

Forms 990 / 990-EZ Return Summary

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

-*2778

BOWMAN'S HILL WILDFLOWER PRESERVE A

Net Asset / Fund Balance at Beginning of Year		<u>2,310,307</u>
Revenue		
Contributions	<u>414,901</u>	
Program service revenue	<u>277,891</u>	
Investment income	<u>40,754</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue	<u>117,647</u>	
Direct expenses	<u>106,386</u>	
Net income	<u>11,261</u>	
Other income	<u>105,811</u>	
Total revenue		<u>850,618</u>
Expenses		
Program services	<u>761,164</u>	
Management and general	<u>127,793</u>	
Fundraising	<u>88,082</u>	
Total expenses		<u>977,039</u>
Excess / (deficit)		<u>-126,421</u>
Changes		<u>248,643</u>
Net Asset / Fund Balance at End of Year		<u>2,432,529</u>

Client Copy

Reconciliation of Revenue	
Total revenue per financial statements	<u>1,205,647</u>
Less:	
Unrealized gains	<u>257,271</u>
Donated services	
Recoveries	
Other	<u>106,386</u>
Plus:	
Investment expenses	<u>8,628</u>
Other	
Total revenue per return	<u>850,618</u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>1,083,425</u>
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	<u>106,386</u>
Plus:	
Investment expenses	
Other	
Total expenses per return	<u>977,039</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>2,395,268</u>	<u>2,623,018</u>	
Liabilities	<u>84,961</u>	<u>190,489</u>	
Net assets	<u>2,310,307</u>	<u>2,432,529</u>	<u>122,222</u>

Miscellaneous Information

Amended return _____
Return / extended due date 11/15/18
Failure to file penalty _____

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

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

2017

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization

BOWMAN'S HILL WILDFLOWER PRESERVE A

Employer identification number

**** - *** 2778**

Name and title of officer

**A. MILES ARNOTT
EXECUTIVE DIRECTOR**

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 one 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 <u>850,618</u>
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 **HAMILTON FINANCIAL GROUP** to enter my PIN **62778** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

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 **05/31/18**

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.

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. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature

LEWIS W. PARKER

Date

05/31/18

ERO Must Retain This Form — See Instructions

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

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2017)

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.

A For the 2017 calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BOWMAN'S HILL WILDFLOWER PRESERVE A Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 685 City or town, state or province, country, and ZIP or foreign postal code NEW HOPE PA 18938	D Employer identification number **_***2778 E Telephone number 215-862-2924 G Gross receipts \$ 1,028,085
F Name and address of principal officer: A. MILES ARNOTT PO BOX 685 NEW HOPE PA 18938		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number
J Website: N/A		L Year of formation: M State of legal domicile:
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		

Part I Summary

Activities & Governance	<p>1 Briefly describe the organization's mission or most significant activities: THE MISSION IS TO INSPIRE THE APPRECIATION AND USE OF NATIVE PLANTS BY SERVING AS A SANCTUARY AND AN EDUCATIONAL RESOURCE FOR CNSERVATION AND STEWARDSHIP.</p> <p>2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.</p> <p>3 Number of voting members of the governing body (Part VI, line 1a) 3 21</p> <p>4 Number of independent voting members of the governing body (Part VI, line 1b) 4 21</p> <p>5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 27</p> <p>6 Total number of volunteers (estimate if necessary) 6 162</p> <p>7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0</p> <p>b Net unrelated business taxable income from Form 990-T, line 34 7b 0</p>																									
Revenue	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align:right;">Prior Year</th> <th style="text-align:right;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h) 8 595,160</td> <td style="text-align:right;">595,160</td> <td style="text-align:right;">414,901</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g) 9 184,928</td> <td style="text-align:right;">184,928</td> <td style="text-align:right;">277,891</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 55,571</td> <td style="text-align:right;">55,571</td> <td style="text-align:right;">40,754</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 77,420</td> <td style="text-align:right;">77,420</td> <td style="text-align:right;">117,072</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 913,079</td> <td style="text-align:right;">913,079</td> <td style="text-align:right;">850,618</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h) 8 595,160	595,160	414,901	9 Program service revenue (Part VIII, line 2g) 9 184,928	184,928	277,891	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 55,571	55,571	40,754	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 77,420	77,420	117,072	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 913,079	913,079	850,618							
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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 A. MILES ARNOTT Type or print name and title	Date EXECUTIVE DIRECTOR
Paid Preparer Use Only	Print/Type preparer's name LEWIS W. PARKER	Preparer's signature LEWIS W. PARKER
	Date 06/11/18	Check <input type="checkbox"/> if self-employed PTIN *****
	Firm's name HAMILTON FINANCIAL GROUP	Firm's EIN **_***3296
	Firm's address 1540 KUSER ROAD, SUITE A4 MERCERVILLE, NJ 08619-3828	Phone no. 609-581-0300

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE 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 \$ **761,164** including grants of \$) (Revenue \$ **277,891**)

THE PRESERVE ASSISTS THE PARK COMMISSION IN THE MAINTENANCE, IMPROVING, PRESERVING & BEAUTIFYING THE WILDFLOWER PRESERVATION BY OBTAINING, PLANTING, AND MAINTAINING A REPRESENTATIVE COLLECTION OF NATURAL FLORA PLANTS OF PENNSYLVANIA. THE ALSO PROVIDE EDUCATONAL AND HORTICULTRAL PROGRAMS THAT FOCUS ON NATIVE PLANTS.

Client Copy

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 **761,164**

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 (see instructions)?	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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		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 (see instructions)		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>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <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? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
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		
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)	X	
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		
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?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 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?		X
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
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		

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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 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.	21	
b	Enter the number of voting members included in line 1a, above, who are independent	21	
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?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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		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?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
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?		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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **PA**
- 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:

A. MILES ARNOTT
NEW HOPE

PO BOX 685

PA 18938

215-862-2924

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DEBORAH AGNEW TRUSTEE	1.00 0.00	X					0	0	0	
(2) JAMES BRAY TRUSTEE	1.00 0.00	X					0	0	0	
(3) JEFFERY BUCKWALTER TRUSTEE	1.00 0.00	X					0	0	0	
(4) KAREN BUDD TRUSTEE	1.00 0.00	X					0	0	0	
(5) PAT COLEMAN TRUSTEE	1.00 0.00	X					0	0	0	
(6) MICHAEL GLENN TRUSTEE	1.00 0.00	X					0	0	0	
(7) ROBERT GOODWIN TRUSTEE	1.00 0.00	X					0	0	0	
(8) JACQUI GRIFFITH TRUSTEE	1.00 0.00	X					0	0	0	
(9) ALLISON HAMILTON TRUSTEE	1.00 0.00	X					0	0	0	
(10) ALISON HARGREAVES TRUSTEE	1.00 0.00	X					0	0	0	
(11) MICHAEL LACEY TRUSTEE	1.00 0.00	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) WILLIAM MACDOWELL	1.00									
TRUSTEE	0.00	X					0	0	0	
(13) LAUREN PREGMON	1.00									
TRUSTEE	0.00	X					0	0	0	
(14) ANDY STRAUSS	1.00									
TRUSTEE	0.00	X					0	0	0	
(15) SANDY RYON	1.00									
TRUSTEE	0.00	X					0	0	0	
(16) SUE EVELAND	3.00									
SECRETARY	0.00	X		X			0	0	0	
(17) MARK BROWNLEE	3.00									
TREASURER	0.00	X		X			0	0	0	
(18) MARK GALLAGHER	3.00									
VICE CHAIR	0.00	X		X			0	0	0	
(19) BETSY FALCONI	3.00									
VICE CHAIR	0.00	X		X			0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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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**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such person		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

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 Revenue

Check 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	1a Federated campaigns	1a				
	b Membership dues	1b 76,098				
	c Fundraising events	1c 100,000				
	d Related organizations	1d				
	e Government grants (contributions)	1e 25,565				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 213,238				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		414,901			
	Program Service Revenue	2a CONFERENCE	Busn. Code	82,790	82,790	
b PROGRAM AND SEMINARS			68,460	68,460		
c ADMISSIONS			67,537	67,537		
d OTHER			59,104	59,104		
e						
f All other program service revenue						
g Total. Add lines 2a-2f			277,891			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		40,754		40,754
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real (ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ 100,000 of contributions reported on line 1c). See Part IV, line 18	a 117,647				
	b Less: direct expenses	b 106,386				
	c Net income or (loss) from fundraising events		11,261			
	9a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a 176,892					
b Less: cost of goods sold	b 71,081					
c Net income or (loss) from sales of inventory		105,811	105,811			
Miscellaneous Revenue	11a	Busn. Code				
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
	12 Total revenue. See instructions.		850,618	383,702	0	40,754

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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	526,956	400,487	73,773	52,696
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	65,978	50,143	9,237	6,598
10 Payroll taxes	44,619	33,910	6,247	4,462
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	10,149		10,149	
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.)	4,650	3,549	654	447
12 Advertising and promotion	10,619	8,574	1,084	961
13 Office expenses	29,156	22,159	4,081	2,916
14 Information technology				
15 Royalties				
16 Occupancy	55,750	39,310	14,543	1,897
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	59,414	58,976	438	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	52,095	49,559	2,536	
23 Insurance	36,078	27,419	5,051	3,608
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 MEMBERSHIP EXPENSE	34,863	34,863		
b OTHER	20,753	6,256		14,497
c EDUCATIONAL EXPENSES	16,191	16,191		
d DUES AND SUBSCRIPTIONS	3,715	3,715		
e All other expenses	6,053	6,053		
25 Total functional expenses. Add lines 1 through 24e	977,039	761,164	127,793	88,082
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet

Check 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	50,151	1	104,437
	2 Savings and temporary cash investments	65,175	2	2,882
	3 Pledges and grants receivable, net	11,095	3	25,565
	4 Accounts receivable, net		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		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 instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	7,822	8	10,654
	9 Prepaid expenses and deferred charges	9,976	9	1,926
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 899,270		
	b Less: accumulated depreciation	10b 451,111	454,579	10c 448,159
	11 Investments—publicly traded securities	1,796,470	11	2,029,395
	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		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)		2,395,268	16	2,623,018
Liabilities	17 Accounts payable and accrued expenses	42,046	17	83,654
	18 Grants payable		18	
	19 Deferred revenue	42,915	19	106,835
	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		84,961	26
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	925,614	27	957,898
	28 Temporarily restricted net assets	595,530	28	685,468
	29 Permanently restricted net assets	789,163	29	789,163
	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	2,310,307	33	2,432,529	
34 Total liabilities and net assets/fund balances	2,395,268	34	2,623,018	

Part XI Reconciliation of Net Assets

Check 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	850,618
2	Total expenses (must equal Part IX, column (A), line 25)	2	977,039
3	Revenue less expenses. Subtract line 2 from line 1	3	-126,421
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,310,307
5	Net unrealized gains (losses) on investments	5	257,271
6	Donated services and use of facilities	6	
7	Investment expenses	7	-8,628
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,432,529

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <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		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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	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.	X	
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?		
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.		

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) PATRICIA LUDWIG	3.00									
CHAIR	0.00	X		X				0	0	
(21) A. MILES ARNOTT	40.00									
EXECUTIVE DIRECTOR	0.00	X						0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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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

	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	
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	
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	

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2017

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public
Inspection

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

Name of the organization

BOWMAN'S HILL WILDFLOWER PRESERVE A

Employer identification number

****-***2778**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

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(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						

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12 Gross receipts from related activities, etc. (see instructions) 12

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2016 Schedule A, Part II, line 14 15 %

16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	656,703	470,783	604,959	632,558	414,901	2,779,904
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	216,521	234,824	265,746	176,631	572,430	1,466,152
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	873,224	705,607	870,705	809,189	987,331	4,246,056
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	249,843	59,772	119,378	124,769	14,157	567,919
c Add lines 7a and 7b	249,843	59,772	119,378	124,769	14,157	567,919
8 Public support. (Subtract line 7c from line 6.)						3,678,137

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	873,224	705,607	870,705	809,189	987,331	4,246,056
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	45,518	41,659	60,685	55,006	40,754	243,622
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	45,518	41,659	60,685	55,006	40,754	243,622
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	918,742	747,266	931,390	864,195	1,028,085	4,489,678
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	81.92 %
16 Public support percentage for 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	5 %
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2 Activities Test. <i>Answer (a) and (b) below.</i>		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017:			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

Schedule of Contributors

OMB No. 1545-0047

2017

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

Name of the organization BOWMAN'S HILL WILDFLOWER PRESERVE A	Employer identification number **_***2778
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Organization type (check one):

- | | | |
|--------------------|---|--|
| Filers of: | Section: | |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization | |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation | |
| | <input type="checkbox"/> 527 political organization | |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation | |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation | |
| | <input type="checkbox"/> 501(c)(3) taxable private foundation | |

Check 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.

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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).

Name of organization BOWMAN'S HILL WILDFLOWER PRESERVE A	Employer identification number **_***2778
--	---

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
1	MCLEAN CONTRIBUTIONSHIP 230 SUGARTOWN RD SUITE 30 WAYNE PA 19087	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	THE NORMAN RAAB FOUNDATION PO BOX 657 HOLICONG PA 18928	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	FOUNDATIONS COMMUNITY PARTNERSHIP 1456 FERRY RD DOYLESTOWN PA 18901	\$ 10,000	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.)

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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

BOWMAN'S HILL WILDFLOWER PRESERVE A

Employer identification number

_*2778

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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?, 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)?, 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.

Table with 2 columns: Revenue included on Form 990, Part VIII, line 1; Assets included in Form 990, Part X. Rows include: 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. 1b 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:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
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	1,040,420	900,960	947,445	811,926	811,130
b Contributions		100,000			
c Net investment earnings, gains, and losses	167,546	39,460	-46,485	135,519	92,163
d Grants or scholarships					
e Other expenditures for facilities and programs	25,000				91,367
f Administrative expenses					
g End of year balance	1,182,966	1,040,420	900,960	947,445	811,926

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 **67.00** %
- c** Temporarily restricted endowment **33.00** %

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
- (ii)** related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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				
c Leasehold improvements		739,136	319,427	419,709
d Equipment		160,134	131,684	28,450
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				448,159

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. (Column (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. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

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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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	1,205,647
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	257,271
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	106,386
e	Add lines 2a through 2d	2e	363,657
3	Subtract line 2e from line 1	3	841,990
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	8,628
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	8,628
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	850,618

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	1,083,425
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	106,386
e	Add lines 2a through 2d	2e	106,386
3	Subtract line 2e from line 1	3	977,039
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	977,039

Part XIII Supplemental Information.

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

PART X - FIN 48 FOOTNOTE

GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PRESCRIBE A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. IT REQUIRES THAT COMPUTATIONS OF CURRENT AND DEFERRED INCOME TAXES ONLY CONSIDER TAX POSITIONS THAT ARE MORE THAN LIKELY THAN NOT TO BE SUSTAINED IF THE TAX AUTHORITIES EXAMINE THE POSITION. THE ORGANIZATION EVALUATES STATUTES OF LIMITATIONS, CHANGES IN TAX LAW, AND NEW AUTHORITATIVE RULINGS AND ACCRUES FOR LIABILITIES IF APPLICABLE. THE ORGANIZATION'S ANALYSIS FOUND NO UNCERTAIN TAX POSITIONS.

FEDERAL AND STATE TAX RETURNS ARE SUBJECT TO EXAMINATION BY THE TAXING

Part XIII Supplemental Information *(continued)*

AUTHORITIES GENERALLY FOR THE PERIOD OF THREE YEARS AFTER THEY ARE FILED. ANY PENALTIES AND INTEREST ASSESSED BY TAXING AUTHORITIES ARE INCLUDED IN OPERATING EXPENSES. NO INTEREST AND PENALTIES HAVE BEEN RECORDED FOR THE YEARS ENDED DECEMBER 31, 2017 AND 2016

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

FUNDRAISING COSTS \$ **106,386**

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

FUNDRAISING COSTS \$ **106,386**

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**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2017

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

BOWMAN'S HILL WILDFLOWER PRESERVE A

Employer identification number

****-***2778**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

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3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....

.....

.....

.....

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GALA (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	217,647		217,647
	2	Less: Contributions	100,000		100,000
	3	Gross income (line 1 minus line 2)	117,647		117,647
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	33,814		33,814
	7	Food and beverages	52,851		52,851
	8	Entertainment	3,100		3,100
	9	Other direct expenses	16,621		16,621
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				11,261

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

		(a) Bingo	(b) Pull tab instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

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

BOWMAN'S HILL WILDFLOWER PRESERVE A

Employer identification number

****_***2778****FORM 990 - ORGANIZATION'S MISSION**

**BOWMAN'S HILL WILDFLOWER PRESERVE INSPIRES THE APPRECIATION AND USE OF
NATIVE PLANTS BY SERVING AS A SANCTUARY AND AN EDUCATIONAL RESOURCE FOR
CONSERVATION AND STEWARDSHIP. BOWMAN'S HILL WILDFLOWER PRESERVE IS THE ONLY
ACCREDITED BOTANICAL MUSEUM IN THE COUNTRY DEDICATED TO NATIVE PLANTS.**

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE 990 IS DISTRIBUTED TO THE ENTIRE BOARD AND REVIEWED AND APPROVED BEFORE
FILING.**

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
ALL BOARD AND MANAGEMENT EMPLOYEES SIGN A CONFLICT OF INTEREST POLICY
ANNUALLY IN WHICH THEY AGREE TO DISCLOSE ACTUAL AND POTENTIAL CONFLICTS OF
INTEREST.**

**FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
AT THE END OF EACH YEAR THE BOARD CHAIR CIRCULATES A QUESTIONNAIRE TO THE
BOARD REGARDING THE EXECUTIVE DIRECTOR'S PERFORMANCE. COMMENTS AND
SUGGESTIONS ARE COMPILED INTO A WRITTEN FORMAT FOR THE EXECUTIVE DIRECTOR'S
EVALUATION. THE EVALUATION IS DONE BY THE BOARD CHAIR AND VICE CHAIR.
SALARY INCREASES ARE AT THE DISCRETION AND APPROVAL OF THE BOARD.**

**FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
ALL SALARY INCREASES ARE AT THE DISCRETION OF THE BOARD DEPENDING ON CASH
FLOW.**

Name of the organization

Employer identification number

BOWMAN'S HILL WILDFLOWER PRESERVE A

****_***2778**

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

FUNDRAISING COSTS \$ 106,386

FUNDRAISING COSTS \$ -106,386

Client Copy

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

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

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

OMB No. 1545-0172

2017

Attachment Sequence No. **179**

Name(s) shown on return

BOWMAN'S HILL WILDFLOWER PRESERVE A

Identifying number
****_***2778**

Business or activity to which this form relates

INDIRECT DEPRECIATION

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 (see instructions)	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 (see instructions)	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.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	48,456

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	1,661
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 <input type="checkbox"/>		

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						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
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	1,975
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 instructions	22	52,092
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	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2017)

BOWMAN'S HILL WILDFLOWER PRESERVE A **-*2778

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 (see instructions) **25**

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

1993 FORD TRUCK	08/30/13	100.00 %	10,503	10,503	5.0	S/L-	1,975	
------------------------	-----------------	-----------------	---------------	---------------	------------	-------------	--------------	--

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

		%				S/L-		
		%				S/L-		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28** **1,975**

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 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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?												
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 (see instructions).

	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? (See instructions.)		

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 (see instructions):

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**

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Federal Asset Report

FYE: 12/31/2017

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:									
4	SITE IMPROVEMENT	7/01/96	2,048			2,048	5 HY 200DB	2,048	0
5	MAINTENANCE SHED	4/10/96	5,327			5,327	15 HY 150DB	5,188	139
9	PROJECTOR SCREEN	12/31/93	2,033			2,033	5 HY 200DB	2,033	0
11	BRONZE SIGN	12/31/93	1,385			1,385	5 HY 200DB	1,385	0
12	AIR CONDITIONER	9/02/96	827			827	5 HY 200DB	827	0
15	TRACTOR	10/31/99	13,782			13,782	5 HY 200DB	12,541	1,241
17	SITE IMPROVEMENTS	5/13/00	17,093			17,093	5 HY 200DB	17,093	0
18	AIR CONDITIONER	5/22/01	604			604	5 MQ200DB	604	0
19	PAVING	8/20/01	2,306			2,306	5 MQ200DB	2,306	0
20	LIBRARY CONSTRUCTION	12/06/01	4,038		X	2,827	5 MQ200DB	4,038	0
22	SITE IMPROVEMENTS	6/01/02	7,097		X	4,968	5 HY S/L	7,097	0
25	LABLE PRINTER: ONSYTE 5R	9/10/02	3,515		X	2,461	5 HY S/L	3,515	0
26	TOOL SHED	1/01/02	1,295		X	906	7 HY S/L	1,295	0
27	CUSHMAN 2100E	10/04/02	6,982		X	4,887	5 HY S/L	6,982	0
28	2002 TOYOTA TACOMA 4x4	4/07/02	15,511		X	10,858	5 HY S/L	15,511	0
31	BENCHES	6/23/03	3,858		X	1,929	7 HY S/L	3,858	0
32	WELL	9/17/03	1,318		X	659	7 HY S/L	1,318	0
33	BENCH	10/19/03	738		X	369	7 HY S/L	738	0
35	DIGITAL CAMERA	6/03/03	3,500		X	1,750	5 HY S/L	3,500	0
39	BENCH	3/10/04	738		X	369	7 HY S/L	738	0
40	BENCH	6/28/04	738		X	369	7 HY S/L	738	0
42	pruner and tractor	5/23/04	1,299		X	649	7 HY S/L	1,299	0
50	COMPUTER	10/18/06	1,238			1,238	5 HY S/L	1,238	0
	Sold/Scrapped: 12/31/17								
51	MOWER AND BRUSH CUTTER	9/06/06	7,710			7,710	7 HY S/L	7,710	0
52	BENCHES	1/25/06	2,070			2,070	7 HY S/L	2,070	0
58	SIGNS	1/31/07	7,915			7,915	7 HY S/L	7,915	0
60	BENCHES	5/20/07	1,335			1,335	7 HY S/L	1,335	0
61	MULCHER	9/04/07	1,962			1,962	7 HY S/L	1,962	0
	Sold/Scrapped: 12/31/17								
64	BENCH & FURNITURES	12/31/08	6,072		X	3,036	5 HY S/L	6,072	0
67	DEER FENCE REPAIRS	12/31/08	1,847		X	924	5 HY S/L	1,847	0
68	COMPUTER	12/31/08	1,455		X	728	5 HY S/L	1,455	0
	Sold/Scrapped: 12/31/17								
69	TELEVISION	12/31/08	3,187		X	1,593	5 HY S/L	3,187	0
	Sold/Scrapped: 12/31/17								
74	Wheel Barrow & Bush Hog	5/31/09	2,927		X	1,464	5 HY S/L	2,927	0
75	Computer	6/30/09	849		X	424	5 HY S/L	849	0
	Sold/Scrapped: 12/31/17								
76	Furniture	8/31/09	3,941		X	1,970	7 HY S/L	3,660	281
77	FundRasing Software	9/30/09	6,380		X	3,190	3 HY S/L	6,380	0
85	WEBSITE	12/31/10	22,007		X	0	3 HY S/L	22,007	0
	Sold/Scrapped: 12/31/17								
			<u>166,927</u>			<u>113,963</u>		<u>165,266</u>	<u>1,661</u>
Other Depreciation:									
3	DEER FENCE	7/01/92	72,383			72,383	20 MO200DB	70,768	1,615
55	PHONE SYSTEM	1/23/07	6,202			6,202	10 MO S/L	5,892	310
59	BRIDGE REPAIR	11/15/07	61,604			61,604	20 MO S/L	29,265	3,080
70	BIRD OBSERVATORY	12/31/08	11,773			11,773	10 MO S/L	10,007	1,177
78	ROAD SIGNS	6/30/09	5,074			5,074	15 MO S/L	2,537	338
79	WATER TANK	8/31/09	1,032			1,032	15 MO S/L	516	69
80	PARRY TRAIL IMPROVEMENTS	12/31/09	14,750			14,750	15 MO S/L	7,375	983
81	MAP ILLUSTRATION	8/31/09	1,600			1,600	15 MO S/L	800	107
86	TRAIL IMPROVEMENTS	2/01/10	3,204			3,204	15 MO S/L	1,388	214
87	TRAIL IMPROVEMENTS	12/31/10	11,331			11,331	15 MO S/L	4,910	755
90	Holland Skid Steer Modeil L160	9/07/11	15,000			15,000	7 MO S/L	11,786	2,143
91	Genie Light Tower Model TML4000N	9/07/11	3,500			3,500	7 MO S/L	2,750	500
92	MQ Power Whisper Watt Generator	9/07/11	15,000			15,000	7 MO S/L	11,786	2,143
95	ENTRANCE SIGNS	11/22/11	1,412			1,412	7 MO S/L	1,109	202
96	POND INITIAL EXPENSES	12/31/11	7,545			7,545	25 MO S/L	1,540	302
97	COMPUTER LAPTOP - MILES	3/02/11	1,079			1,079	5 MO S/L	1,079	0
	Sold/Scrapped: 12/31/17								
98	COMPUTERS	7/01/11	1,011			1,011	5 MO S/L	1,011	0
	Sold/Scrapped: 12/31/17								
99	SOFTWARE - EVENTS MODULE	12/27/11	2,695			2,695	3 MO S/L	2,695	0
101	POND	12/31/12	213,488			213,488	25 MO S/L	38,428	8,539

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Federal Asset Report

FYE: 12/31/2017

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
105	DEER GRATE	7/15/12	19,600			19,600	15 MO S/L	5,880	1,307
106	AUDUBON TRAIL	2/28/13	63,928			63,928	15 MO S/L	15,197	4,261
107	POND	4/01/13	8,175			8,175	25 MO S/L	1,145	327
108	TRAIL IMPROVEMENTS (moss garden b)	12/31/14	6,250			6,250	15 MO S/L	1,042	416
109	NURSERY	12/31/14	58,728			58,728	15 MO S/L	9,788	3,915
111	GOLF CART	6/01/15	4,400			4,400	5 MO S/L	1,320	880
112	PRINTER FOR NURSERY	8/13/15	3,064			3,064	5 MO S/L	919	613
113	AV EQUIPMENT	12/23/15	5,657			5,657	5 MO S/L	1,697	1,132
115	DEER FENCE GRATE & PAVING	10/21/15	18,756			18,756	5 MO S/L	9,753	3,751
116	ORIENTATION FILM	12/04/15	2,890			2,890	5 MO S/L	867	578
117	POND COSTS	12/31/15	1,715			1,715	25 MO S/L	103	69
118	NURSERY	12/31/15	23,848			23,848	15 MO S/L	2,385	1,590
119	TRAIL SIGNS	8/25/15	6,485			6,485	7 MO S/L	1,390	926
120	INVASIVE PLANT CONTROL	12/04/15	3,072			3,072	7 MO S/L	658	439
125	AV EQUIPMENT	3/26/16	5,717			5,717	7 MO S/L	408	817
126	SOUND PROOF DOORS	3/26/16	3,295			3,295	15 MO S/L	110	220
127	DOORS	12/31/16	1,129			1,129	15 MO S/L	38	75
128	BUTTERFLY SIGNAGE	12/31/16	13,510			13,510	10 MO S/L	676	1,351
129	SHED - NURSERY	12/31/16	9,052			9,052	15 MO S/L	302	603
130	WEBSITE	7/31/17	12,765			12,765	5 MO S/L	0	1,064
131	AQUETONG MEADOW	6/30/17	13,890			13,890	10 MO S/L	0	694
132	NURSERY	6/30/17	19,023			19,023	10 MO S/L	0	951
	Total Other Depreciation		<u>754,632</u>			<u>754,632</u>		<u>259,320</u>	<u>48,456</u>
	Total ACRS and Other Depreciation		<u>754,632</u>			<u>754,632</u>		<u>259,320</u>	<u>48,456</u>
Listed Property:									
104	1993 ford truck	8/30/13	10,503			10,503	5 MO S/L	7,226	1,975
			<u>10,503</u>			<u>10,503</u>		<u>7,226</u>	<u>1,975</u>
	Grand Totals		932,062			879,098		431,812	52,092
	Less: Dispositions and Transfers		32,788			8,034		32,788	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>899,274</u>			<u>871,064</u>		<u>399,024</u>	<u>52,092</u>

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AMT Asset Report

FYE: 12/31/2017

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
3	DEER FENCE	7/01/92	0				0 0 HY	0	0
4	SITE IMPROVEMENT	7/01/96	0				0 0 HY	0	0
5	MAINTENANCE SHED	4/10/96	0				0 0 HY	0	0
9	PROJECTOR SCREEN	12/31/93	0				0 0 HY	0	0
11	BRONZE SIGN	12/31/93	0				0 0 HY	0	0
12	AIR CONDITIONER	9/02/96	0				0 0 HY	0	0
15	TRACTOR	10/31/99	0				0 0 HY	0	0
17	SITE IMPROVEMENTS	5/13/00	0				0 0 HY	0	0
18	AIR CONDITIONER	5/22/01	0				0 0 HY	0	0
19	PAVING	8/20/01	0				0 0 HY	0	0
20	LIBRARY CONSTRUCTION	12/06/01	0				0 0 HY	0	0
22	SITE IMPROVEMENTS	6/01/02	0				0 0 HY	0	0
25	LABLE PRINTER: ONSYTE 5R	9/10/02	0				0 0 HY	0	0
26	TOOL SHED	1/01/02	0				0 0 HY	0	0
27	CUSHMAN 2100E	10/04/02	0				0 0 HY	0	0
28	2002 TOYOTA TACOMA 4x4	4/07/02	0				0 0 HY	0	0
31	BENCHES	6/23/03	0				0 0 HY	0	0
32	WELL	9/17/03	0				0 0 HY	0	0
33	BENCH	10/19/03	0				0 0 HY	0	0
35	DIGITAL CAMERA	6/03/03	0				0 0 HY	0	0
39	BENCH	3/10/04	0				0 0 HY	0	0
40	BENCH	6/28/04	0				0 0 HY	0	0
42	pruner and tractor	5/23/04	0				0 0 HY	0	0
50	COMPUTER	10/18/06	0				0 0 HY	0	0
	Sold/Scrapped: 12/31/17								
51	MOWER AND BRUSH CUTTER	9/06/06	0				0 0 HY	0	0
52	BENCHES	1/25/06	0				0 0 HY	0	0
55	PHONE SYSTEM	1/23/07	0				0 0 HY	0	0
58	SIGNS	1/31/07	0				0 0 HY	0	0
59	BRIDGE REPAIR	11/15/07	0				0 0 HY	0	0
60	BENCHES	5/20/08	0				0 0 HY	0	0
61	MULCHER	9/04/07	0				0 0 HY	0	0
	Sold/Scrapped: 12/31/17								
64	BENCH & FURNITURES	12/31/08	0				0 0 HY	0	0
67	DEER FENCE REPAIRS	12/31/08	0				0 0 HY	0	0
68	COMPUTER	12/31/08	0				0 0 HY	0	0
	Sold/Scrapped: 12/31/17								
69	TELEVISION	12/31/08	0				0 0 HY	0	0
	Sold/Scrapped: 12/31/17								
70	BIRD OBSERVATORY	12/31/08	0				0 0 HY	0	0
74	Wheel Barrow & Bush Hog	5/31/09	0				0 0 HY	0	0
75	Computer	6/30/09	0				0 0 HY	0	0
	Sold/Scrapped: 12/31/17								
76	Furniture	8/31/09	0				0 0 HY	0	0
77	FundRasing Software	9/30/09	0				0 0 HY	0	0
78	ROAD SIGNS	6/30/09	0				0 0 HY	0	0
79	WATER TANK	8/31/09	0				0 0 HY	0	0
80	PARRY TRAIL IMPROVEMENTS	12/31/09	0				0 0 HY	0	0
81	MAP ILLUSTRATION	8/31/09	0				0 0 HY	0	0
85	WEBSITE	12/31/10	0				0 0 HY	0	0
	Sold/Scrapped: 12/31/17								
86	TRAIL IMPROVEMENTS	2/01/10	0				0 0 HY	0	0
87	TRAIL IMPROVEMENTS	12/31/10	0				0 0 HY	0	0
90	Holland Skid Steer Modeil L160	9/07/11	0				0 0 HY	0	0
91	Genie Light Tower Model TML4000N	9/07/11	0				0 0 HY	0	0
92	MQ Power Whisper Watt Generator	9/07/11	0				0 0 HY	0	0
95	ENTRANCE SIGNS	11/22/11	0				0 0 HY	0	0
96	POND INITIAL EXPENSES	12/31/11	0				0 0 HY	0	0
97	COMPUTER LAPTOP - MILES	3/02/11	0				0 0 HY	0	0
	Sold/Scrapped: 12/31/17								
98	COMPUTERS	7/01/11	0				0 0 HY	0	0
	Sold/Scrapped: 12/31/17								
99	SOFTWARE - EVENTS MODULE	12/27/11	0				0 0 HY	0	0
101	POND	12/31/12	0				0 0 HY	0	0
105	DEER GRATE	7/15/12	0				0 0 HY	0	0
106	AUDUBON TRAIL	2/28/13	0				0 0 HY	0	0
107	POND	4/01/13	0				0 0 HY	0	0
108	TRAIL IMPROVEMENTS (moss garden bi	12/31/14	0				0 0 HY	0	0

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AMT Asset Report

FYE: 12/31/2017

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
109	NURSERY	12/31/14	0			0	0 HY	0	0
111	GOLF CART	6/01/15	0			0	0 HY	0	0
112	PRINTER FOR NURSERY	8/13/15	0			0	0 HY	0	0
113	AV EQUIPMENT	12/23/15	0			0	0 HY	0	0
115	DEER FENCE GRATE & PAVING	10/21/15	0			0	0 HY	0	0
116	ORIENTATION FILM	12/04/15	0			0	0 HY	0	0
117	POND COSTS	12/31/15	0			0	0 HY	0	0
118	NURSERY	12/31/15	0			0	0 HY	0	0
119	TRAIL SIGNS	8/25/15	0			0	0 HY	0	0
120	INVASIVE PLANT CONTROL	12/04/15	0			0	0 HY	0	0
125	AV EQUIPMENT	3/26/16	0			0	0 HY	0	0
126	SOUND PROOF DOORS	3/26/16	0			0	0 HY	0	0
127	DOORS	12/31/16	0			0	0 HY	0	0
128	BUTTERFLY SIGNAGE	12/31/16	0			0	0 HY	0	0
129	SHED - NURSERY	12/31/16	0			0	0 HY	0	0
130	WEBSITE	7/31/17	0			0	0 HY	0	0
131	AQUETONG MEADOW	6/30/17	0			0	0 HY	0	0
132	NURSERY	6/30/17	0			0	0 HY	0	0
Total Other Depreciation			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
Listed Property:									
104	1993 ford truck	8/30/13	<u>0</u>			<u>0</u>	0 HY	<u>0</u>	<u>0</u>
			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
Grand Totals			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
Less: Dispositions and Transfers			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
Net Grand Totals			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>

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Bonus Depreciation Report

FYE: 12/31/2017

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
20	LIBRARY CONSTRUCTION	12/06/01	4,038	100	0	0	1,211	2,827
22	SITE IMPROVEMENTS	6/01/02	7,097	100	0	0	2,129	4,968
25	LABLE PRINTER: ONSYTE 5R	9/10/02	3,515	100	0	0	1,054	2,461
26	TOOL SHED	1/01/02	1,295	100	0	0	389	906
27	CUSHMAN 2100E	10/04/02	6,982	100	0	0	2,095	4,887
28	2002 TOYOTA TACOMA 4x4	4/07/02	15,511	100	0	0	4,653	10,858
31	BENCHES	6/23/03	3,858	100	0	0	1,929	1,929
32	WELL	9/17/03	1,318	100	0	0	659	659
33	BENCH	10/19/03	738	100	0	0	369	369
35	DIGITAL CAMERA	6/03/03	3,500	100	0	0	1,750	1,750
39	BENCH	3/10/04	738	100	0	0	369	369
40	BENCH	6/28/04	738	100	0	0	369	369
42	pruner and tractor	5/23/04	1,299	100	0	0	650	649
64	BENCH & FURNITURES	12/31/08	6,072	100	0	0	3,036	3,036
67	DEER FENCE REPAIRS	12/31/08	1,847	100	0	0	924	923
68	COMPUTER	12/31/08	1,455	100	0	0	728	727
69	TELEVISION	12/31/08	3,187	100	0	0	1,594	1,593
74	Wheel Barrow & Bush Hog	5/31/09	2,927	100	0	0	1,463	1,464
75	Computer	6/30/09	849	100	0	0	425	424
76	Furniture	8/31/09	3,941	100	0	0	1,971	1,970
77	FundRasing Software	9/30/09	6,380	100	0	0	3,190	3,190
85	WEBSITE	12/31/10	22,007	100	0	0	22,007	0
	Form 990, Page 1		99,292		0	0	52,964	46,328
	*Less: Dispositions and Transfers		27,498		0	0	24,754	2,744
	Net Form 990, Page 1		71,794		0	0	28,210	43,584
	Grand Total		99,292		0	0	52,964	46,328
	Less: Dispositions and Transfers		27,498		0	0	24,754	2,744
	Net Grand Total		71,794		0	0	28,210	43,584

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Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

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Future Depreciation Report**FYE: 12/31/18**

FYE: 12/31/2017

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
4	SITE IMPROVEMENT	7/01/96	2,048	0	0
5	MAINTENANCE SHED	4/10/96	5,327	0	0
9	PROJECTOR SCREEN	12/31/93	2,033	0	0
11	BRONZE SIGN	12/31/93	1,385	0	0
12	AIR CONDITIONER	9/02/96	827	0	0
15	TRACTOR	10/31/99	13,782	0	0
17	SITE IMPROVEMENTS	5/13/00	17,093	0	0
18	AIR CONDITIONER	5/22/01	604	0	0
19	PAVING	8/20/01	2,306	0	0
20	LIBRARY CONSTRUCTION	12/06/01	4,038	0	0
22	SITE IMPROVEMENTS	6/01/02	7,097	0	0
25	LABLE PRINTER: ONSYTE 5R	9/10/02	3,515	0	0
26	TOOL SHED	1/01/02	1,295	0	0
27	CUSHMAN 2100E	10/04/02	6,982	0	0
28	2002 TOYOTA TACOMA 4x4	4/07/02	15,511	0	0
31	BENCHES	6/23/03	3,858	0	0
32	WELL	9/17/03	1,318	0	0
33	BENCH	10/19/03	738	0	0
35	DIGITAL CAMERA	6/03/03	3,500	0	0
39	BENCH	3/10/04	738	0	0
40	BENCH	6/28/04	738	0	0
42	pruner and tractor	5/23/04	1,299	0	0
51	MOWER AND BRUSH CUTTER	9/06/06	7,710	0	0
52	BENCHES	1/25/06	2,070	0	0
58	SIGNS	1/31/07	7,915	0	0
60	BENCHES	5/20/07	1,335	0	0
64	BENCH & FURNITURES	12/31/08	6,072	0	0
67	DEER FENCE REPAIRS	12/31/08	1,847	0	0
74	Wheel Barrow & Bush Hog	5/31/09	2,927	0	0
76	Furniture	8/31/09	3,941	0	0
77	FundRasing Software	9/30/09	6,380	0	0
			<u>136,229</u>	<u>0</u>	<u>0</u>

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Other Depreciation:

3	DEER FENCE	7/01/92	72,383	0	0
55	PHONE SYSTEM	1/23/07	6,202	0	0
59	BRIDGE REPAIR	11/15/07	61,604	3,080	0
70	BIRD OBSERVATORY	12/31/08	11,773	589	0
78	ROAD SIGNS	6/30/09	5,074	339	0
79	WATER TANK	8/31/09	1,032	69	0
80	PARRY TRAIL IMPROVEMENTS	12/31/09	14,750	984	0
81	MAP ILLUSTRATION	8/31/09	1,600	106	0
86	TRAIL IMPROVEMENTS	2/01/10	3,204	214	0
87	TRAIL IMPROVEMENTS	12/31/10	11,331	756	0
90	Holland Skid Steer Modeil L160	9/07/11	15,000	1,071	0
91	Genie Light Tower Model TML4000N	9/07/11	3,500	250	0
92	MQ Power Whisper Watt Generator	9/07/11	15,000	1,071	0
95	ENTRANCE SIGNS	11/22/11	1,412	101	0
96	POND INITIAL EXPENSES	12/31/11	7,545	301	0
99	SOFTWARE - EVENTS MODULE	12/27/11	2,695	0	0
101	POND	12/31/12	213,488	8,540	0
105	DEER GRATE	7/15/12	19,600	1,306	0
106	AUDUBON TRAIL	2/28/13	63,928	4,262	0
107	POND	4/01/13	8,175	327	0
108	TRAIL IMPROVEMENTS (moss garden builde)	12/31/14	6,250	417	0
109	NURSERY	12/31/14	58,728	3,915	0
111	GOLF CART	6/01/15	4,400	880	0
112	PRINTER FOR NURSERY	8/13/15	3,064	613	0
113	AV EQUIPMENT	12/23/15	5,657	1,131	0
115	DEER FENCE GRATE & PAVING	10/21/15	18,756	3,752	0
116	ORIENTATION FILM	12/04/15	2,890	578	0
117	POND COSTS	12/31/15	1,715	68	0
118	NURSERY	12/31/15	23,848	1,590	0
119	TRAIL SIGNS	8/25/15	6,485	927	0

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Future Depreciation Report**FYE: 12/31/18**

FYE: 12/31/2017

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
120	INVASIVE PLANT CONTROL	12/04/15	3,072	439	0
125	AV EQUIPMENT	3/26/16	5,717	817	0
126	SOUND PROOF DOORS	3/26/16	3,295	219	0
127	DOORS	12/31/16	1,129	75	0
128	BUTTERFLY SIGNAGE	12/31/16	13,510	1,351	0
129	SHED - NURSERY	12/31/16	9,052	604	0
130	WEBSITE	7/31/17	12,765	2,553	0
131	AQUETONG MEADOW	6/30/17	13,890	1,389	0
132	NURSERY	6/30/17	19,023	1,902	0
Total Other Depreciation			<u>752,542</u>	<u>46,586</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>752,542</u>	<u>46,586</u>	<u>0</u>
Listed Property:					
104	1993 ford truck	8/30/13	10,503	1,302	0
			<u>10,503</u>	<u>1,302</u>	<u>0</u>
Grand Totals			<u>899,274</u>	<u>47,888</u>	<u>0</u>

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Federal Statements**Taxable Dividends from Securities**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
	\$ 40,754		25			
TOTAL	<u>\$ 40,754</u>					

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Federal Statements

FYE: 12/31/2017

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
OTHER FEES	\$ 4,650	\$ 3,549	\$ 654	\$ 447
TOTAL	<u>\$ 4,650</u>	<u>\$ 3,549</u>	<u>\$ 654</u>	<u>\$ 447</u>

Form 990, Part IX, Line 24e - All Other Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
CONSERVATION EXPENSE	\$ 3,450	\$ 3,450	\$	\$
HORTICULTURAL EXPENSES	2,603	2,603		
TOTAL	<u>\$ 6,053</u>	<u>\$ 6,053</u>	<u>\$ 0</u>	<u>\$ 0</u>

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Federal Statements

FYE: 12/31/2017

Schedule A, Part III, Line 1(e)

Description	Amount
MEMBERSHIP DUES AND ASSESSMENTS	\$ 76,098
GOVERNMENT GRANTS OR CONTRIBUTIONS	25,565
OTHER	173,238
MCLEAN CONTRIBUTIONSHIP	
CASH CONTRIBUTION	20,000
THE NORMAN RAAB FOUNDATION	
CASH CONTRIBUTION	10,000
FOUNDATIONS COMMUNITY PARTNERSHIP	
CASH CONTRIBUTION	10,000
GALA	
CASH CONTRIBUTION	100,000
TOTAL	<u>\$ 414,901</u>

Schedule A, Part III, Line 2(e)

Description	Amount
ADMISSIONS	\$ 67,537
CONFERENCE	82,790
PROGRAM AND SEMINARS	68,460
OTHER	59,104
	176,892
GALA	117,647
TOTAL	<u>\$ 572,430</u>

Federal Statements**Schedule A, Part III, Line 7b - Excess Gross Receipts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
	\$	\$
2017	24,438	14,157
2016	133,411	124,769
2015	128,692	119,378
2014	67,245	59,772
2013	259,030	249,843
TOTAL	<u>\$ 612,816</u>	<u>\$ 567,919</u>

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Federal Statements

Schedule A, Part III, Line 10a(e)

Description

Amount

\$ 40,754

\$ 40,754

TOTAL

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