIATION INC 44095 PIPELINE PLAZA SUITE 140	HOA	VA	528	N/A	WILLOWSFORD LLC	Yes	No No
ASHBURN, VA 20147 45-0645880							
For Paperwork Reduction Act Notice, see the Instructions fo	r Form 990.	Cat No 50)135Y	1	Schedule R (Form	n 990) 20	16

one or more related organizations treate	ed as a partnership	during the tax	year.													
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predomina Income(rela unrelated excluded fi tax unde sections 5 514)	ited, total income d, rom er	(g) Share of e end-of-year assets	(I Disprop alloca	rtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	ral or aging ner?	(k) Percent owners	age		
(1) TIMBER RIDGE AT WILLOWSFORD MM LLC		REAL ESTATE	NY					res	No		res	No				
131 JERICHO TURNPIKE PH 1 JERICHO, NY 11753 81-2177824																
(2) TIMBER RIDGE AT WILLOWSFORD LLC		REAL ESTATE	NY						No			No				
131 JERICHO TURNPIKE PH 1 JERICHO, NY 11753 81-2164437																
(3) WILLOWSFORD OPERATIONS LLC		MANAGEMENT	VA						No			No				
44095 PIPELINE PLAZA SUITE 140 ASHBURN, VA 20147 81-1481673																
(4) LOUDOUN CONSERVANCY LLC		NOT FOR PROFIT	VA						No			No				
44095 PIPELINE PLAZA SUITE 140 ASHBURN, VA 20147 81-1492312		ACTIVITES														
(5) WILLOWSFORD MANAGEMENT LLC		MANAGEMENT	VA						No			No				
44095 PIPELINE PLAZA SUITE 140 ASHBURN, VA 20147 81-1546225																
Part IV Identification of Related Organization because it had one or more related organization.							wered "Ye	s" on F	orm 9	990, Part I\	/, line	e 34				
(a) Name, address, and EIN of related organization	(b) Primary activity		gal licile r foreign		(d) t controlling entity ((e) Type of entity C corp, S corp, or trust)	(f) Share of tota Income	(g) Share of en year assets		d-of- Perc	(h) Percentage ownership		entage		(i) Section 5 (13) cont entity Yes	12(b) rolled
													les	110		
														_		

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had

(1)WILLOWSFORD OPERATIONS LLC

(2)WILLOWSFORD OPERATIONS LLC

(3)WILLOWSFORD OPERATIONS LLC

Pai	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 D	ring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
Ь	Gift, grant, or capital contribution to related organization(s)	1b		No
С	Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d	Loans or loan guarantees to or for related organization(s)	1d		No
е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1 f		No
g	Sale of assets to related organization(s)	1 g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No

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1k

11

1m

1r

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(d)

Method of determining amount involved

1n Yes

Yes

No

No

No

No No

No No

е	Loans or loan guarantees by related organization(s)	Le	140
f	Dividends from related organization(s)	1f	No
g	Sale of assets to related organization(s)	1 g	No
h	Purchase of assets from related organization(s)	1h	No
i	Exchange of assets with related organization(s)	1i	No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	No

(b)

Transaction

type (a-s)

C.

Ν

0

(c)

Amount involved

953,985

0

637,458

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

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

Name of related organization

Reimbursement paid to related organization(s) for expenses . . .

Reimbursement paid by related organization(s) for expenses . . .

r Other transfer of cash or property to related organization(s) . . .

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	domicile	(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)	section		Are all partners section		Are all partners section		(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ite	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General c managin partner?	or g ?	(k) Percentage ownership
			514)	Yes	No	! ,		Yes	No		Yes	No					
										Schedul	e R (Form	1 990	0) 2016				

