

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning \_\_\_\_\_, 2019, and ending \_\_\_\_\_, 20\_\_

# 2019

Department of the Treasury  
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.  
▶ Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.

Name of exempt organization

Employer identification number

**WILLOWSFORD CONSERVANCY, INC**

**45-0609461**

Name and title of officer  
**MARY HEGEDUS**  
**TREASURER**

### 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>1,208,146.</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 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize MITCHELL & CO., P.C. to enter my PIN 77749  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2019 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 2019 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 *Mary Hegedus* Date 7/9/2020

### Part III Certification and Authentication

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

**54186377749**  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 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 \_\_\_\_\_ Date \_\_\_\_\_

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

**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](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2019 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> First return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>WILLOWSFORD CONSERVANCY, INC</b>		<b>D</b> Employer identification number <b>45-0609461</b>
	Doing business as		
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>E</b> Telephone number <b>(571) 440-2400</b>
	<b>44095 PIPELINE PLAZA</b>	<b>140</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>ASHBURN, VA 20147</b>		<b>G</b> Gross receipts <b>1,655,751.</b>
<b>F</b> Name and address of principal officer: <b>MARY HEGEDUS</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number	
<b>F</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)( 4 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>J</b> Website: <b>WWW.WILLOWSFORD.COM/VISION/CONSERVANCY</b>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>2010</b> <b>M</b> State of legal domicile: <b>VA</b>	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO GENERATE, PRESERVE &amp; ENHANCE THE WILLOWSFORD COMMUNITY THROUGH PROGRAMS, ACTIVITIES &amp; SERVICES.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>7</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>7</b>
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	<b>22</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>50</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>-6,758.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	<b>65,993.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>1,537,230.</b>	<b>205,111.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>17,716.</b>	<b>12,980.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>0.</b>	<b>600.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>516,129.</b>	<b>989,455.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>2,071,075.</b>	<b>1,208,146.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>521,665.</b>	<b>728,306.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>0.</b>	<b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>0.</b>	<b>0.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>650,569.</b>	<b>596,262.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>1,172,234.</b>	<b>1,324,568.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>898,841.</b>	<b>-116,422.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>3,132,858.</b>	<b>2,332,890.</b>
		<b>741,418.</b>	<b>57,872.</b>
		<b>2,391,440.</b>	<b>2,275,018.</b>

**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.

<b>Sign Here</b>	Signature of officer	Date		
	<b>MARY HEGEDUS, TREASURER</b> Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> PTIN if self-employed
	<b>SANDRA TONDREAU</b>			<b>P01292788</b>
	Firm's name	Firm's EIN	Phone no.	
	<b>MITCHELL &amp; CO., P.C.</b>	<b>54-1853459</b>	<b>703-777-4900</b>	
	Firm's address			
	<b>110 EAST MARKET ST. #200</b> <b>LEESBURG, VA 20176</b>			

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 [X]

1 Briefly describe the organization's mission: SEE DETAIL STATEMENT IN SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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 \$ 1,172,142. including grants of \$ ) (Revenue \$ 1,004,712.) SEE SCHEDULE O FOR DETAIL STATEMENT

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 1,172,142.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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? If "Yes," complete Schedule J		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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	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)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 601(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		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		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 22		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note:</i> 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	
b	If "Yes," has it filed a Form 990-E for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: _____ <i>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</i>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	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
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	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
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <i>Note:</i> See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 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?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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 on Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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; b Other officers or key employees of the organization; 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?; 16b 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 NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 601(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [ ] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - (571) 252-3980 44095 PIPELINE PLAZA, NO. 140, ASHBURN, VA 20147







**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	t a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	205,111.				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f	1g \$					
	h	<b>Total.</b> Add lines 1a-1f		205,111.				
Program Service Revenue	2 a	<b>PROGRAM EVENTS/ACTIVIT</b>	Business Code 611600	12,980.	12,980.			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	<b>Total.</b> Add lines 2a-2f		12,980.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)						
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	6a	33,209.			
			(ii) Personal	6b	28,128.			
				6c	5,081.			
	d	Net rental income or (loss)			5,081.		5,081.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	7a				
			(ii) Other	7b	600.			
				7c	0.			
	d	Net gain or (loss)			600.	600.		
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b					
	c	Net income or (loss) from fundraising events						
	9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances		10a	434,574.				
			10b	419,477.				
c	Net income or (loss) from sales of inventory			15,097.	21,855.	-6,758.		
Miscellaneous Revenue	11 a	<b>RESIDENT ASSESSMENTS</b>	Business Code 900099	637,150.	637,150.			
	b	<b>TRANSFER FEE INCOME</b>	900099	329,641.	329,641.			
	c	<b>MISCELLANEOUS</b>	900099	2,486.	2,486.			
	d	All other revenue						
	e	<b>Total.</b> Add lines 11a-11d		969,277.				
12	<b>Total revenue.</b> See instructions		1,208,146.	1,004,712.	-6,758.	5,081.		

**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 VII.		(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	131,668.	98,751.	32,917.	
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	480,847.	398,725.	82,122.	
8	Pension plan accruals and contributions (include section 401(k) and 408(b) employer contributions)				
9	Other employee benefits	66,815.	54,258.	12,557.	
10	Payroll taxes	48,976.	39,838.	9,138.	
11	Fees for services (nonemployees):				
a	Management				
b	Legal	5,900.	5,900.		
c	Accounting	3,631.		3,631.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	48,861.	44,822.	4,039.	
12	Advertising and promotion	20,365.	20,365.		
13	Office expenses	26,239.	24,561.	1,678.	
14	Information technology	1,237.	1,237.		
15	Royalties				
16	Occupancy				
17	Travel	2,373.	2,373.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,963.	3,963.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	246,801.	246,801.		
23	Insurance	25,375.	19,031.	6,344.	
24	Other expenses. Itemize expenses not covered above (list miscellaneous expenses on line 24e. If line 24c amount exceeds 10% of line 25, column (A) amount, list line 24c expenses on Schedule O.)				
a	<b>MAINTENANCE</b>	152,046.	152,046.		
b	<b>PROPERTY TAXES</b>	50,137.	50,137.		
c	<b>EVENTS</b>	9,334.	9,334.		
d					
e	All other expenses				
25	<b>Total functional expenses.</b> Add lines 1 through 24e	1,324,568.	1,172,142.	152,426.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance 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	119,165.	1	51,166.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	733,682.	4	125,970.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,192,874.		
	b	Less: accumulated depreciation	10b 1,073,465.	10c 2,279,893.	2,119,409.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	118.	15	36,345.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	3,132,858.	16	2,332,890.	
Liabilities	17	Accounts payable and accrued expenses	736,924.	17	7,868.
	18	Grants payable		18	
	19	Deferred revenue	4,494.	19	50,004.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	<b>Total liabilities.</b> Add lines 17 through 25	741,418.	26	57,872.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	2,391,440.	27	2,275,018.
	28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	<b>Total net assets or fund balances</b>	2,391,440.	32	2,275,018.	
33	<b>Total liabilities and net assets/fund balances</b>	3,132,858.	33	2,332,890.	

**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	1,208,146.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,324,568.
3	Revenue less expenses. Subtract line 2 from line 1	3	-116,422.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,391,440.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,275,018.

**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?		X
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			
2b	Were the organization's financial statements audited by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	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 on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**Schedule B**

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

**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Name of the organization

**WILLOWSFORD CONSERVANCY, INC**

Employer identification number

**45-0609461**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( **4** ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private 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.

**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

Employer identification number

**WILLOWSFORD CONSERVANCY, INC**

**45-0609461**

**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	N/A	\$ 205,111.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>WILLOWSFORD CONSERVANCY, INC</b>	Employer identification number <b>45-0609461</b>
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**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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



Name of organization <b>WILLOWSFORD CONSERVANCY, INC</b>	Employer identification number <b>45-0609461</b>
---	---

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter as whole dollar) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization

WILLOWSFORD CONSERVANCY, INC

Employer identification number

45-0609461

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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

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

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

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

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

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

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

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

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in 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 FASB 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 make 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 program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Heart designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 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		2,035,985.	359,796.	1,676,189.
c Leasehold improvements				
d Equipment		764,375.	487,078.	277,297.
e Other		392,514.	226,591.	165,923.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (d), line 10c.)				<b>2,119,409.</b>

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (8) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (9) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

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



**SCHEDULE 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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

WILLOWSFORD CONSERVANCY, INC

Employer identification number

45-0609461

**PART III, LINE 1: ORGANIZATION'S MISSION**

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

**GUIDING PRINCIPLES**

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

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

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

Name of the organization

WILLOWSFORD CONSERVANCY, INC

Employer identification number

45-0609461

LIFELONG LEARNING.

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

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

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

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

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

PART III LINE 4: PROGRAM SERVICE ACCOMPLISHMENTS

Name of the organization WILLOWSFORD CONSERVANCY, INC	Employer identification number 45-0609461
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WILLOWSFORD CONSERVANCY IS THE STEWARD OF OVER 2,200 ACRES OF OPEN SPACE, SET ASIDE FOR CONSERVATION, RECREATION, EDUCATION AND AGRICULTURAL USE.

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

IN 2019, 50 CONSERVANCY VOLUNTEERS SUPPORTED THE CONSERVANCY'S PROGRAMS

#### FARMING

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

IN 2019, THE CONSERVANCY FARM SOLD MORE THAN 400 UNIQUE SHARES IN ITS COMMUNITY SUPPORTED AGRICULTURE (CSA) PROGRAM, INCLUDING VEGETABLES, EGGS, MILK, FLOWERS, AND MEAT SHARES, IN ADDITION TO SUPPORTING FAMILIES THROUGH DIRECT SALES AT THE FARM STAND. ABOUT HALF OF THE CSA MEMBERS CONTINUE TO BE NON-RESIDENTS FROM OUTSIDE WILLOWSFORD. IN ADDITION, THE CONSERVANCY DONATED FRESH FARM FOOD TO LOUDOUN HUNGER



Name of the organization WILLOWSFORD CONSERVANCY, INC	Employer identification number 45-0609461
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RELIEF.

INTERESTED GROUPS OF PROFESSIONALS WERE HOSTED DURING EVENTS AND TOURS TO DISCUSS LAND USE, DEVELOPMENT AND AGRICULTURE. FARM VOLUNTEER OPPORTUNITIES ENCOURAGE FAMILIES TO ENGAGE HANDS-ON AND LEARN ABOUT SUSTAINABLE AGRICULTURE AND FOOD PRODUCTION.

LAND CONSERVATION AND RELATED EDUCATION

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

WILLOWSFORD CONSERVANCY OFFERS OUTDOOR ENVIRONMENTAL EDUCATION PROGRAMS FOR ALL AGES TO CULTIVATE CITIZEN STEWARDSHIP, ENVIRONMENTAL LITERACY AND A DEEP EMOTIONAL CONNECTION TO THE NATURAL WORLD.

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

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

Name of the organization

WILLOWSFORD CONSERVANCY, INC

Employer identification number

45-0609461

WITH LWC, THE BLUEBIRD NEST BOX MONITORING PROGRAM CONTINUED IN 2019

WITH TWO NESTING BOX TRAILS IN THE GRANGE AND GROVE VILLAGES, FOR

PEOPLE TO LEARN ABOUT LOCAL CAVITY NESTERS, AND TO SUPPORT NATIVE

SONGBIRDS WITH HABITAT AND NESTING SITES. RESIDENTS VOLUNTEERED THEIR

TIME MONITORING AND MAINTAINING THE NESTING BOXES AND TRAIL LOOPS.

THE WET MEADOW HABITAT RESTORATION PROJECT IN THE GRANGE CONTINUED WITH

IMPROVEMENTS TO AND MAINTENANCE OF THE NATIVE WILDFLOWER MEADOW.

IN 2019, THE CONSERVANCY OFFERED 48 FAMILY PROGRAMS SERVING MORE THAN

1,200 INDIVIDUALS INCLUDING:

#### MARCH

- TWO CSA INFO SESSIONS & FARM TOUR ON MARCH 9 AND MARCH 17

- HOSTING OF THE SOLD-OUT LOUDOUN WILDLIFE CONSERVANCY FUNDRAISER ON

MARCH 22, SPONSORED BY WILLOWSFORD CONSERVANCY

- LAUNCH OF THE CONSERVANCY TRAIL APP ON MARCH 26

#### APRIL

- RIGHT PLAN RIGHT PLACE-NATIVE PLANTS FOR THE HOME GARDEN, BY JULIE

BORNEMAN OF WATERMARKS NATIVE PLANT NURSERY, ON APRIL 3

- WILLOWFORD WILDLIFE-BEAVERS AT WORK NATURE WALK ON APRIL 24

- VOICES IN THE NIGHT-AMPHIBIAN PROGRAM & WALK ON APRIL 25

- FEATHERED FOSTERS PROGRAM, APRIL 27-MAY 4

- EARTH DAY WATERSHED CLEANUP ON APRIL 28

#### MAY

- TRAIL APP NATURE WALK ON MAY 11

- WILDLIFE AT WILLOWSFORD-BLUEBIRD WALK ON MAY 28

#### JUNE

- TERRIFIC TURTLES- A FAMILY PROGRAM BY VIRGINIA MASTER NATURALISTS ON

JUNE 15

- WET MEADOW VOLUNTEER DAY ON JUNE 16

Name of the organization

WILLOWSFORD CONSERVANCY, INC

Employer identification number

45-0609461

- GARDENING WITH NATIVE PLANTS FIELD TRIP TO WATERMARK WOODS NURSERY ON  
JUNE 20

- TRAIL APP NATURE WALK ON JUNE 23

## JULY

- TRAIL APP NATURE WALK ON JULY 21

- SUMMER CAMP: A WEEK AT WILLOWSFORD FARM (AGES 5-8) JULY 22-26,

DISCOVER CAMP (AGES 9-12) JULY 8-12 & JULY 15-19, CULINARY CAMPS,

MONDAYS, JUNE 10, 17 AND 24: A DAY AT THE FARM

- LWC BUTTERFLY WALK, JULY 20

- HUNTER VOLUNTEER DAY, JULY 27

- FARM TWILIGHT TOUR, JULY 31

## AUGUST

- TRIL APP NATURE WALK, AUG 3

- LCPS INDEPENDENCE HS VOLUNTEER DAY, AUG 4

- NATIVE PLANTS IN THE HOME GARDEN, PRESENTED BY VIRGINIA MASTER

NATURALISTS, AUG 4

- FARM GARDEN VOLUNTEER DAY, AUG 4

- HUNTER VOLUNTEER DAY, AUG 4

- FARM VOLUNTEER DAY, AUG 7

- FARM TWILIGHT TOUR, AUG 8

- RAPTOR PERCH TRAIL OPENING-GUIDED WALK AUG 14

- BOY SCOUT AMERICAN KESTREL BOX INSTALLATION, AUG 31

## SEPTEMBER-NOVEMBER

- 5TH ANNUAL COMMUNITY BONFIRE & CAMP-OVER, SEPT 14-15

- TINKERGARTEN NATURE PLAY CLASSES, SEPT 15-NOV 3

- AUTUMN FEST, OCTOBER 12, WITH WILDLIFE AMBASSADORS FROM THE BLUE

RIDGE WILDLIFE CENTER

WITH SUPPORT FROM THE LOUDOUN COUNTY SOIL AND WATER CONSERVATION

Name of the organization WILLOWSFORD CONSERVANCY, INC	Employer identification number 45-0609461
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DISTRICT, THE CONSERVANCY CONTINUED ITS RIPARIAN PLANTING PROGRAM WITH PLANTINGS OF NATIVE TREES AND SHRUBS IN THE GREENS, THE GRANGE AND THE GRANT VILLAGES.

CONTINUING THE PARTNERSHIP WITH ALDIE ELEMENTARY SCHOOL, WILLOWSFORD FARM DONATED VEGETABLE AND FLOWER PLANTS AND SUPPLIES TO PLANT AN EDIBLE SCHOOL GARDEN.

THE CONSERVANCY CONTINUED WORK WITH THE SMITHSONIAN CONSERVATION BIOLOGY INSTITUTE TO CONDUCT PHASE III OF A 3-YEAR DEER IMPACT STUDY ON CONSERVANCY OPEN SPACE. THE STUDY HELPS INFORM THE CONSERVANCY'S DEER POPULATION MANAGEMENT PROGRAM WHICH STARTED IN 2016 IN PARTNERSHIP WITH THE VIRGINIA DEPARTMENT OF GAME AND INLAND FISHERIES, TO PROTECT THE CONSERVANCY'S NATURAL FOREST ECOSYSTEMS FROM DEER OVER-BROWSING.

IN ADDITION, THE CONSERVANCY PARTICIPATED IN BI-MONTHLY EDUCATION SESSIONS FOR NEW WILLOWSFORD RESIDENTS, "WILLOWSFORD 101", EDUCATING NEW COMMUNITY MEMBERS ON THE CONSERVANCY'S MISSION AND WORK, AND IMPORTANCE OF OPEN SPACE CONSERVATION.

PART III LINE 4: PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)

OUTDOOR RECREATION

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

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

CONSERVANCY AMENITIES INCLUDING THE HIDDEN MEADOW EVENT FIELD AND GROUP CAMPSITE, CEDAR POND PAVILION AND RECREATIONAL ARCHERY RANGE AND

Name of the organization

WILLOWSFORD CONSERVANCY, INC

Employer identification number

45-0609461

THE GRANT CAMPSITE PROVIDE OPPORTUNITIES AND VENUES FOR OUTDOOR RECREATION, COMMUNITY ENGAGEMENT AND EDUCATION ENCOURAGING FAMILIES TO CAMP, HIKE, OBSERVE WILDLIFE, AND EXPLORE THE OUTDOORS.

IN 2019, THE CONSERVANCY COMPLETED UPGRADES TO ITS SIGN SYSTEM TO IMPROVE WAYFIDING FOR TRAIL USERS. TRAIL CONNECTORS WERE ADDED THROUGHOUT THE TRAIL SYSTEM, AND TRAIL UPGRADES AND REPAIRS COMPLETED WHERE NEEDED.

THE CONSERVANCY PARTNERS WITH LOCAL CHAPTERS OF THE BOY SCOUTS OF AMERICA TO PROMOTE OUTDOOR ETHICS AND CONSERVATION. ONE OF THE MAIN TENETS IN SCOUTING IS TO GIVE BACK TO THE COMMUNITY IN THE FORM OF SERVICE. THE CONSERVANCY TEAMS UP WITH THE SCOUTS TO PROVIDE OPPORTUNITIES TO PERFORM TRAIL MAINTENANCE, WILDLIFE HABITAT RESTORATION AND CONSERVATION PROJECTS. STUDENTS FROM LOCAL SCHOOLS ARE PROVIDED WITH OPPORTUNITIES TO USE CONSERVANCY TRAILS FOR CROSS COUNTRY TRAIL RUNNING.

ORGANIZATIONAL DEVELOPMENT AND CAPACITY BUILDING

IN 2019, THE CONSERVANCY ADDED A FULL-TIME RANGER FIELD POSITION TO SUPPORT OPEN SPACE MAINTENANCE; AND A FULL TIME BUSINESS OPERATIONS MANAGER TO SUPPORT THE TRANSITION OF THE CONSERVANCY TOWARD A SELF-SUSTAINED NON-PROFIT OPERATING WITHOUT ADMINISTRATIVE SUPPORT FROM THE DEVELOPMENT TEAM.

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

WILLOWSFORD, LLC (FOUNDER), IS AUTHORIZED TO APPOINT, REMOVE, AND REPLACE ALL OF THE TRUSTEES FOR SO LONG AS IT, ANY OF ITS AFFILIATES, OR ANY CONSENTING OWNERS OWN REAL PROPERTY IN WILLOWSFORD, OR THE FOUNDER HAS AN

Name of the organization WILLOWSFORD CONSERVANCY, INC	Employer identification number 45-0609461
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UNEXPIRED OPTION TO EXPAND WILLOWSFORD PURSUANT TO COMMUNITY COVENANT, OR UNTIL SUCH EARLIER TIME AS IT RELINQUISHES SUCH RIGHT.

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

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

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

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

Name of the organization WILLOWSFORD CONSERVANCY, INC	Employer identification number 45-0609461
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FORM 990, PART VI, SECTION A, LINE 8B:

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

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

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

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

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

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

FINANCIAL STATEMENTS ARE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST.

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization: **WILLOWSFORD CONSERVANCY, INC**

Employer identification number: **45-0609461**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 513(b)(1) controlled entity?	
						Yes	No
WILLOWSFORD HOME OWNER'S ASSOCIATION, INC 45-5045880, 33506 FOUNDERS DRIVE, ASHEBURN, VA 20149	HCA	VIRGINIA	52B	N/A	WILLOWSFORD OPERATIONS, LLC		X













2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 950 PAGE 10

395

Asset No.	Description	Date Acquired	Method	Life	C.P. No.	Unadjusted Cost Or Basis	Bus % Exc.	Section 179 Expense	Recovery In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
				.000	HY16									
				.000	HY16									
				.000	HY16									
	LAND IMPROVEMENTS													
2	GREEN CN FOUNDERS DRIVE	01/31/12	SL	10.00	HY13	75,194.				75,194.	53,337.	7,525.	60,812.	
3	FARM FIELD IN GRANGE	01/31/12	SL	10.00	HY17	75,162.				75,162.	51,214.	7,315.	58,529.	
4	WELL SERVING GRANGE FARM	01/31/12	SL	15.00	HY17	21,250.				21,250.	9,918.	1,417.	11,335.	
5	WELL SERVING FARM GARDEN	04/13/12	SL	15.00	HY17	24,678.				24,678.	11,516.	1,645.	13,161.	
6	GRANGES FARM COMPOST	03/31/13	SL	10.00	HY17	3,600.				3,600.	2,102.	350.	2,450.	
7	FLEETWOOD FARM WELL	05/31/13	SL	15.00	HY17	35,445.				35,445.	13,390.	2,363.	15,753.	
8	FLEETWOOD FARM WELL	09/30/13	SL	15.00	HY17	3,140.				3,140.	1,116.	205.	1,321.	
9	FARM FIELDS GREENS	05/31/15	SL	10.00	HY17	2,556.				2,556.	953.	266.	1,289.	
10	PERLIM WORK OF WELLS (NOT IN SERVICE)	01/31/16	SL	10.00	HY17	5,940.				5,940.	1,782.	594.	2,376.	
77	FARM WELL VALLEY PASS	03/31/16	SL	10.00	HY17	6,000.				6,000.	1,300.	400.	1,700.	
78	DEER FENCE	03/31/16	SL	7.00	HY17	31,207.				31,207.	11,917.	4,458.	15,975.	
79	DEER FENCE	05/31/16	SL	7.00	HY17	2,847.				2,847.	1,003.	207.	1,410.	
80	WELL TESTING AND DRILLING	06/30/16	SL	15.00	HY17	27,122.				27,122.	5,199.	1,808.	7,007.	
81	GRAND WELL VALLEY DRILLING	09/30/16	SL	15.00	HY17	9,751.				9,751.	1,625.	650.	2,275.	

322151 01-01-18 (C) - Asset disposed \* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Year Expense	Current Year Deduction	Ending Accumulated Depreciation
125	PEACH ORCHARD FARM FENCE	08/31/17	SL	7.00	RM17	83,504.				83,504.	15,899.	11,823.	20,828.	
126	REGRAVEL/ROLL HOUSE TO BARN WELL TO BARN	09/30/17	SL	15.00	RM17	6,000.				6,000.	533.	400.	933.	
126	PUMP & WELL SERVICE	10/31/17	SL	15.00	RM17	5,294.				5,294.	441.	353.	794.	
129	WATERLINE AT PEACH ORCHARD	10/31/17	SL	10.00	RM17	31,250.				31,250.	3,956.	3,125.	7,081.	
130	WELL 2	11/30/17	SL	15.00	RM17	3,759.				3,759.	295.	253.	548.	
145	CAPITAL REIMBURSEMENT FOR PEACH ORCHARD WORK	01/31/18	SL	15.00	16	69,999.				69,999.	4,663.	4,667.	9,335.	
146	PEACH ORCHARD LIVESTOCK OP-FENCING AND UNDERGROUND	06/30/18	SL	7.00	RM17	4,695.				4,695.	391.	671.	1,062.	
147	ADDITIONAL WORK FOR INSTALLATION OF WATER LINE	07/31/18	SL	10.00	RM17	15,000.				15,000.	750.	1,500.	2,250.	
148	STREAM EXCLUSION W/ GRAZING LAND MET	07/31/18	SL	15.00	16	10,022.				10,022.	334.	558.	1,022.	
	* 990 PAGE 10 TOTAL - LAND IMPROVEMENTS					392,513.				392,513.	184,182.	42,408.	226,590.	
	BUILDINGS & IMPROVEMENTS													
12	GRANGE FARM STRUCTURE	01/31/12	SL	20.00	RM17	31,819.				21,819.	7,637.	1,091.	8,728.	
13	GRANGE FARM STRUCTURE	02/31/12	SL	20.00	RM17	268,655.				268,655.	51,793.	13,433.	105,225.	
14	FARM GARDEN STRUCTURE	06/30/12	SL	20.00	RM17	46,139.				46,139.	15,188.	2,307.	17,495.	
15	BUILDOUT LOFT (CARPENTER BEACH)	04/30/14	SL	20.00	RM17	20,500.				20,500.	4,565.	1,025.	5,894.	
16	JORN LAYING (GRANGE GREENHOUSE)	06/30/14	SL	20.00	RM17	4,000.				4,000.	1,000.	200.	1,200.	
17	WALK IN COOLER UPGRADES	09/30/14	SL	7.00	RM17	2,797.				2,797.	1,733.	450.	2,333.	
18	HIGH TUNNEL	10/31/14	SL	20.00	RM17	16,100.				14,100.	2,996.	755.	3,751.	

(D) - Asset disposed

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

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

590

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Exp.	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	HIGH TUNNEL	12/31/14	SL	10.00	HM17	4,993.				4,793.	1,218.	479.	1,697.	
20	HIGH TUNNEL SITE WORK	12/28/14	SM	10.00	HM17	8,283.				8,205.	1,350.	529.	1,879.	
21	HIGH TUNNEL	04/30/15	SL	10.00	HM17	4,173.				4,173.	991.	417.	1,608.	
22	FARM STANCH IMPROVEMENTS	04/30/15	SL	20.00	HM17	60,827.				60,827.	11,404.	3,041.	14,845.	
23	PRELIM WORK ON GRANT (NOT IN SERVICES)	01/31/16	SL	10.00	HM17	51,161.				51,161.	15,348.	5,116.	20,464.	
22	SIX HIGH TUNNELS	01/31/17	SL	10.00	HM17	3,018.				3,018.	604.	202.	906.	
23	BUILD 12 END WALLS FOR 6 GREENHOUSES	01/31/17	SL	10.00	HM17	3,988.				3,988.	782.	391.	1,173.	
234	PEACH ORCHARD CH TO UG CONVERSION	07/31/17	SL	20.00	HM17	4,574.				4,574.	343.	229.	572.	
233	GREENHOUSE #2	11/30/17	SL	20.00	HM17	3,686.				3,686.	223.	184.	399.	
234	PEACH ORCHARD BARN REPAIRS	12/31/17	SL	20.00	HM17	30,919.				30,919.	1,675.	1,546.	3,221.	
235	BARNS 1 & 2 WIRING AND UPGRADE	08/31/17	SL	20.00	HM17	16,125.				16,125.	1,142.	806.	1,948.	
249	GRANGE FARM STAND GATES	05/31/18	SL	10.00	HM17	350.				350.	23.	35.	58.	
250	GRANGE FARM STAND PARKING LOT	05/31/18	SL	10.00	HM17	16,000.				16,000.	1,057.	1,600.	2,667.	
251	GRANGE GREENHOUSE ESTROPHY	05/31/18	SL	10.00	HM17	5,715.				5,715.	381.	572.	953.	
252	GRANGE PACKING SHED - COOLER FLOOR	05/31/18	SL	10.00	HM17	274.				274.	18.	27.	45.	
253	GRANGE PACKING SHED - COOLER FLOOR	05/31/18	SL	10.00	HM17	800.				800.	53.	80.	133.	
254	GRANGE FARM BARN REMOVAL	05/31/18	SL	10.00	HM17	13,100.				13,100.	873.	1,310.	2,193.	
255	GRANGE FARM BARN REMOVAL - CLEANUP	05/31/18	SL	10.00	HM17	650.				650.	43.	65.	108.	

(D) - Asset disposed

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



2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

392

Asset No.	Description	Date Acquired	Method	Life	Cons No.	Unadjusted Cost Or Basis	Bus % Exc	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
156	GRANGE FARM PACKING SHED - FLOOR DRAIN	06/30/18	SL	10.00	HY17	9.				9.	1.		1.	2.
157	GRANGE FARM PACKING SHED - MISC MATERIALS	06/30/18	SL	10.00	HY17	95.				95.	6.		10.	16.
158	GRANGE FARM PACKING SHED - MISC MATERIALS	06/30/18	SL	10.00	HY17	-124.				-124.	-12.		-8.	-20.
159	GRANGE FARM PACKING SHED - DECK STAIN & RELATED MATERIALS	06/30/18	SL	10.00	HY17	275.				275.	16.		28.	44.
160	GRANGE FARM PACKING SHED - INV 2194 (DREAM BUILDINGS)	06/30/18	SL	10.00	HY17	35,569.				35,569.	2,075.		3,557.	5,632.
161	GRANGE FARM STAND ELECTRICAL IMPROVEMENTS	06/30/18	SL	10.00	HY17	9,665.				9,665.	584.		567.	1,331.
162	GRANGE FARM PACKING SHED - PREP FOR ELECTRICAL	06/30/18	SL	10.00	HY17	3,213.				3,213.	187.		321.	505.
163	GRANGE FARM PACKING SHED	06/30/18	SL	10.00	HY17	236.				236.	14.		24.	38.
164	GRANGE FARM PACKING SHED	06/30/18	SL	10.00	HY17	64.				64.	4.		6.	10.
165	GRANGE FARM PACKING SHED	06/30/18	SL	10.00	HY17	394.				394.	23.		39.	82.
166	FARM STAND IMPROVEMENTS	06/30/18	SL	10.00	HY17	962.				462.	27.		46.	73.
167	GRANGE FARM PACKING SHED - INV 2307 (DREAM BUILDINGS)	07/31/18	SL	10.00	HY17	6,235.				4,235.	211.		421.	634.
168	GRANGE FARM PACKING SHED - GRADING & STONE	07/31/18	SL	10.00	HY17	2,473.				2,473.	124.		247.	371.
169	GRANGE FARM BARN RECONSTRUCTION - MINI SPLIT HVAC	07/31/18	SL	10.00	HY17	3,971.				3,971.	199.		397.	536.
170	INSTALL MINI SPLIT SYSTEM & 2 WALKINS	07/31/18	SL	10.00	HY17	35,745.				15,745.	787.		1,575.	2,362.
171	HVAC INSTALL - FARM STAND	08/31/18	SL	10.00	HY17	1,104.				1,104.	45.		110.	156.
172	GRANGE FARM PACKING SHED	08/31/18	SL	10.00	HY17	16,350.				10,350.	431.		1,035.	1,465.
173	GRANGE FARM OFFICE	08/31/18	SL	10.00	HY17	7,500.				7,500.	313.		750.	1,063.

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(D) - Asset disposed

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

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

993

Asset No.	Description	Date Acquired	Method	Life	U-Adjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
174	PROVECK SERVICES INV 10033	11/30/18	SL	10.00	1,101.				1,101.	18.		110.	128.
175	PEACH ORCHARD BARN DRAW 1	05/31/18	SL	20.00	3,900.				3,900.	130.		195.	325.
176	PEACH ORCHARD BARN DRAW 2	05/31/18	SL	20.00	21,476.				21,476.	716.		1,074.	1,790.
177	PEACH ORCHARD BARN RESTORATION	05/31/18	SL	10.00	13,673.				13,673.	912.		1,367.	2,279.
178	PEACH ORCHARD SHED - EGG WASHING STATION	05/31/18	SL	10.00	4,117.				4,117.	274.		412.	586.
179	PEACH ORCHARD SHED - EGG WASHING STATION	05/31/18	SL	10.00	1,200.				1,200.	80.		120.	200.
180	PEACH ORCHARD SHED - EGG WASHING STATION	05/31/18	SL	10.00	4,341.				4,341.	283.		434.	723.
181	PEACH ORCHARD BARN ADDITIONAL CLEANUP	05/31/18	SL	10.00	768.				768.	51.		77.	128.
182	EGG WASHING STATION - DRAIN LINE & CLEANUP	05/31/18	SL	10.00	2,322.				2,322.	155.		232.	387.
183	PATCH AND PAINT PEACH ORCHARD ROOF	05/31/18	SL	10.00	600.				600.	60.		60.	660.
184	INSURANCE CLAIM	05/31/18	SL	10.00	-1,323.				-1,323.	-88.		-132.	-220.
185	EGG WASHING STATION	06/30/18	SL	10.00	623.				623.	36.		62.	98.
186	EGG WASHING STATION	06/30/18	SL	10.00	5,400.				5,400.	315.		540.	855.
187	EGG WASHING STATION	06/30/18	SL	10.00	455.				455.	27.		46.	73.
244	GRANGE BARN SEPTIC SYSTEM	06/30/18	SL	10.00	35,377.				35,377.			2,093.	2,093.
245	FARM STAND GARDEN	06/30/18	SL	50.00	28,079.				28,079.			1,538.	1,538.
250	GRANGE BARN SEPTIC SYSTEM	07/30/18	SL	10.00	850.				850.			43.	43.
251	CONNECTION AND MAGNETIC WATER	12/30/18	SL	20.00	7,221.				7,221.			30.	30.

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, SO Zone

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

995

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Rus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Depreciation	Ending Accumulated Depreciation
	* 990 PAGE 10 TOTAL - BUILDINGS & IMPROVEMENTS					829,389.				829,389.	170,717.		53,825.	224,542.
	BUILDINGS & IMP - HOUSING													
25	GRANGE FARM STRUCTURE	07/31/14	SL	20.00	HM17	105,802.				105,802.	23,805.		5,280.	29,085.
26	GRANGE FARM STRUCTURE - PLUMBING	12/31/14	SE	10.00	HM17	6,400.				6,400.	2,613.		640.	3,253.
27	PRE-EM WORK ON LIGHTGRIDGE (NOT IN SERVICE)	01/31/14	SE	25.00	HM17	38,370.				38,370.	5,307.		1,769.	7,076.
83	WORK DONE ON LIGHTGRIDGE	01/31/14	SL	20.00	HM17	42,567.				42,567.	6,386.		2,128.	8,512.
136	FARM HOUSE DESIGN SERVICES	11/30/17	SL	20.00	HM17	9,123.				9,123.	256.		456.	722.
137	FARM HOUSE CLEARING	11/30/17	SL	20.00	HM17	4,375.				4,375.	128.		219.	347.
138	FARM HOUSE LOUDOUN COUNTY PERMIT	12/31/17	SL	20.00	HM17	2,120.				2,120.	62.		106.	168.
198	WORK DONE ON LIGHTGRIDGE - SEPTIC REPAIR	04/30/18	SL	20.00	HM17	6,687.				6,687.	251.		314.	585.
192	FARM HOUSE	06/30/18	SL	20.00	HM17	1,683.				1,683.	49.		84.	133.
193	FARM HOUSE	06/30/18	SL	20.00	HM17	23,904.				23,904.	837.		1,195.	1,892.
194	FARM HOUSE	06/30/18	SL	20.00	HM17	42,260.				42,260.	1,233.		2,113.	3,346.
195	FARM HOUSE	06/30/18	SL	20.00	HM17	15,375.				15,375.	448.		769.	1,217.
196	FARM HOUSE	06/30/18	SL	20.00	HM17	17,541.				17,541.	515.		892.	1,397.
197	FARM HOUSE	06/30/18	SL	20.00	HM17	43,500.				43,500.	1,263.		2,175.	3,464.
198	FARM HOUSE	06/30/18	SL	20.00	HM17	2,033.				2,033.	60.		103.	163.
199	FARM HOUSE	06/30/18	SL	20.00	HM17	92,241.				92,241.	1,232.		2,112.	3,364.

(D) - Asset disposed

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

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv. %	Unadjusted Cost Or Basis	Bus. % Exc.	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
200	FARM HOUSE	06/30/18	SL	20.00	HY17	55,435.				55,435.	1,517.		2,772.	4,369.
201	FARM HOUSE	06/30/12	SL	20.00	HY17	36,384.				36,384.	1,081.		1,815.	2,860.
202	FARM HOUSE	06/30/18	SL	20.00	HY17	60,122.				60,122.	1,754.		3,005.	4,760.
203	FARM HOUSE	06/30/18	SL	20.00	HY17	18,173.				18,173.	530.		909.	1,439.
204	GRADING	06/30/18	SL	20.00	HY17	5,227.				5,027.	147.		251.	358.
205	TREE WORK	06/30/18	SL	20.00	HY17	8,656.				8,656.	253.		433.	686.
206	EROSION CONTROL	06/30/18	SL	20.00	HY17	1,888.				1,888.	55.		54.	149.
207	FARM HOUSE	06/30/18	SL	20.00	HY17	48,748.				48,748.	1,422.		2,637.	3,659.
208	HOUSE LANDSCAPING	06/30/18	SL	20.00	HY17	2,518.				2,918.	85.		145.	231.
209	FARM HOUSE	06/30/18	SL	20.00	HY17	1,989.				1,989.	58.		99.	157.
210	FARM HOUSE	06/30/18	SL	20.00	HY17	3,041.				3,341.	89.		152.	241.
	* 990 PAGE 10 TOTAL -									653,450.	51,330.		32,893.	93,883.
	BUILDINGS & IMP - HOUSING					643,490.								
	FURNITURE & FIXTURES													
29	FARM TRACT	05/31/12	SL	7.00	HY17	4,564.				4,564.	4,357.		217.	4,564.
30	ADAMS BURCH REFRIGERATOR	07/31/12	SL	7.00	16	3,799.				3,799.	3,156.		317.	3,463.
31	FREEZER	12/31/16	SL	7.00	HY17	7,500.				7,500.	3,302.		1,071.	4,373.
32	ALTO-HARTLEY	12/31/15	SL	7.00	HY17	6,613.				6,613.	2,314.		945.	3,859.
33	TEN MANUFACTURING CORPORATION	12/31/18	SL	7.00	HY17	2,565.				2,565.	1,129.		368.	1,495.

(D) - Asset disposed

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

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 1C

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
127	3 SHEETERS	10/31/17	SL	7.00		RM17	9,383.				5,583.	1,711.		2,359.	3,050.
211	FREESTER	03/31/18	SL	7.00		RM17	7,568.				7,068.	841.		1,010.	1,851.
212	FARM STAND WALK IN COOLER	05/31/18	SL	7.00		RM17	27,372.				27,372.	2,607.		3,310.	6,517.
247	CREEZER	05/28/19	SL	7.00		RM19C	2,974.				2,774.			331.	231.
	* 990 PAGE 10 TOTAL -						71,938.				71,838.	20,317.		9,436.	29,453.
	FURNITURE & FIXTURES														
	EQUIPMENT														
35	TRACTOR-KUBOTA 7040	11/20/11	SL	7.00		RM17	38,380.				38,380.	38,380.		0.	38,380.
36	LANDPRIDE FCR 1884 BUSERAGE	11/30/11	SL	7.00		RM17	3,050.				3,050.	3,050.		0.	3,050.
37	BERCO C70 FLAIL MOWER	11/30/11	SL	7.00		RM17	5,850.				5,850.	5,850.		0.	5,850.
39	TRACTOR-KUBOTA 3625	07/31/11	SL	7.00		RM17	17,500.				17,500.	17,500.		0.	17,500.
40	MACHIO B-70 ROTOTILLER	10/31/11	SL	7.00		RM17	6,050.				6,050.	6,050.		0.	6,050.
41	WILLIAMS TOOL SYSTEM	10/31/11	SL	7.00		RM17	3,492.				3,492.	3,492.		0.	3,492.
42	COOL BAR AND DISCS	10/31/11	SL	7.00		RM17	1,395.				1,395.	1,395.		0.	1,395.
43	TESCHE 5600 BSD-SHAPER	10/31/11	SL	7.00		RM17	2,450.				2,450.	2,450.		0.	2,450.
44	PERFECTA S-TIME HARRAW	10/31/11	SL	7.00		RM17	2,800.				2,800.	2,800.		0.	2,800.
45	STOLTEFUS MFG WLS 50LR SPREADER	02/28/12	SL	7.00		RM17	14,099.				14,099.	14,099.		168.	14,099.
45	MECHANICAL TRANSPLANTER														
45	MT-90 MULCHER	03/31/12	SL	7.00		RM17	2,385.				2,385.	2,329.		56.	2,385.
47	(E) GANDY D30F SPREADER	03/31/12	SL	7.00		RM17	4,100.				4,100.	4,004.		96.	4,100.

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(D) - Asset disposed

(I) - ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Depreciation	Ending Accumulated Depreciation
48	KEYLINE PLOW/SUBSIDER	03/31/12	SL	7.00	HY17	20,469.				10,459.	10,221.		248.	10,469.
49	KEYLINE PLOW/SUBSIDER	03/31/12	SL	7.00	HY17	3,537.				2,557.	2,475.		64.	2,537.
50	WATER TANK/TRAILER	01/31/13	SL	7.50	HY17	5,860.				5,860.	4,983.		877.	5,720.
51	WATER WHEEL PLANTER	02/31/13	SL	7.00	HY17	4,160.				4,160.	3,466.		594.	4,060.
52	UTV	06/30/13	SL	7.00	HY17	17,115.				17,115.	13,551.		2,445.	15,096.
53	GENCO SOIL SAVER	03/28/14	SL	7.00	HY17	7,000.				7,000.	4,917.		1,080.	5,917.
	UNDERCUTTER, SPREADER,													
54	SPARKS TINES	02/28/14	SL	7.00	HY17	5,241.				5,241.	3,682.		749.	4,431.
55	BASKET WEDDER	03/31/14	SL	7.00	HY17	4,775.				4,775.	3,286.		682.	3,918.
56	MACH-0 TILLER	04/30/14	SL	7.00	HY17	5,570.				5,570.	3,781.		796.	4,577.
57	DE MOWER	04/30/14	SL	7.00	HY17	3,052.				3,052.	2,071.		436.	2,507.
58	INTERNATIONAL 54 HYDRO	01/31/15	SL	7.00	HY17	13,780.				13,780.	7,876.		1,969.	9,825.
59	HILLING D-8CS	02/28/15	SL	7.00	HY17	4,030.				4,030.	2,288.		584.	2,872.
60	FRANSPORT DISC/BALE CARRIER	02/29/15	SL	7.50	HY17	4,525.				4,525.	2,331.		646.	3,177.
61	CUSTIVATOR	04/30/15	SL	7.00	HY17	13,258.				12,258.	6,366.		1,751.	8,317.
62	UNDERCUTTER 54"	07/31/15	SL	7.00	HY17	2,750.				2,750.	1,375.		393.	1,758.
63	MASSEY FERGUSON PLOW	07/31/15	SL	7.00	HY17	3,900.				3,900.	1,950.		557.	2,507.
64	INTERSEEDER	09/30/15	SL	7.00	HY17	24,300.				24,300.	11,570.		3,471.	15,041.
65	CULT-WATING TRACTOR FROM ALLIS CHALMERS	09/30/15	SL	7.00	HY17	5,250.				5,250.	2,500.		750.	3,250.

(C) - Asset disposed

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

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

592

Asset No.	Description	Date Acquired	Method	Life	Q 2 No.	Unadjusted Cost Or Basis	BUS % EGO	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
66	DECEMBER PURCHASES	12/31/15	SL	7.00	HY17	125,715.				125,715.	54,842.		18,096.	72,938.
84	KUBOTA DIESEL GENERATOR	01/30/16	SL	7.00	HY17	5,500.				5,500.	1,703.		796.	2,499.
85	KIFCOO 1.4"X350' HARD ROPE REEL	12/31/16	SL	7.00	HY17	4,854.				4,854.	1,456.		689.	2,155.
86	2007 JOHN DEER X3.5 BUSHING	12/31/16	SL	7.00	HY17	6,500.				6,500.	1,935.		939.	2,864.
87	LANDRIDE FM3.68 FLAT MOWER	12/31/16	SL	7.00	HY17	7,652.				7,652.	2,277.		1,033.	3,370.
119	30FT EQUIPMENT TRAILER	02/28/17	SL	7.00	HY17	5,971.				5,971.	1,633.		853.	2,486.
120	LOG SPLITTER	02/28/17	SL	7.00	HY17	3,144.				3,144.	861.		449.	1,310.
121	PRO WOOD CHIPPER	03/25/17	SL	7.00	HY17	2,650.				2,650.	694.		379.	1,073.
122	VERMEER X2	04/30/17	SL	7.00	HY17	41,936.				41,936.	10,439.		5,995.	16,435.
123	VERMEER	05/31/17	SL	7.00	HY17	3,061.				3,061.	729.		437.	1,165.
124	BOCCAS 0190	05/30/17	SL	7.00	HY17	24,000.				24,000.	5,429.		3,429.	8,858.
139	MF 1935 DIESEL TRACTOR	03/31/17	SL	7.00	HY17	10,050.				10,050.	2,652.		1,436.	4,088.
140	27 SERIES 69T SPADER	02/31/17	SL	7.00	HY17	14,093.				14,093.	3,691.		2,013.	5,704.
141	TRACTOR-KUBOTA RVY X90C S/N 105-9	04/30/17	SL	7.00	HY17	11,500.				11,500.	2,975.		1,643.	4,518.
142	SPREADER T32210	05/31/17	SL	7.00	HY17	2,014.				2,014.	480.		288.	759.
143	GOLF CART	09/30/17	SL	7.00	HY17	3,975.				3,975.	66.		496.	1,157.
239	MINI SKID HOE	01/31/18	SL	7.00	HY17	7,995.				7,995.	1,142.		1,142.	2,284.
240	SWING/HYDRAULIC KIT/BRUSH CUT	02/28/18	SL	7.00	HY17	3,683.				3,683.	482.		526.	1,008.

(D) - Asset disposed

\* JTC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

950

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction in Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
241	2018 BRT-VR 7X12	02/28/18	SL	7.00	HY17	8,902.				6,902.	904.		386.	1,890.
242	33517-1 ZG227A-54 ZERC TURM MOWER	03/21/18	SL	7.00	HY17	9,711.				9,711.	1,156.		1,387.	2,543.
243	33517-2 ZG227A-54 ZERC TURM MOWER	03/21/18	SL	7.00	HY17	9,711.				9,711.	1,156.		1,387.	2,543.
246	PLASTIC LIFTER WINDER	02/21/19	SL	7.00	HY19C	4,118.				4,118.			519.	519.
	* 990 PAGE 10 TOTAL - EQUIPMENT					550,518.				550,518.	287,567.		63,282.	350,849.
	VEHICLES - FARM													
68	2002 DODGE RAY	11/30/11	SL	5.00	HY17	15,300.				15,300.	15,300.		0.	15,300.
69	TRAILER	12/31/11	SL	5.00	HY17	5,790.				5,790.	5,790.		0.	5,790.
86	DELIVERY TRUCK	06/30/18	SL	5.00	HY17	10,050.				10,050.	5,193.		2,010.	7,203.
89	DODGE FLAREED	01/25/17	SL	5.00	HY17	5,554.				5,554.	2,226.		1,113.	3,339.
	* 990 PAGE 10 TOTAL - VEHICLES - FARM					36,704.				36,704.	28,509.		3,123.	31,532.
	COMPUTER HARDWARE													
72	LAPTOP - MAINTENANCE PERSON	01/31/17	SL	3.00	HY17	999.				999.	565.		333.	999.
96	LAPTOP	09/30/11	SL	3.00	HY17	2,317.				2,317.	2,317.		0.	2,317.
	* 990 PAGE 10 TOTAL - COMPUTER HARDWARE					3,316.				3,316.	2,983.		333.	3,316.
	VEHICLES - CONSERVANCY													
74	RHINO	11/30/11	SL	5.00	HY17	14,267.				14,267.	14,267.		0.	14,267.
75	RHINO	08/31/13	SL	5.00	HY17	21,910.				21,910.	21,910.		0.	21,910.

990-11 04-21-18

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, 30 Zone



2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Line & Inv.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciator	Beginning Accumulated Depreciator	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
76	FORD F250 SUPER DUTY 2008	06/18/16	SL	5.00	HY17	25,869.				29,859.	21,437.		5,924.	27,361.
244	2018 FORD F-150	02/28/18	SL	5.00	HY17	32,754.				32,754.	6,005.		6,851.	12,559.
245	2003 FORD RANGER	03/26/16	SL	5.00	HY18	7,300.				7,300.			1,217.	1,217.
	1FTYK4V23TA33079					106,100.				106,100.	63,589.		13,742.	77,331.
	* 390 PAGE 10 TOTAL - VEHICLES - CONSERVANCY													
	BUILDING IMPROVEMENTS - CONSERVANCY													
91	CONCRETE	01/31/17	SL	20.00	HY17	21,870.				21,870.	2,189.		1,084.	3,282.
92	POLE BARN	01/31/17	SL	20.00	HY17	6,424.				6,424.	642.		321.	963.
93	POLE BARN	01/31/17	SL	20.00	HY17	19,990.				19,990.	1,990.		935.	2,925.
94	POLE BARN	01/31/17	SL	20.00	HY17	790.				790.	80.		40.	130.
95	PLUMBING SUPPLIES	01/31/17	SL	20.00	HY17	568.				568.	56.		48.	144.
96	POLE BARN - PLUMBING/FRAMING SUPPLIES	01/31/17	SL	20.00	HY17	2,240.				2,240.	224.		112.	336.
98	POLE BARN - BUILDINGS PAD	01/31/17	SL	20.00	HY17	8,245.				8,245.	834.		417.	1,251.
99	POLE BARN	01/31/17	SL	20.00	HY17	30,720.				30,720.	3,072.		1,536.	4,608.
100	POLE BARN	02/28/17	SL	20.00	HY17	6,424.				6,424.	615.		321.	836.
101	POLE BARN PAD	02/28/17	SL	20.00	HY17	3,219.				3,219.	309.		161.	470.
102	POLE BARN - ELECTRICAL	02/28/17	SL	20.00	HY17	23,600.				23,600.	2,262.		1,130.	3,432.
103	POLE BARN - CABINETS	02/28/17	SL	20.00	HY17	1,489.				1,489.	142.		74.	216.
104	POLE BARN - PLUMBING & FENCING	03/31/17	SL	20.00	HY17	733.				733.	68.		37.	105.

(D) - Asset disposed

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

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

390

Asset No.	Description	Date Acquired	Method	Life	C. Line No.	Unadjusted Cost Or Basis	Bus % Exp.	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
105	POLE BARN PLUMBING & INTERIOR	04/30/17	SL	20.00	RM17	5,103.				3,100.	445.		255.	701.
106	POLE BARN STONE FOR ACCESS ROAD	04/30/17	SL	20.00	RM17	9,635.				5,635.	843.		482.	1,325.
107	POLE BARN SEPTIC	06/30/17	SL	20.00	RM17	1,480.				1,630.	147.		84.	231.
108	POLE BARN SEPTIC	06/30/17	SL	20.00	RM17	3,875.				3,875.	319.		194.	533.
109	POLE BARN ELECTRICAL	04/30/17	SL	20.00	RM17	5,900.				5,900.	516.		295.	811.
110	POLE BARN INTERIOR FINISHES & LOCKERS	05/31/17	SL	20.00	RM17	898.				808.	57.		40.	107.
111	POLE BARN ONSITE SEWAGE SYSTEM	06/30/17	SL	20.00	RM17	30,358.				30,358.	2,403.		1,518.	3,321.
112	POLE BARN - FENCE	07/31/17	SL	20.00	RM17	4,490.				4,490.	337.		225.	952.
113	POLE BARN WATER SUPPLY/PLUMBING/HOOKUP	07/31/17	SL	20.00	RM17	313.				319.	24.		16.	40.
114	FUEL STATION POSTS, TRENGER, CONCRETE	09/30/17	SL	20.00	RM17	825.				826.	52.		41.	92.
115	FUEL STATION - ELECTRICAL SUPPLIES/EMERGENCY SHUTOFF	10/31/17	SL	20.00	RM17	1,165.				1,155.	73.		58.	151.
116	TANK FOR FUEL STATION	11/30/17	SL	20.00	RM17	15,414.				16,414.	958.		621.	1,779.
117	INSTALLED ROOF OVER FUEL STATION & BARN	12/31/17	SL	20.00	RM17	2,372.				2,332.	136.		117.	255.
118	CONCRETE	11/30/17	SL	20.00	RM17	605.				505.	32.		30.	63.
213	ARCHERY RANGE	06/30/18	SL	20.00	RM17	4,063.				4,063.	119.		233.	322.
214	ARCHERY RANGE TARGET PADS	06/30/18	SL	20.00	RM17	89.				85.	2.		5.	6.
215	ARCHERY RANGE	06/30/18	SL	20.30	RM17	6,000.				5,000.	175.		300.	475.
216	ARCHERY RANGE	06/30/18	SL	20.00	RM17	12,485.				12,485.	361.		624.	988.

(C) - Asset disposed

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

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv. Yr.	Unadjusted Cost Or Basis	Bus % Excl	Sector 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
217	ARCHERY RANGE	06/30/18	SL	20.00	EX17	2,700.				2,700.	79.		135.	214.
218	ARCHERY RANGE	06/30/18	SL	20.00	EX17	7,150.				7,150.	203.		358.	557.
219	ARCHERY RANGE	06/30/18	SL	20.00	EX17	2,813.				2,813.	82.		141.	233.
220	ARCHERY RANGE	06/30/18	SL	20.00	EX17	572.				572.	17.		29.	46.
221	ARCHERY RANGE	06/30/18	SL	20.00	EX17	1,268.				1,268.	37.		63.	160.
222	ARCHERY RANGE - MATERIALS FOR TARGETS	06/30/18	SL	20.00	EX17	428.				428.	12.		21.	33.
223	ARCHERY RANGE	06/30/18	SL	20.00	EX17	774.				774.	23.		33.	62.
224	ARCHERY RANGE	06/30/18	SL	20.00	EX17	64.				64.	2.		3.	5.
225	ARCHERY RANGE - OUTDOOR PULL-UP BOARD	06/30/18	SL	20.00	EX17	500.				500.	15.		25.	40.
226	ARCHERY RANGE - POST ANCHORS	06/30/18	SL	20.00	EX17	52.				52.	2.		3.	5.
227	ARCHERY RANGE - MATERIALS FOR TARGETS	06/30/18	SL	20.00	EX17	866.				866.	25.		43.	59.
228	ARCHERY RANGE - CAUTION SIGNS	07/31/18	SL	20.00	EX17	122.				122.	3.		6.	9.
229	ARCHERY RANGE - STRAIN & SEED	07/31/18	SL	20.00	EX17	230.				230.	6.		12.	18.
230	ARCHERY RANGE - EXTERIOR PAINTING OF PAVILION	07/31/18	SL	20.00	EX17	2,310.				2,310.	58.		115.	174.
231	ARCHERY RANGE - ARCHERY SIGNS	07/31/18	SL	20.00	EX17	530.				530.	14.		28.	42.
232	ARCHERY RANGE - RETURN OF UNUSED MATERIALS	07/31/18	SL	20.00	IF	-423.				-423.	-11.		-21.	-32.
233	MAINTENANCE SEED - PERMIT	06/30/18	SL	20.00	EX17	520.				520.	15.		26.	41.
234	MAINTENANCE SEED	06/30/18	SL	20.00	EX17	3,410.				3,410.	99.		171.	270.

(D) - Asset disposed

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

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Class. Code	Unadjusted Cost Or Basis	Bus. % Excl.	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
235	MAINTENANCE SHED	05/30/16	SL	20.00	RM17	3,410.				3,410.	99.		172.	279.
236	RE-SIDING OF GREENS MAIN SHED	06/30/18	SL	30.00	RM17	6,000.				6,000.	175.		300.	475.
237	MAINTENANCE SHED	06/30/18	SL	20.00	RM17	2,248.				2,248.	65.		112.	178.
238	CEDAR POND PAVILION	12/31/18	SL	20.00	RM17	294,697.				294,697.	1,228.		14,735.	15,963.
	* 990 PAGE 10 TOTAL BUILDING IMPROVEMENTS - CONS					563,111.				563,111.	21,810.		28,153.	49,963.
	* GRAND TOTAL 990 PAGE 13 DEPR					196,979.				196,979.	830,764.		245,801.	1,077,565.
	CURRENT YEAR ACTIVITY													
	BEGINNING BALANCE					110,653.			0.	110,653.	830,764.			941,417.
	ACQUISITIONS					86,316.			0.	86,316.	0.			86,316.
	DISPOSITIONS/RETIRED					4,100.			0.	4,100.	4,054.			4,100.
	ENDING BALANCE					192,879.			0.	192,879.	826,760.			923,639.
	ENDING ACCUM DEPR LESS DISPOSITIONS										73,455.			73,455.
	ENDING BOOK VALUE										149,414.			149,414.

# Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

## 2019

For calendar year 2019 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 601(c)(3).

Open to Public Inspection for 601(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(4)  <input type="checkbox"/> 408(a) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p>	Print or Type	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)</p> <p><b>WILLOWSFORD CONSERVANCY, INC</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>44095 PIPELINE PLAZA, NO. 140</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>ASHBURN, VA 20147</b></p>	<p><b>D</b> Employer identification number (Employers' trust, see instructions.)  <b>45-0609461</b></p> <p><b>E</b> Unrelated business activity code (See instructions.)  <b>110000</b></p>
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**C** Book value of all assets at end of year: **2,332,890.**

**F** Group exemption number (See instructions.) ▶ \_\_\_\_\_

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Enter the number of the organization's unrelated trades or businesses. ▶ **2** Describe the only (or first) unrelated trade or business here ▶ **SEE STATEMENT 1**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

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

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

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales <b>123,327.</b>				
b Less returns and allowances	c Balance ▶	1c <b>123,327.</b>		
2 Cost of goods sold (Schedule A, line 7)		2 <b>130,086.</b>		
3 Gross profit. Subtract line 2 from line 1c		3 <b>-6,759.</b>		<b>-6,759.</b>
4a Capital gain net income (attach Schedule D)		4a		
b Not gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule)		12		
13 <b>Total.</b> Combine lines 3 through 12		13 <b>-6,759.</b>		<b>-6,759.</b>

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)			
14 Compensation of officers, directors, and trustees (Schedule K)			
15 Salaries and wages		15	<b>59,234.</b>
16 Repairs and maintenance		16	
17 Bad debts		17	
18 Interest (attach schedule) (see instructions)		18	
19 Taxes and licenses		19	
20 Depreciation (attach Form 4562)	20		
21 Less depreciation claimed on Schedule A and elsewhere on return	21a	21b	
22 Depletion		22	
23 Contributions to deferred compensation plans		23	
24 Employee benefit programs		24	
25 Excess exempt expenses (Schedule I)		25	
26 Excess readership costs (Schedule J)		26	
27 Other deductions (attach schedule)		27	
28 <b>Total deductions.</b> Add lines 14 through 27		28 <b>59,234.</b>	
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		29	<b>-65,993.</b>
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>SEE STATEMENT 2</b>	30	<b>0.</b>
31 Unrelated business taxable income. Subtract line 30 from line 29		31	<b>-65,993.</b>

Part III Total Unrelated Business Taxable Income

Table with 2 columns: Description and Amount. Rows include: Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) -65,993; Amounts paid for disallowed fringe benefits; Charitable contributions (see instructions for limitation rules) 0; Total unrelated business taxable income before pro-2018 NOLs and specific deduction -65,993; Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 3 0; Total of unrelated business taxable income before specific deduction -65,993; Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) 1,000; Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37 -65,993.

Part IV Tax Computation

Table with 2 columns: Description and Amount. Rows include: Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21) 0; Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: Tax rate schedule or Schedule D (Form 1041); Proxy tax. See instructions; Alternative minimum tax (trusts only); Tax on Noncompliant Facility Income. See instructions; Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies 0.

Part V Tax and Payments

Table with 2 columns: Description and Amount. Rows include: Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116); Other credits (see instructions); General business credit. Attach Form 3800; Credit for prior year minimum tax (attach Form 8801 or 8827); Total credits. Add lines 46a through 46d; Subtract line 46e from line 45; Other taxes. Check if from: Form 4255, Form 8611, Form 8697, Form 8806, Other (attach schedule); Total tax. Add lines 47 and 48 (see instructions); 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3; Payments: A 2019 overpayment credited to 2019; 2019 estimated tax payments; Tax deposited with Form 8868; Foreign organizations; Tax paid or withheld at source (see instructions); Backup withholding (see instructions); Credit for small employer health insurance premiums (attach Form 8941); Other credits, adjustments, and payments: Form 2439, Form 4136, Other; Total payments. Add lines 51a through 51g; Estimated tax penalty (see instructions). Check if Form 2220 is attached; Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed; Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid; Enter the amount of line 55 you want: Credited to 2020 estimated tax, Refunded.

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

Table with 2 columns: Description and Yes/No. Rows include: At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here; During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file; Enter the amount of tax-exempt interest received or accrued during the tax year \$.

Signature and Preparer information section. Includes: Sign Here (Signature of officer, Date 7/9/20, Title TREASURER); Paid Preparer Use Only (Print/Type preparer's name SANDRA TONDREAU, Preparer's signature Sandra M Tondreau, Date 7-9-20, Check self-employed, PTIN P01292788, Firm's name MITCHELL & CO., P.C., Firm's EIN 54-1853459, Firm's address LEBESBURG, VA 20176, Phone no. 703-777-4900). May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No.

Schedule A - Cost of Goods Sold.		Enter method of inventory valuation		N/A							
1	Inventory at beginning of year	1	0.	6	Inventory at end of year	6	0.				
2	Purchases	2	130,086.	7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	130,086.				
3	Cost of labor	3				<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td></td> <td>X</td> </tr> </table>		Yes	No		X
Yes	No										
	X										
4a	Additional section 263A costs (attach schedule)	4a									
4b	Other costs (attach schedule)	4b									
5	Total. Add lines 1 through 4b	5	130,086.								

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

1. Description of property		2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)	(2)	(a) From personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)				
(2)				
(3)				
(4)				
Total		0.	Total 0.	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 8, column (A)				(b) Total deductions. Enter here and on page 1, Part I, line 9, column (C)
				0.

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

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

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

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

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>			0.	0.

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

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-aside (attach schedule)	5. Total deductions and set-aside (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>		0.		0.

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

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3; if a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 5 minus column 6, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b>		0.	0.			0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

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



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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3. If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>	<b>0.</b>	<b>0.</b>				<b>0.</b>
<b>Totals, Part II (lines 1-5)</b>	<b>0.</b>	<b>0.</b>				<b>0.</b>

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

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

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FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT 1
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RETAIL SALES FROM FARM STAND OPERATIONS

TO FORM 990-T, PAGE 1

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FORM 990-T	NET OPERATING LOSS DEDUCTION			STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	54,249.	0.	54,249.	54,249.
NOL CARRYOVER AVAILABLE THIS YEAR			54,249.	54,249.

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FORM 990-T	NET OPERATING LOSS DEDUCTION			STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/12	8,497.	0.	8,497.	8,497.
12/31/13	35,322.	0.	35,322.	35,322.
12/31/14	48,067.	0.	48,067.	48,067.
12/31/15	39,448.	0.	39,448.	39,448.
12/31/16	14,183.	0.	14,183.	14,183.
12/31/17	65,313.	0.	65,313.	65,313.
NOL CARRYOVER AVAILABLE THIS YEAR			210,830.	210,830.

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**Depreciation and Amortization**  
 (Including Information on Listed Property) 990  
 Attach to your tax return.  
 Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return: **WILLOWSFORD CONSERVANCY, INC** Business or activity to which this form relates: **FORM 990 PAGE 10** Identifying number: **45-0609461**

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

1	Maximum amount (see instructions)	1	1,020,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,550,000.
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 treated being separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Limited 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 2018 Form 4562?	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	-5,179.

**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 2019	17	246,183.
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 2019 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	7,300.	5 YRS.	HY	SL	1,217.
c	7-year property	6,889.	7 YRS.	HY	SL	770.
d	10-year property	64,906.	10 YRS.	HY	SL	3,780.
e	15-year property					
f	20-year property	7,221.	20 YRS.	HY	SL	30.
g	25-year property		25 yrs.		SL	
h	Residential rental property	/	27.5 yrs.	MM	S/L	
i	Nonresidential real property	/	39 yrs.	MM	S/L	

**Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System**

(a) Class life	(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
20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year	/	30 yrs.	MM	S/L	
d	40-year	/	40 yrs.	MM	S/L	

**Part IV** Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	246,801.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V** **Listed Property** (include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

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

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

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use								25
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%			S/L -			
		%			S/L -			
		%			S/L -			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

**Section B - Information on Use of Vehicles**

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

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	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.

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

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

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Cost convention	(e) Amortization period or percentages	(f) Amortization for this year
42 Amortization of costs that begins during your 2019 tax year:					
43 Amortization of costs that began before your 2019 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

**Form 500**

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

**2019 Virginia Corporation  
Income Tax Return**



FISCAL or Attention: Return must be filed electronically. Use this form only if you have an approved waiver.

Official Use Only

SHORT Year Filer: Beginning Date \_\_\_\_\_; Ending Date \_\_\_\_\_

Short Year Return  Change in Accounting Period

FEIN <b>45-0609461</b>		Name <b>WILLOWSFORD CONSERVANCY, INC</b>		Check all that apply: <input type="checkbox"/> Initial Filer <input type="checkbox"/> Name Change <input type="checkbox"/> Mailing Address Change <input type="checkbox"/> Physical Address Change	
Mailing Address <b>44095 PIPELINE PLAZA, NO. 140</b>					
City or Town <b>ASHBURN</b>		State <b>VA</b>	ZIP Code <b>20147</b>		
Physical Address (if different from Mailing Address)				Entry Type Code <b>NP</b>	
Physical City or Town		State	ZIP Code <b>111210</b>		
Date Incorporated	State or Country of Incorporation	Description of Business Activity <b>RETAIL SALES FROM FARM STAND OPERATI</b>			
<b>Check Applicable Boxes</b>		<b>Final Return</b>		<b>Corporate Telecommunications Company</b>	
<input type="checkbox"/> Consolidated - Sch. 500AC Enclosed <input type="checkbox"/> Combined - Sch. 500AC Enclosed <input type="checkbox"/> Change in Filing Status <input type="checkbox"/> Sch. 500A Enclosed <input type="checkbox"/> Schedule 500AB Enclosed <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Certified Company Apportionment - Sch. 500AP Enclosed Enter number of affiliates _____		<input type="checkbox"/> Final Return - Check here and applicable boxes below. <input type="checkbox"/> Withdrawn <input type="checkbox"/> Dissolved - No longer liable for tax. Dissolved Date _____ <input type="checkbox"/> Merged Merger Date _____ Merged FEIN # _____ <input type="checkbox"/> S Corp Effective _____		Enter amount from Forms 500T, Line 7: _____ .00	
<b>Amended Return (Do not file this form to carry back a net operating loss. Use Form 500NOLD)</b>				<b>Noncorporate Telecommunications Company</b>	
<input type="checkbox"/> Amended Return - Check here and other applicable boxes. <input type="checkbox"/> Federal Audit - Enclose copy of IRS final determination. <input type="checkbox"/> Schedule 500A Changes <input type="checkbox"/> Schedule 500ADJ Changes		<input type="checkbox"/> Nonrefundable or Refundable Credit Change <input type="checkbox"/> Schedule 500AB Changes <input type="checkbox"/> Capital Loss Carryback <input type="checkbox"/> Other - Enclose explanation.		Check box and enter amount from Form 500T, Line 10: <input type="checkbox"/> _____ .00	
				<b>Electric Supplier Company</b>	
				Enter amount from Sch. 500H, Line 7 or 14: _____ .00	
				<b>Home Service Contract Provider</b>	
				Enter amount from Form 500HS, Line 10: <input type="checkbox"/> Check box if a noncorporate HSCP. _____ .00	
<b>Questions and Related Information</b>					
A. Have you made any payments to an affiliated corporation, a related individual, or other related entity for interest, royalties or other expenses related to intangible property (patents, trademarks, copyrights, and similar intangible property)? If yes, complete and enclose Schedule 500AS. Enter exception amount from Schedule 500AS, Line B.      A. _____ .00					
B. Coalfield Employment Enhancement Tax Credit earned from 2019 Form 306, Line 11.      B. _____ .00					
C. If a net operating loss deduction was claimed in computing federal taxable income on the U.S. Corporation Income Tax Return, provide the requested information. If a NOL resulted from a merger, enter the FEIN of the company generating the NOL prior to the merger date. (1) Year of Loss _____ (2) Federal NOL _____ (3) Percent of federal NOL used this year _____ % FEIN _____ (If there are NOLs for more than one year, enclose a schedule for each year with the information requested in Section C.)					
D. If pass-through entity withholding is claimed, enter the number of Schedules VK-1 and complete and enclose Schedule 500ADJ, Page 2.      D. _____					
E. Has your federal income tax liability been redetermined with the IRS and finalized for any prior year(s) that has not previously been reported to the Department? If yes, provide the year(s). Year _____ Year _____ Year _____					
F. Location of corporation's books _____					
Contact for corporation's books <b>THE ORGANIZATION</b>				Contact Phone Number <b>(571) 252-3980</b>	

**2019 Virginia  
Form 500**

Page 2

FEIN  
45-0609461



**INCOME**

1. Federal taxable income (from enclosed federal return)	1.	-65993 .00
2. Total additions from Schedule 500ADJ, Section A, Line 7	2.	.00
3. Total (add Lines 1 and 2)	3.	-65993 .00
4. Total subtractions from Schedule 500ADJ, Section B, Line 10	4.	.00
5. Balance (subtract Line 4 from Line 3)	5.	-65993 .00
6. Savings and Loan Association's Bad Debt Deduction (see instructions)	6.	.00
7. Virginia taxable income (subtract Line 6 from Line 5)	7.	-65993 .00

**TAX COMPUTATION**

8. Apportionable Income (Schedule 500A Filers) - Complete Lines 8(a) through 8(d). See instructions.		
(a) Income subject to Virginia tax from Schedule 500A, Section B, Line 3(j)	8(a).	.00
(b) Apportionment factor percentage from Schedule 500A, Section B, Line 1 or Line 2(f)	8(b).	%
(c) Nonapportionable investment function income from Schedule 500A, Section B, Line 3(c)	8(c).	.00
(d) Nonapportionable investment function loss from Schedule 500A, Section B, Line 3(e)	8(d).	.00
9. Income tax (6% of Line 7 or 6% of Line 8(a))	9.	0 .00

**PAYMENTS AND CREDITS**

10. Nonrefundable tax credits: Enter the amount from Schedule 500GR, Section 2, Part 1, Line 1B	10.	.00
11. Adjusted corporate tax (subtract Line 10 from Line 9)	11.	.00
12. 2019 estimated Virginia income tax payments including overpayment credit from 2018	12.	.00
13. Extension payment	13.	.00
14. Refundable tax credits from Schedule 500GR, Section 4, Part 1, Line 1A	14.	.00
15. Pass-through entity total withholding from Schedule 500ADJ, Section D	15.	.00
16. Total payments and credits (add Lines 12 through 15)	16.	.00

**REFUND OR TAX DUE**

17. Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11)	17.	.00
18. Penalty (see instructions)	18.	.00
19. Interest (see instructions)	19.	.00
20. Additional charge from Form 500C, Line 17 (enclose Form 500C)	20.	.00
21. Total due (add Lines 17 through 20)	21.	.00
22. Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16)	22.	.00
23. Amount to be credited to 2020 estimated tax	23.	.00
24. Amount to be refunded (subtract Line 23 from Line 22)	24.	.00

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

By checking the box to the right, I (we) authorize the Department to discuss this return with the undersigned preparer.

Date	Signature of Officer	Title <b>TREASURER</b>
Printed Name of Officer <b>MARY HEGEDUS</b>		Phone Number
Print Preparer's Name and Firm Name <b>SANDRA TONDREAU MITCHELL &amp; CO., P.C.</b>		Preparer Phone Number <b>703-777-4900</b>
Date	Individual or Firm, Signature of Preparer	Address of Preparer <b>110 EAST MARKET ST. #200 LEESBURG, VA 20176</b>
Preparer's FEIN, PTIN, or SSN <b>P01292788</b>		Approved Vendor Code <b>1019</b>

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

**2019 Virginia  
Schedule 500FED**

**Corporation Schedule of  
Federal Line Items**



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

Name as shown on Virginia return WILLOWSFORD CONSERVANCY, INC FEIN 45-0609461

**Form 1120 - Deductions and Taxable Income**

1. Federal Taxable Income before NOL and Special Deductions	1.	<u>-65993</u>	<u>.00</u>
2. Net Operating Loss Deduction	2.		<u>.00</u>
3. Special Deductions	3.	<u>1000</u>	<u>.00</u>
4. Federal Taxable Income after NOL and Special Deductions	4.	<u>-65993</u>	<u>.00</u>

**Form 1120, Schedule C - Dividends and Special Deductions**

5. Subpart F Income and/or Global Intangible Low-Taxed Income	5.		<u>.00</u>
6. Gross-Up for Foreign Taxes Deemed Paid	6.		<u>.00</u>

**Form 1120, Schedule K or M-1**

7. Tax Exempt Interest	7.		<u>.00</u>
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**Form 5884 - Work Opportunity Credit**

8. Salaries and Wages not deducted due to the WOTC	8.		<u>.00</u>
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**Form 4562 - Special Depreciation Allowance and Other Depreciation**

9. Special depreciation allowance for qualified property placed in service during the taxable year	9.		<u>.00</u>
10. Property subject to 168(i)(1) election	10.		<u>.00</u>
11. Other depreciation	11.	<u>5179</u>	<u>.00</u>

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

12. Total: Dividends (Exclude Gross-up)	12.		<u>.00</u>
13. Total: Dividends (Gross-up)	13.		<u>.00</u>
14. Total: Inclusions (Exclude Gross-up)	14.		<u>.00</u>
15. Total: Inclusions (Gross-up)	15.		<u>.00</u>
16. Total: Interest	16.		<u>.00</u>
17. Total: Gross Rents, Royalties, and License Fees	17.		<u>.00</u>
18. Total: Gross Income from Performance of Services	18.		<u>.00</u>
19. Total: Other	19.		<u>.00</u>
20. Total: Total Gross Income or Loss from Outside the US	20.		<u>.00</u>

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

21. Total: Allocable - Rental, Royalty, and Licensing Expenses - Depreciation, Depletion, and Amortization	21.		<u>.00</u>
22. Total: Allocable - Rental, Royalty, and Licensing Expenses - Other Expenses	22.		<u>.00</u>
23. Total: Allocable - Expenses Related to Gross Income from Performance of Services	23.		<u>.00</u>
24. Total: Allocable - Other Allocable Deductions	24.		<u>.00</u>
25. Total: Total Allocable Deductions	25.		<u>.00</u>
26. Total: Apportioned Share of Deductions	26.		<u>.00</u>
27. Total: Net Operating Loss Deduction	27.		<u>.00</u>
28. Total: Total Deductions	28.		<u>.00</u>

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

29. Total: Total Income or (Loss) Before Adjustments	29.		<u>.00</u>
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