

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

WILLOWSFORD CONSERVANCY, INC  
41025 WILLOWSFORD LANE  
ALDIE, VA 20105

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

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

# TAX RETURN FILING INSTRUCTIONS

FORM 990

**FOR THE YEAR ENDING**

December 31, 2020

---

**Prepared For:**

WILLOWSFORD CONSERVANCY, INC  
41025 Willowsford Lane  
Aldie, VA 20105

---

**Prepared By:**

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

---

**Amount Due or Refund:**

Not applicable

---

**Make Check Payable To:**

Not applicable

---

**Mail Tax Return and Check (if applicable) To:**

Not applicable

---

**Return Must be Mailed On or Before:**

Not applicable

---

**Special Instructions:**

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

# TAX RETURN FILING INSTRUCTIONS

FORM 990-T

**FOR THE YEAR ENDING**

December 31, 2020

---

**Prepared For:**

WILLOWSFORD CONSERVANCY, INC  
41025 Willowsford Lane  
Aldie, VA 20105

---

**Prepared By:**

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

---

**Amount Due or Refund:**

No amount is due.

---

**Make Check Payable To:**

No amount is due.

---

**Mail Tax Return and Check (if applicable) To:**

Department of the Treasury  
Internal Revenue Service Center  
Ogden, UT 84201-0027

---

**Return Must be Mailed On or Before:**

May 17, 2021

---

**Special Instructions:**

The return should be signed and dated.

\*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\*\*

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

Form 8879-EO

For calendar year 2020, or fiscal year beginning \_\_\_\_\_, 2020, and ending \_\_\_\_\_, 20\_\_

2020

Department of the Treasury Internal Revenue Service

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

Name of exempt organization or person subject to tax

Taxpayer identification number

WILLOWSFORD CONSERVANCY, INC

45-0609461

Name and title of officer or person subject to tax

CHASE ROWAN INTERIM 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, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, 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.

Table with 2 columns: Line number and Description. Line 1a: Form 990 check here [X] b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 2,878,774. Line 2a: Form 990-EZ check here [ ] b Total revenue, if any (Form 990-EZ, line 9) 2b. Line 3a: Form 1120-POL check here [ ] b Total tax (Form 1120-POL, line 22) 3b. Line 4a: Form 990-PF check here [ ] b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b. Line 5a: Form 8868 check here [ ] b Balance due (Form 8868, line 3c) 5b. Line 6a: Form 990-T check here [ ] b Total tax (Form 990-T, Part III, line 4) 6b. Line 7a: Form 4720 check here [ ] b Total tax (Form 4720, Part III, line 1) 7b.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above organization or [ ] I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy

of the 2020 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

[X] I authorize MITCHELL & CO., P.C. to enter my PIN 77749 Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 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 or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 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.

Signature of officer or person subject to tax \*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\* Date

Part III Certification and Authentication

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

54186377749

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return 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

LHA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2020)

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury  
Internal Revenue Service

▶ 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 **2020** 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"/> Final 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		<b>E</b> Telephone number <b>(571) 440-2400</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>41025 WILLOWSFORD LANE</b>		<b>G</b> Gross receipts \$ <b>3,258,152.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>ALDIE, VA 20105</b>		
<b>F</b> Name and address of principal officer: <b>CHASE ROWAN</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 ▶	

**I** Tax-exempt status:  501(c)(3)  501(c) ( **4** ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **WWW.WILLOWSFORDCONSERVANCY.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **2010** **M** State of legal domicile: **VA**

**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 2020 (Part V, line 2a)	<b>5</b>	<b>17</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>113</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>-73,566.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>205,111.</b>	<b>Current Year</b> <b>1,191,879.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>12,980.</b>	<b>4,492.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>600.</b>	<b>24,324.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>989,455.</b>	<b>1,658,079.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,208,146.</b>	<b>2,878,774.</b>
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</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>728,306.</b>	<b>771,300.</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0.</b>	<b>0.</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<b>596,262.</b>	<b>601,251.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>1,324,568.</b>	<b>1,372,551.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-116,422.</b>	<b>1,506,223.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>2,332,890.</b>	<b>End of Year</b> <b>7,749,583.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>57,872.</b>	<b>149,879.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>2,275,018.</b>	<b>7,599,704.</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>CHASE ROWAN, INTERIM TREASURER</b> Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>SANDRA TONDREAU</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN <b>P01292788</b>
	Firm's name ▶ <b>MITCHELL &amp; CO., P.C.</b>	Firm's EIN ▶ <b>54-1853459</b>		Phone no. <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.

4a (Code: ) (Expenses \$ 1,194,429. including grants of \$ ) (Revenue \$ 1,697,567. ) 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 1,194,429.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X



Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and contributions.

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 [ ]

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax filings, and organizational compliance.

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 (7), 1b (7), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
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) 440-2400 41025 WILLOWSFORD LANE, ALDIE, VA 20105



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Subtotal</b> .....							124,515.	0.	14,060.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							124,515.	0.	14,060.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of 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	<b>1 a</b>	Federated campaigns .....	<b>1a</b>					
	<b>b</b>	Membership dues .....	<b>1b</b>					
	<b>c</b>	Fundraising events .....	<b>1c</b>					
	<b>d</b>	Related organizations .....	<b>1d</b>	1,191,879.				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>					
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 191,879.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		▶ 1,191,879.				
Program Service Revenue	<b>2 a</b>	<b>PROGRAM EVENTS/ACTIVIT</b>	<b>Business Code</b>					
			611600	4,492.	4,492.			
	<b>b</b>							
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b>	All other program service revenue .....						
<b>g</b>	<b>Total.</b> Add lines 2a-2f .....		▶ 4,492.					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		▶ 10,397.			▶ 10,397.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....		▶				
	<b>5</b>	Royalties .....		▶				
	<b>6 a</b>	Gross rents .....	(i) Real					
			(ii) Personal					
	<b>6a</b>		48,204.					
	<b>b</b>	Less: rental expenses ...	<b>6b</b>	14,677.				
	<b>c</b>	Rental income or (loss)	<b>6c</b>	33,527.				
	<b>d</b>	Net rental income or (loss) .....		▶ 33,527.			▶ 33,527.	
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
	<b>7a</b>		18,970.	1,200.				
<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>	0.	6,243.				
<b>c</b>	Gain or (loss) .....	<b>7c</b>	18,970.	-5,043.				
<b>d</b>	Net gain or (loss) .....		▶ 13,927.	▶ -5,043.		▶ 18,970.		
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b>	Less: direct expenses .....	<b>8b</b>						
<b>c</b>	Net income or (loss) from fundraising events .....		▶					
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b>	Less: direct expenses .....	<b>9b</b>						
<b>c</b>	Net income or (loss) from gaming activities .....		▶					
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....							
<b>10a</b>		583,164.						
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>	358,458.					
<b>c</b>	Net income or (loss) from sales of inventory .....		▶ 224,706.	▶ 298,272.	▶ -73,566.			
Miscellaneous Revenue	<b>11 a</b>	<b>RESIDENT ASSESSMENTS</b>	<b>Business Code</b>					
			900099	970,297.	970,297.			
	<b>b</b>	<b>TRANSFER FEE INCOME</b>	900099	359,874.	359,874.			
	<b>c</b>	<b>MISCELLANEOUS</b>	900099	69,675.	69,675.			
	<b>d</b>	All other revenue .....						
<b>e</b>	<b>Total.</b> Add lines 11a-11d .....		▶ 1,399,846.					
<b>12</b>	<b>Total revenue.</b> See instructions .....		▶ 2,878,774.	▶ 1,697,567.	▶ -73,566.	▶ 62,894.		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	138,575.	34,644.	103,931.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	493,516.	463,296.	30,220.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits .....	87,404.	77,656.	9,748.	
<b>10</b> Payroll taxes .....	51,805.	41,444.	10,361.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	5,069.	5,069.		
<b>c</b> Accounting .....	20,531.		20,531.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	16,393.	15,392.	1,001.	
<b>12</b> Advertising and promotion .....	13,041.	13,041.		
<b>13</b> Office expenses .....	14,673.	14,673.		
<b>14</b> Information technology .....	12,015.	12,015.		
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....				
<b>17</b> Travel .....	2,348.	2,348.		
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....	2,535.	2,535.		
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	257,635.	257,635.		
<b>23</b> Insurance .....	35,817.	33,487.	2,330.	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> MAINTENANCE	95,367.	95,367.		
<b>b</b> PROPERTY TAXES	55,805.	55,805.		
<b>c</b> LAND STEWARDSHIP	48,101.	48,101.		
<b>d</b> OTHER ADMINISTRATIVE	15,179.	15,179.		
<b>e</b> All other expenses _____	6,742.	6,742.		
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,372,551.	1,194,429.	178,122.	0.
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	51,166.	<b>1</b>	710,888.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	125,970.	<b>4</b>	1,505.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 7,265,157.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,318,209.	2,119,409.	<b>10c</b> 5,946,948.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	1,047,342.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	36,345.	<b>15</b>	42,900.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	2,332,890.	<b>16</b>	7,749,583.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	7,868.	<b>17</b>	29,058.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	50,004.	<b>19</b>	65,774.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	55,047.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	57,872.	<b>26</b>	149,879.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	2,275,018.	<b>27</b>	6,552,363.
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	1,047,341.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	2,275,018.	<b>32</b>	7,599,704.
	<b>33</b> Total liabilities and net assets/fund balances .....	2,332,890.	<b>33</b>	7,749,583.



**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	2,878,774.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,372,551.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,506,223.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,275,018.
5	Net unrealized gains (losses) on investments	5	18,012.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-370.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	3,800,821.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	7,599,704.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
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? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

**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

**2020**

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 (entering "N/A" in column (b) instead of the contributor name and address), 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  <b>WILLOWSFORD CONSERVANCY, INC</b>	Employer identification number  <b>45-0609461</b>
---	---

**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 <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A <hr/> <hr/>	\$ 191,879.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/>	\$ _____	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>
---	---

**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
2	CONSERVANCY LAND DEEDED _____ _____ _____	\$ 191,879.	12/31/20
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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 this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements (2a-2d), and Yes/No questions about monitoring and reporting.

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.

Form with questions (1a-1b, 2a-2b) regarding the reporting of art and historical treasures, including revenue and asset values.

**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	0.				
b Contributions	1,000,000.				
c Net investment earnings, gains, and losses	47,341.				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,047,341.				

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  100 %
  - 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   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
- 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		3,988,863.		3,988,863.
b Buildings		2,044,310.	478,428.	1,565,882.
c Leasehold improvements				
d Equipment		832,549.	570,369.	262,180.
e Other		399,435.	269,412.	130,023.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>5,946,948.</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) ENDOWMENT FUND	1,047,342.	COST
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	1,047,342.	

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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



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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	3,269,921.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	18,012.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	373,135.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	391,147.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	2,878,774.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	2,878,774.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	1,745,686.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	373,135.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	373,135.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	1,372,551.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	1,372,551.

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

THE ENDOWMENT IS INTENDED TO OPERATE AS A FOUNDATION FOR THE FUTURE OF THE CONSERVANCY

**PART X, LINE 2:**

THE ORGANIZATION ADOPTED THE GUIDANCE UNDER ASC TOPIC 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT HAS EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAS TAKEN NO UNCERTAIN TAX PROVISIONS THAT WOULD REQUIRE ADJUSTMENT TO, OR DISCLOSURE IN, THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THE GUIDANCE.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

**Part XIII** Supplemental Information *(continued)*

RENTAL EXPENSES NETTED AGAINST RENTAL INCOME

COST OF GOODS SOLD NETTED AGAINST SALES INCOME

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES NETTED AGAINST RENTAL INCOME

COST OF GOODS SOLD NETTED AGAINST SALES INCOME

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ 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 Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....				
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....	X	1	191,879.	ASSESSED VALUE OF LA
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		



**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

**2020**

Open to Public  
Inspection

Name of the organization

WILLOWSFORD CONSERVANCY, INC

Employer identification number

45-0609461

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

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

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 2020, 110 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 2020, THE CONSERVANCY FARM SOLD MORE THAN 550 UNIQUE SHARES IN ITS COMMUNITY SUPPORTED AGRICULTURE (CSA) PROGRAM, INCLUDING VEGETABLES, EGGS, MILK, FLOWERS, AND MEAT SHARES, IN ADDITION TO SUPPORTING FAMILIES THROUGH A NEW ONLINE FARM STAND PLATFORM. ABOUT ONE THIRD OF THE CSA MEMBERS CONTINUE TO BE NON-RESIDENTS FROM OUTSIDE WILLOWSFORD.

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

THE PURCHASE OF A REFRIGERATED DELIVERY TRUCK PROVIDED NOT ONLY WITH ADDITIONAL DELIVERY CAPACITY BUT ALSO REFRIGERATION TO MAINTAIN PRODUCT QUALITY ON THE ROAD.

THE FARM HOSTED A FOOD DRIVE IN MAY 2020 WHERE THEY COLLECTED OVER 600 LBS OF NON-PERISHABLE PANTRY STAPLES AT SYCAMORE HOUSE AND THE LODGE FOR DONATION TO LOUDOUN HUNGER RELIEF. WILLOWSFORD FARM SENDS EXCESS PRODUCE TO THIS LOCAL NON-PROFIT OFTEN DURING THE PEAK GROWING SEASON. FARM VOLUNTEER OPPORTUNITIES ENCOURAGE FAMILIES TO ENGAGE HANDS-ON AND LEARN ABOUT SUSTAINABLE AGRICULTURE AND FOOD PRODUCTION. THE FARM HOSTED FOUR SMALL VOLUNTEER EVENTS IN 2020 TO INCLUDE CARROT HARVESTING, GARLIC CLEANING, AND SWEET POTATO HARVESTING. THERE WERE EIGHT RECURRING FARM VOLUNTEERS THROUGHOUT THE 2020 SEASON AS WELL.

#### 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.



Name of the organization

WILLOWSFORD CONSERVANCY, INC

Employer identification number

45-0609461

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.

AN IMPORTANT AREA OF LAND STEWARDSHIP IS REFORESTATION AND HABITAT IMPROVEMENT TO ASSURE HEALTHY FOREST CONTINUE TO FLOURISH AT WILLOWSFORD. IN OCTOBER WE WORKED WITH LOUDOUN WILDLIFE CONSERVANCY, USING GRANT FUNDING FOR A TREE PLANTING IN THE DARKMOOR FORESTED WETLAND IN THE GROVE.

A MEADOW RESTORATION PROJECT IN THE GRANT HAS MADE GOOD PROGRESS IN REACHING 2020 GOALS. FILLED WITH POOR QUALITY CONSTRUCTION DIRT AND SEEDED OVER AFTER LAND DEVELOPMENT ACTIVITIES, THE 1.5-ACRE SITE WAS GIVEN A FRESH START BY REMOVING UNDESIRABLE AND INVASIVE PLANTS AND PLANTING A WINTER COVER CROP FOR SOIL IMPROVEMENT. IN SPRING THIS SITE WILL BE SEEDED WITH A MIX OF NATIVE GRASSES AND FORBS TO IMPROVE THE SITE'S VISUAL APPEARANCE, SOIL HEALTH, AND WILDLIFE VALUE.

WITH LWC, THE BLUEBIRD NEST BOX MONITORING PROGRAM CONTINUED IN 2020 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. A SUCCESSFUL BLUEBIRD MONITORING SEASON IN 2020 COUNTED 94 FLEDGLINGS IN THE NESTING BOXES: 51 OF THEM BLUEBIRDS. LOUDOUN WILDLIFE CONSERVANCY REPORTED A HARD YEAR FOR BLUEBIRDS, CONTRASING WITH A SUCCESSFUL SEASON IN WILLOWSFORD.

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

DESPITE COVID-19, THE CONSERVANCY OFFERED OVER 20 PROGRAMS SERVING MORE THAN 700 INDIVIDUALS, INCLUDING NATURE PLAY CLASSES, LECTURES, VOLUNTEER DAYS, AND HANDS-ON WORKSHOPS, INCLUDING:

- TINKERGARTEN NATURE PLAY CLASSES ON SIX SUNDAYS, JAN19-FEB23, 10:30-11:45AM, THE GRANGE(18 PARTICIPANTS/CLASS)
- COMMUNITY UPDATE SESSIONS ON WEDNESDAY, FEB 19, 6:30-8:00 PM AT SYCAMORE HOUSE AND TUESDAY, FEB 25, 6:30-8:00PM AT THE LOGE(49 REGISTRANTS)
- FARM SHARES 101 CSA INFO SESSIONS WITH THE FARM TEAM ON WEDNESDAY, MARCH 11 AT SYCAMORE HOUSE AND SUNDAY, MARCH 14 AT THE LODGE (35 REGISTRANTS)
- RIGHT PLAN RIGHT PLACE-NATIVE PLANTS FOR THE HOME GARDEN, BY JULIE BORNEMAN OF WATERMARKS NATIVE PLANT NURSERY, ON THURSDAY APRIL 23, 6:30-8:00PM, (43 REGISTRANTS)-VIRTUAL CLASS
- FEATHERED FOSTERS PROGRAM, APRIL 18-25, GRANGE FARM STAND (100 MAX-SOLD OUT)
- PINEWOODS LOOP TRAIL OPENING-CANCELED DUE TO COVID-19. THE NEW TRIAL WAS OPENED IN MARCH FOR RESIDENT USE.
- EXPLORING NATURE WITH YOUR CHILD, AN INTERACTIVE NATURE WALK, JUNE 30, 6:30-8:00PM, WITH KIM STRADER, CERTIFIED FOREST THERAPY GUIDE, AT CEDAR POND PAVILION (10 REGISTRANTS)
- AMENITY RENTAL SEASON OPENS: CEDAR POND PAVILION, GRANT FAMILY CAMPSITE, AND HIDDEN MEADOW EVENT FIELD, JUNE 12-OCT 31, THE GREENS, THE GRANT. RENTALS INCLUDED 57 CAMP NIGHTS, 3 CEDAR POND PAVILION RENTALS, AND 2 MULTI-DAY HIDDEN MEADOW RENTALS.
- CONTAINER GARDENING WITH NATIVE PLANTS, TWO HANDS-ON WORKSHOPS ON JULY 11, 9:00AM AND 10:30AM; THE GRANGE (SOLD OUT - 16 ATTENDEES)

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

- GARDENS IN PUBLIC SPACES-SITE TOUR WITH LOUDOUN WILDLIFE CONSERVANCY, THE GRANGE WET MEADOW AND NATIVE PLANT DEMONSTRATION GARDEN, PLANNED FOR JULY 25-LOUDOUN WILDLIFE CONSERVANCY FILMED IRIS GESTRAM IN THE GARDEN AND MEADOW AND PUBLISHED A VIRTUAL SESSION.

- REELING IN A BIG ONE, PARENT-CHILD FISHING CLASS WITH TROUT UNLIMITED, FRIDAY, SEPT 11, 6P,, AT WILLOW POND IN THE GREENS (SOLD OUT - 30 ATTENDEES)

- NATIVE PLANT SALE WITH WATERMARK WOODS NURSERY AND LOUDOUN WILDLIFE CONSERVANCY, SUNDAY, SEPT 13, 9AM - 2PM, THE GRANGE (APPROX. 375 ATTENDEES)

- MULTIPLE VOLUNTEER EVENTS WERE HELD THROUGHOUT THE YEAR WITH OPPORTUNITIES TO VOLUNTEER WITH WILLOWSFORD FARM AND THE LAND STEWARDSHIP TEAM.

- THE CONSERVANCY'S RESIDENT PHOTO CONTEST, "NATURE LENS" CONTINUES TO DRAW GOOD PARTICIPATION. THE NEXT WINNERS WILL BE CHOSEN AT THE CONCLUSION OF THE AUTUMN PORTION OF THE YEAR-ROUND CONTEST.

THE 2020-2021 SEASON OF THE CONSERVANCY DEER MANAGEMENT PROGRAM SUCCESSFULLY ENDED ON JANUARY 8, 2021. COMPLETING ITS 5TH YEAR, PROGRAM HAS AN EXCELLENT SAFETY AND HARVEST RECORD. A TOTAL OF 133 DEER WERE HARVESTED THIS SEASON (COMPARED TO 136 LAST YEAR, AND 61 DEER IN 2018-2019), INCLUDING 123 ANTLERLESS DEER (92%) AND 10 ANTLERED DEER. APPROX. ONE THIRD (47 DEER) WAS TAKEN USING ARCHERY.

PART III LINE 4: PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)

OUTDOOR RECREATION

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

Name of the organization

WILLOWSFORD CONSERVANCY, INC

Employer identification number

45-0609461

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.

DESPITE COVID-19 RESTRICTIONS, THE CONSERVANCY PRODUCED SOLUTIONS TO PROVIDE AMENITIES TO RESIDENTS. CONSERVANCY AMENITIES INCLUDING THE HIDDEN MEADOW EVENT FIELD AND GROUP CAMPSITE, CEDAR POND PAVILION AND RECREATIONAL ARCHERY RANGE AND 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.

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.

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

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

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

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).

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

THE ORGANIZATION ENGAGES A PAID PREPARER EXPERIENCED IN THE PREPARATION OF

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

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.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

FIRST TIME AUDIT-ADDITION OF DEEDED LAND	3,796,984.
FIRST TIME AUDIT-MISCELLANEOUS OTHER ADJUSTMENTS	3,837.
TOTAL TO FORM 990, PART XI, LINE 9	3,800,821.

FORM 990, PART XII, LINE 2C  
2020 WAS THE FIRST YEAR THAT AN INDEPENDENT AUDIT WAS COMPLETED. A FINANCE COMMITTEE WAS SET UP. THE FINANCE COMMITTEE IS CHARGED WITH SUPERVISING AND REVIEWING THE AUDIT.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.

OMB No. 1545-0047

**2020**

Open to Public Inspection

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 512(b)(13) controlled entity?	
						Yes	No
WILLOWSFORD HOME OWNER'S ASSOCIATION, INC - 45-0645880, 23506 FOUNDERS DRIVE, ASHBURN, VA 20148	HOA	VIRGINIA	528	N/A	WILLOWSFORD OPERATIONS, LLC		X

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
TIMBER RIDGE AT WILLOWSFORD MM, LLC - 81-2177824, 131 JERICHO TURNPIKE, PH 1, JERICHO, NY 11753	REAL ESTATE	NY						X	N/A		X	
TIMBER RIDGE AT WILLOWSFORD, LLC - 81-2164437, 131 JERICHO TURNPIKE, PH 1, JERICHO, NY 11753	REAL ESTATE	NY						X	N/A		X	
WILLOWSFORD OPERATIONS, LLC - 81-1481673, 44095 PIPELINE PLAZA, SUITE 140, ASHBURN, VA 20147	MANAGEMENT	VA						X	N/A		X	
LOUDOUN CONSERVANCY, LLC - 81-1492312, 44095 PIPELINE PLAZA, SUITE 140, ASHBURN, VA 20147	NOT FOR PROFIT ACTIVITES	VA						X	N/A		X	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No



**Part III** Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
WILLOWSFORD MANAGEMENT, LLC - 81-1546225, 44095 PIPELINE PLAZA, SUITE 140, ASHBURN, VA 20147	MANAGEMENT	VA						X		N/A	X	

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WILLOWSFORD OPERATIONS, LLC	C	1,191,879.	
(2) WILLOWSFORD HOME OWNER'S ASSOCIATION, INC	S	1,330,170.	COLLECT ON BEHALF OF CONSERVANCY
(3)			
(4)			
(5)			
(6)			





2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
				.000		HY16									
				.000		HY16									
				.000		HY16									
259	LAND	01/01/20	L				3,988,863.				3,988,863.			0.	
	LAND AND IMPROVEMENTS														
2	GARDEN ON FOUNDERS DRIVE	01/31/12	SL	10.00		HY17	76,194.				76,194.	60,956.		7,619.	68,575.
3	FARM FIELD IN GRANGE	01/31/12	SL	10.00		HY17	73,162.				73,162.	58,530.		7,316.	65,846.
4	WELL SERVING GRANGE FARM	01/31/12	SL	15.00		HY17	21,250.				21,250.	11,335.		1,417.	12,752.
5	WELL SERVING FARM GARDEN	04/13/12	SL	15.00		HY17	24,678.				24,678.	13,161.		1,645.	14,806.
6	GRANGE FARM COMPOST	03/31/13	SL	10.00		HY17	3,600.				3,600.	2,460.		360.	2,820.
7	FLEETWOOD FARM WELL	05/31/13	SL	15.00		HY17	35,445.				35,445.	15,753.		2,363.	18,116.
8	FLEETWOOD FARM WELL	09/30/13	SL	15.00		HY17	3,140.				3,140.	1,325.		209.	1,534.
9	FARM FIELD GREENS	05/31/15	SL	10.00		HY17	2,656.				2,656.	1,219.		266.	1,485.
10	PERLIM WORK ON WELLS (NOT IN SERVICE	01/31/16	SL	10.00		HY17	5,940.				5,940.	2,376.		594.	2,970.
77	FARM WELL VALLEY PASS	03/31/16	SL	10.00		HY17	6,000.				6,000.	1,700.		600.	2,300.
78	DEER FENCE	03/31/16	SL	7.00		HY17	31,207.				31,207.	15,975.		4,458.	20,433.
79	DEER FENCE	05/31/16	SL	7.00		HY17	2,847.				2,847.	1,410.		407.	1,817.
80	WELL TESTING AND DRILLING	06/30/16	SL	15.00		HY17	27,122.				27,122.	7,007.		1,808.	8,815.

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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
81	GRANT WELL VALLEY DRILLING	09/30/16	SL	15.00	HY17	9,751.				9,751.	2,275.		650.	2,925.
125	PEACH ORCHARD FARM FENCE	08/31/17	SL	7.00	HY17	83,504.				83,504.	28,828.		11,929.	40,757.
126	REGRAVEL/ROLL HOUSE TO BARN, WELL TO BARN	09/30/17	SL	15.00	HY17	6,000.				6,000.	933.		400.	1,333.
128	PUMP & WELL SERVICE	10/31/17	SL	15.00	HY17	5,294.				5,294.	794.		353.	1,147.
129	WATERLINE AT PEACH ORCHARD	10/31/17	SL	10.00	HY17	31,250.				31,250.	7,031.		3,125.	10,156.
130	WELL 2	11/30/17	SL	15.00	HY17	3,799.				3,799.	548.		253.	801.
145	CAPITAL REIMBURSEMENT FOR PEACH ORCHARD WORK	01/31/18	SL	15.00	16	-69,999.				-69,999.	-9,336.		-507.	-9,843.
146	PEACH ORCHARD LIVESTOCK OP-FENCEING AND UNDERGROUND	06/30/18	SL	7.00	HY17	4,695.				4,695.	1,062.		671.	1,733.
147	ADDITIONAL WORK FOR INSTALLATION OF WATER LINE	07/31/18	SL	10.00	HY17	15,000.				15,000.	2,250.		1,500.	3,750.
148	STREAM EXCLUSION W/ GRAZING LAND MGT	07/31/18	SL	15.00	16	-10,022.				-10,022.	-1,002.		0.	-1,002.
252	WELL PUMP COMPUTER	08/31/20	SL	7.00	HY19C	6,921.				6,921.			412.	412.
	* 990 PAGE 10 TOTAL - LAND AND IMPROVEMENTS					399,434.				399,434.	226,590.		47,848.	274,438.
	BUILDINGS & IMPROVEMENTS													
12	GRANGE FARM STRUCTURE	01/31/12	SL	20.00	HY17	21,819.				21,819.	8,728.		1,091.	9,819.
13	GRANGE FARM STRUCTURE	03/31/12	SL	20.00	HY17	268,665.				268,665.	105,226.		13,433.	118,659.
14	FARM GARDEN STRUCTURE	06/30/12	SL	20.00	HY17	46,139.				46,139.	17,495.		2,307.	19,802.
15	BUILDOUT LOFT (CARPENTER BEACH)	04/30/14	SL	20.00	HY17	20,500.				20,500.	5,894.		1,025.	6,919.
16	JOHN LAYNG (GRANGE GREENHOUSE)	06/30/14	SL	20.00	HY17	4,000.				4,000.	1,200.		200.	1,400.

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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
17	WALK IN COOLER UPGRADES	09/30/14	SL	7.00	HY17	2,797.				2,797.	2,133.		400.	2,533.
18	HIGH TUNNEL	10/31/14	SL	20.00	HY17	14,100.				14,100.	3,701.		1,410.	5,111.
19	HIGH TUNNEL	12/31/14	SL	10.00	HY17	4,793.				4,793.	1,697.		479.	2,176.
20	HIGH TUNNEL SITE WORK	12/18/14	SL	10.00	HY17	5,285.				5,285.	1,879.		529.	2,408.
21	HIGH TUNNEL	04/30/15	SL	10.00	HY17	4,173.				4,173.	1,408.		417.	1,825.
22	FARM STAND IMPROVEMENTS	04/30/15	SL	20.00	HY17	60,827.				60,827.	14,445.		3,041.	17,486.
23	PRELIM WORK ON GRANT (NOT IN SERVICE)	01/31/16	SL	10.00	HY17	51,161.				51,161.	20,464.		5,116.	25,580.
82	SIX HIGH TUNNELS	01/31/17	SL	10.00	HY17	3,018.				3,018.	906.		302.	1,208.
131	BUILD 12 END WALLS FOR 6 GREENHOUSES	01/31/17	SL	10.00	HY17	3,908.				3,908.	1,173.		391.	1,564.
132	PEACH ORCHARD OH TO UG CONVERSION	07/31/17	SL	20.00	HY17	4,574.				4,574.	572.		229.	801.
133	GREENHOUSE #2	11/30/17	SL	20.00	HY17	3,686.				3,686.	399.		184.	583.
134	PEACH ORCHARD BARN REPAIRS	12/31/17	SL	20.00	HY17	30,919.				30,919.	3,221.		1,546.	4,767.
135	BARN 1 & 2 WIRING AND UPGRADE	08/31/17	SL	20.00	HY17	16,128.				16,128.	1,948.		806.	2,754.
149	GRANGE FARM STAND GATES	05/31/18	SL	10.00	HY17	350.				350.	58.		35.	93.
150	GRANGE FARM STAND PARKING LOT	05/31/18	SL	10.00	HY17	16,000.				16,000.	2,667.		1,600.	4,267.
151	GRANGE GREENHOUSE RETROFIT	05/31/18	SL	10.00	HY17	5,715.				5,715.	953.		572.	1,525.
152	GRANGE PACKING SHED - COOLER FLOOR	05/31/18	SL	10.00	HY17	274.				274.	45.		27.	72.
153	GRANGE PACKING SHED - COOLER FLOOR	05/31/18	SL	10.00	HY17	800.				800.	133.		80.	213.

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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
154	GRANGE FARM BARN RENOVATION	05/31/18	SL	10.00	HY17	13,100.				13,100.	2,183.		1,310.	3,493.
155	GRANGE FARM BARN RENOVATION - CLEANUP	05/31/18	SL	10.00	HY17	650.				650.	108.		65.	173.
156	GRANGE FARM PACKING SHED - FLOOR DRAIN	06/30/18	SL	10.00	HY17	9.				9.	2.		1.	3.
157	GRANGE FARM PACKING SHED - MISC MATERIALS	06/30/18	SL	10.00	HY17	96.				96.	16.		10.	26.
158	GRANGE FARM PACKING SHED - MISC MATERIALS	06/30/18	SL	10.00	16	-124.				-124.			0.	
159	GRANGE FARM PACKING SHED - DECK STAIN & RELATED MATERIA	06/30/18	SL	10.00	HY17	275.				275.	44.		28.	72.
160	GRANGE FARM PACKING SHED - INV 2194 (DREAM BUILDINGS)	06/30/18	SL	10.00	HY17	35,569.				35,569.	5,632.		3,557.	9,189.
161	GRANGE FARM STAND ELECTRICAL IMPROVEMENTS	06/30/18	SL	10.00	HY17	9,665.				9,665.	1,531.		967.	2,498.
162	GRANGE FARM PACKING SHED - PREP FOR ELECTRICAL	06/30/18	SL	10.00	HY17	3,213.				3,213.	508.		321.	829.
163	GRANGE FARM PACKING SHED	06/30/18	SL	10.00	HY17	236.				236.	38.		24.	62.
164	GRANGE FARM PACKING SHED	06/30/18	SL	10.00	HY17	64.				64.	10.		6.	16.
165	GRANGE FARM PACKING SHED	06/30/18	SL	10.00	HY17	394.				394.	62.		39.	101.
166	FARM STAND IMPROVEMENTS	06/30/18	SL	10.00	HY17	462.				462.	73.		46.	119.
167	GRANGE FARM PACKING SHED - INV 2207 (DREAM BUILDINGS)	07/31/18	SL	10.00	HY17	4,225.				4,225.	634.		423.	1,057.
168	GRANGE FARM PACKING SHED - GRADING & STONE	07/31/18	SL	10.00	HY17	2,473.				2,473.	371.		247.	618.
169	GRANGE FARM BARN RENOVATION - MINI SPLIT HVAC	07/31/18	SL	10.00	HY17	3,971.				3,971.	596.		397.	993.
170	INSTALL MINI SPLIT SYSTEM & 2 WALKINS	07/31/18	SL	10.00	HY17	15,745.				15,745.	2,362.		1,575.	3,937.
171	HVAC INSTALL - FARM STAND	08/31/18	SL	10.00	HY17	1,104.				1,104.	156.		110.	266.



2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
172	GRANGE FARM PACKING SHED	08/31/18	SL	10.00		HY17	10,350.				10,350.	1,466.		1,035.	2,501.
173	GRANGE FARM OFFICE	08/31/18	SL	10.00		HY17	7,500.				7,500.	1,063.		750.	1,813.
174	PROTECH SERVICES INV 10033	11/30/18	SL	10.00		HY17	1,101.				1,101.	128.		110.	238.
175	PEACH ORCHARD BARN DRAW 1	05/31/18	SL	20.00		HY17	3,900.				3,900.	325.		195.	520.
176	PEACH ORCHARD BARN DRAW 2	05/31/18	SL	20.00		HY17	21,476.				21,476.	1,790.		1,074.	2,864.
177	PEACH ORCHARD BARN RESTORATION	05/31/18	SL	10.00		HY17	13,673.				13,673.	2,279.		1,367.	3,646.
178	PEACH ORCHARD SHED - EGG WASHING STATION	05/31/18	SL	10.00		HY17	4,117.				4,117.	686.		412.	1,098.
179	PEACH ORCHARD SHED - EGG WASHING STATION	05/31/18	SL	10.00		HY17	1,200.				1,200.	200.		120.	320.
180	PEACH ORCHARD SHED - EGG WASHING STATION	05/31/18	SL	10.00		HY17	4,341.				4,341.	723.		434.	1,157.
181	PEACH ORCHARD BARN - ADDITIONAL CLEANUP	05/31/18	SL	10.00		HY17	768.				768.	128.		77.	205.
182	EGG WASHING STATION - DRAIN LINE & CLEANUP	05/31/18	SL	10.00		HY17	2,322.				2,322.	387.		232.	619.
183	PATCH AND PAINT PEACH ORCHARD ROOF -	05/31/18	SL	10.00		HY17	600.				600.	100.		60.	160.
184	INSURANCE CLAIM	05/31/18	SL	10.00		16	-1,320.				-1,320.	-220.		0.	-220.
185	EGG WASHING STATION	06/30/18	SL	10.00		HY17	620.				620.	98.		62.	160.
186	EGG WASHING STATION	06/30/18	SL	10.00		HY17	5,400.				5,400.	855.		540.	1,395.
187	EGG WASHING STATION	06/30/18	SL	10.00		HY17	456.				456.	73.		46.	119.
248	GRANGE FARM SEPTIC SYSTEM	06/30/19	SL	10.00		HY17	35,977.				35,977.	2,099.		3,598.	5,697.
249	FARM STAND GARDEN	06/30/19	SL	10.00		HY17	28,079.				28,079.	1,638.		2,808.	4,446.

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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
250	GRANGE BARN SEPTIC SYSTEM	07/30/19	SL	10.00	HY17	850.				850.	43.		85.	128.
251	CONNECTION AND MAGNETIC WATER	12/30/19	SL	20.00	HY17	7,221.				7,221.	30.		361.	391.
	* 990 PAGE 10 TOTAL - BUILDINGS & IMPROVEMENTS					829,389.				829,389.	224,562.		57,712.	282,274.
	BUILDINGS & IMP - HOUSING													
25	GRANGE FARM STRUCTURE	07/31/14	SL	20.00	HY17	105,802.				105,802.	29,095.		5,290.	34,385.
26	GRANGE FARM STRUCTURE - FURNACE	12/31/14	SL	10.00	HY17	6,400.				6,400.	3,253.		640.	3,893.
27	PRELIM WORK ON LIGHTGRIDGE (NOT IN SERVICE)	01/31/16	SL	20.00	HY17	35,370.				35,370.	7,076.		1,769.	8,845.
83	WORK DONE ON LIGHTGRIDGE	01/31/16	SL	20.00	HY17	42,567.				42,567.	8,512.		2,128.	10,640.
136	FARM HOUSE DESIGN SERVICES	11/30/17	SL	20.00	HY17	9,123.				9,123.	722.		456.	1,178.
137	FARM HOUSE CLEARING	11/30/17	SL	20.00	HY17	4,375.				4,375.	347.		219.	566.
138	FARM HOUSE LOUDOUN COUNTY PERMIT	12/31/17	SL	20.00	HY17	2,120.				2,120.	168.		106.	274.
188	WORK DONE ON LIGHTGRIDGE - SEPTIC REPAIR	04/30/18	SL	20.00	HY17	6,687.				6,687.	585.		334.	919.
192	FARM HOUSE	06/30/18	SL	20.00	HY17	1,683.				1,683.	133.		84.	217.
193	FARM HOUSE	06/30/18	SL	20.00	HY17	23,904.				23,904.	1,892.		1,195.	3,087.
194	FARM HOUSE	06/30/18	SL	20.00	HY17	42,260.				42,260.	3,346.		2,113.	5,459.
195	FARM HOUSE	06/30/18	SL	20.00	HY17	15,375.				15,375.	1,217.		769.	1,986.
196	FARM HOUSE	06/30/18	SL	20.00	HY17	17,641.				17,641.	1,397.		882.	2,279.
197	FARM HOUSE	06/30/18	SL	20.00	HY17	43,500.				43,500.	3,444.		2,175.	5,619.

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
198	FARM HOUSE	06/30/18	SL	20.00		HY17	2,051.				2,051.	163.		103.	266.
199	FARM HOUSE	06/30/18	SL	20.00		HY17	42,241.				42,241.	3,344.		2,112.	5,456.
200	FARM HOUSE	06/30/18	SL	20.00		HY17	55,435.				55,435.	4,389.		2,772.	7,161.
201	FARM HOUSE	06/30/18	SL	20.00		HY17	36,384.				36,384.	2,880.		1,819.	4,699.
202	FARM HOUSE	06/30/18	SL	20.00		HY17	60,122.				60,122.	4,760.		3,006.	7,766.
203	FARM HOUSE	06/30/18	SL	20.00		HY17	18,173.				18,173.	1,439.		909.	2,348.
204	GRADING	06/30/18	SL	20.00		HY17	5,027.				5,027.	398.		251.	649.
205	TREE WORK	06/30/18	SL	20.00		HY17	8,666.				8,666.	686.		433.	1,119.
206	EROSION CONTROL	06/30/18	SL	20.00		HY17	1,888.				1,888.	149.		94.	243.
207	FARM HOUSE	06/30/18	SL	20.00		HY17	48,748.				48,748.	3,859.		2,437.	6,296.
208	HOUSE LANDSCAPING	06/30/18	SL	20.00		HY17	2,918.				2,918.	231.		146.	377.
209	FARM HOUSE	06/30/18	SL	20.00		HY17	1,989.				1,989.	157.		99.	256.
210	FARM HOUSE	06/30/18	SL	20.00		HY17	3,041.				3,041.	241.		152.	393.
253	WATER LINE	01/30/20	SL	20.00		HY19F	8,325.				8,325.			416.	416.
	* 990 PAGE 10 TOTAL - BUILDINGS & IMP - HOUSING						651,815.				651,815.	83,883.		32,909.	116,792.
	FURNITURE & FIXTURES														
29	FARM TENT	05/31/12	SL	7.00		HY17	4,564.				4,564.	4,564.		0.	4,564.
30	ADAMS BURCH REFRIGERATOR	07/31/12	SL	7.00		16	3,799.				3,799.	3,483.		0.	3,483.

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
31	FREEZER	12/31/15	SL	7.00		HY17	7,500.				7,500.	4,373.		1,071.	5,444.
32	ALTO-HARTLEY	12/31/15	SL	7.00		HY17	6,613.				6,613.	3,859.		945.	4,804.
33	TEW MANUFACTURING CORPORATION	12/31/15	SL	7.00		HY17	2,565.				2,565.	1,495.		366.	1,861.
127	9 SHELTERS	10/31/17	SL	7.00		HY17	9,583.				9,583.	3,080.		1,369.	4,449.
211	FREEZER	03/31/18	SL	7.00		HY17	7,068.				7,068.	1,851.		1,010.	2,861.
212	FARM STAND WALK IN COOLER	05/31/18	SL	7.00		HY17	27,372.				27,372.	6,517.		3,910.	10,427.
247	FREEZER	06/28/19	SL	7.00		HY17	2,774.				2,774.	231.		396.	627.
	* 990 PAGE 10 TOTAL - FURNITURE & FIXTURES						71,838.				71,838.	29,453.		9,067.	38,520.
	EQUIPMENT														
35	TRACTOR-KUBOTA 7040	11/30/11	SL	7.00		HY17	38,380.				38,380.	38,380.		0.	38,380.
36	LANDPRIDE RCR 1884 BUSHHOG	11/30/11	SL	7.00		HY17	3,050.				3,050.	3,050.		0.	3,050.
37	BEFCO C70 FLAIL MOWER	11/30/11	SL	7.00		HY17	5,850.				5,850.	5,850.		0.	5,850.
39	TRACTOR-KUBOTA 2620	07/31/11	SL	7.00		HY17	17,500.				17,500.	17,500.		0.	17,500.
40	MACHIO B-70 ROTOTILLER	10/31/11	SL	7.00		HY17	6,050.				6,050.	6,050.		0.	6,050.
41	WILLIAMS TOOL SYSTEM	10/31/11	SL	7.00		HY17	3,492.				3,492.	3,492.		0.	3,492.
42	TOOL BAR AND DISCS	10/31/11	SL	7.00		HY17	1,395.				1,395.	1,395.		0.	1,395.
43	LESCHE 5600 BED-SHAPER	10/31/11	SL	7.00		HY17	2,450.				2,450.	2,450.		0.	2,450.
44	PERFECTA S-TIME HARROW	10/31/11	SL	7.00		HY17	2,800.				2,800.	2,800.		0.	2,800.

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
45	STOLTZFUS MFG WLS 50LR SPREADER	02/28/12	SL	7.00		HY17	14,099.				14,099.	14,099.		0.	14,099.
46	MECHANICAL TRANSPLANTER MT-90 MULCHER	03/31/12	SL	7.00		HY17	2,385.				2,385.	2,385.		0.	2,385.
48	KEYLINE PLOW/SUBSOILER	03/31/12	SL	7.00		HY17	10,469.				10,469.	10,469.		0.	10,469.
49	KEYLINE PLOW/SUBSOILER	03/31/12	SL	7.00		HY17	2,537.				2,537.	2,537.		0.	2,537.
50	WATER TANK/TRAILER	03/31/13	SL	7.00		HY17	5,860.				5,860.	5,720.		140.	5,860.
51	WATER WHEEL PLANTER	03/31/13	SL	7.00		HY17	4,160.				4,160.	4,060.		100.	4,160.
52	UTV	06/30/13	SL	7.00		HY17	17,115.				17,115.	16,096.		1,019.	17,115.
53	(D)GLENCO SOIL SAVER	02/28/14	SL	7.00		HY17	7,000.				7,000.	5,917.		333.	6,250.
54	UNDERCUTTER, SPREADER, SHANKS, TINES	02/28/14	SL	7.00		HY17	5,241.				5,241.	4,431.		749.	5,180.
55	BASKET WEEDER	03/31/14	SL	7.00		HY17	4,775.				4,775.	3,978.		682.	4,660.
56	MACHIO TILLER	04/30/14	SL	7.00		HY17	5,570.				5,570.	4,577.		796.	5,373.
57	DR MOWER	04/30/14	SL	7.00		HY17	3,052.				3,052.	2,507.		436.	2,943.
58	INTERNATIONAL 84 HYDRO	01/31/15	SL	7.00		HY17	13,780.				13,780.	9,845.		1,969.	11,814.
59	HILLING DISCS	02/28/15	SL	7.00		HY17	4,090.				4,090.	2,872.		584.	3,456.
60	TRANSPORT DISC/BALE CARRIOER	02/28/15	SL	7.00		HY17	4,525.				4,525.	3,177.		646.	3,823.
61	CULTIVATOR	04/30/15	SL	7.00		HY17	12,258.				12,258.	8,317.		1,751.	10,068.
62	UNDERCUTTER 54"	07/31/15	SL	7.00		HY17	2,750.				2,750.	1,768.		393.	2,161.
63	MASSEY FERGUSON PLOW	07/31/15	SL	7.00		HY17	3,900.				3,900.	2,507.		557.	3,064.

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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
64	INTERSEEDER	09/30/15	SL	7.00	HY17	24,300.				24,300.	15,041.		3,471.	18,512.
65	CULTIVATING TRACTOR FROM ALLIS CHALMERS	09/30/15	SL	7.00	HY17	5,250.				5,250.	3,250.		750.	4,000.
66	DECEMBER PURCHASES	12/31/15	SL	7.00	HY17	123,715.				123,715.	72,938.		17,674.	90,612.
84	KUBOTA DIESEL GENERATOR	11/30/16	SL	7.00	HY17	5,500.				5,500.	2,489.		786.	3,275.
85	KIFCOO 1.4"X350' HARD HOSE REEL	12/31/16	SL	7.00	HY17	4,894.				4,894.	2,155.		699.	2,854.
86	(D)2007 JOHN DEER MX15 BUSHHOG	12/31/16	SL	7.00	HY17	6,500.				6,500.	2,864.		310.	3,174.
87	LANDPRIDE FM3188 FLAIL MOWER	12/31/16	SL	7.00	HY17	7,653.				7,653.	3,370.		1,093.	4,463.
119	20FT EQUIPMENT TRAILER	02/28/17	SL	7.00	HY17	5,973.				5,973.	2,486.		853.	3,339.
120	LOG SPLITTER	02/28/17	SL	7.00	HY17	3,144.				3,144.	1,310.		449.	1,759.
121	PRO WOOD CHIPPER	03/31/17	SL	7.00	HY17	2,650.				2,650.	1,073.		379.	1,452.
122	VERMEER X2	04/30/17	SL	7.00	HY17	41,996.				41,996.	16,498.		5,999.	22,497.
123	VERMEER	05/31/17	SL	7.00	HY17	3,061.				3,061.	1,166.		437.	1,603.
124	BOBCAT T190	06/30/17	SL	7.00	HY17	24,000.				24,000.	8,858.		3,429.	12,287.
139	MF 1035 DIESEL TRACTOR	03/31/17	SL	7.00	HY17	10,050.				10,050.	4,068.		1,436.	5,504.
140	27 SERIES 6FT SPADER	03/31/17	SL	7.00	HY17	14,093.				14,093.	5,704.		2,013.	7,717.
141	TRACTOR-KUBOTA RTV X900 S/N 10519	04/30/17	SL	7.00	HY17	11,500.				11,500.	4,518.		1,643.	6,161.
142	SPREADER T32210	05/31/17	SL	7.00	HY17	2,014.				2,014.	768.		288.	1,056.
143	GOLF CART	09/30/17	SL	7.00	HY17	3,475.				3,475.	1,157.		496.	1,653.

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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
239	MINI SKID HOE SWING/HYDRAULIC KIT/BRUSH CU	01/31/18	SL	7.00		HY17	7,995.				7,995.	2,284.		1,142.	3,426.
240	2018 DIAMOND C16'	02/28/18	SL	7.00		HY17	3,683.				3,683.	1,008.		526.	1,534.
241	2018 BRI-MR 7X12	02/28/18	SL	7.00		HY17	6,902.				6,902.	1,890.		986.	2,876.
242	33517-1 ZG227A-54 ZERO TURN MOWER	03/31/18	SL	7.00		HY17	9,711.				9,711.	2,543.		1,387.	3,930.
243	(D)33517-2 ZG227A-54 ZERO TURN MOWER	03/31/18	SL	7.00		HY17	9,711.				9,711.	2,543.		925.	3,468.
246	PLASTIC LIFTER WINDER	02/21/19	SL	7.00		HY17	4,115.				4,115.	539.		588.	1,127.
254	JOHN DEERE LIME DRILL	04/23/20	SL	7.00		HY19C	610.				610.			44.	44.
255	2005 JUFCI WATER REEL	04/23/20	SL	7.00		HY19C	2,772.				2,772.			264.	264.
256	KNIGHT 252 MANURE SPREADER	04/23/20	SL	7.00		HY19C	1,195.				1,195.			114.	114.
257	TRX 354 MOWER	08/20/20	SL	7.00		HY19C	13,846.				13,846.			824.	824.
	* 990 PAGE 10 TOTAL - EQUIPMENT						564,841.				564,841.	346,807.		59,160.	405,967.
	VEHICLES - FARM														
68	2002 DODGE RAM	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.
88	DELIVERY TRUCK	06/30/16	SL	5.00		HY17	10,050.				10,050.	7,203.		2,010.	9,213.
89	DODGE FLATBED	01/31/17	SL	5.00		HY17	5,564.				5,564.	3,339.		1,113.	4,452.
258	2019 4500 CHEVY TRUCK	05/28/20	SL	5.00		HY19B	72,962.				72,962.			8,512.	8,512.
	* 990 PAGE 10 TOTAL - VEHICLES - FARM						109,666.				109,666.	31,632.		11,635.	43,267.

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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
	COMPUTER HARDWARE														
72	LAPTOP - MAINTENANCE PERSON	01/31/17	SL	3.00		HY17	999.				999.	999.		0.	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.	3,316.		0.	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.
76	FORD F250 SUPER DUTY 2008	06/18/15	SL	5.00		HY17	29,869.				29,869.	27,381.		3,113.	30,494.
244	2018 FORD F-150	02/28/18	SL	5.00		HY17	32,754.				32,754.	12,556.		6,551.	19,107.
245	2003 FORD RANGER 1FTYR14V23TA39079	03/06/19	SL	5.00		HY17	7,300.				7,300.	1,217.		1,460.	2,677.
	* 990 PAGE 10 TOTAL - VEHICLES - CONSERVANCY						106,100.				106,100.	77,331.		11,124.	88,455.
	BUILDING IMPROVEMENTS - CONSERVANCY														
91	CONCRETE	01/31/17	SL	20.00		HY17	21,870.				21,870.	3,282.		1,094.	4,376.
92	POLE BARN	01/31/17	SL	20.00		HY17	6,424.				6,424.	963.		321.	1,284.
93	POLE BARN	01/31/17	SL	20.00		HY17	19,890.				19,890.	2,985.		995.	3,980.
94	POLE BARN	01/31/17	SL	20.00		HY17	790.				790.	120.		40.	160.
95	PLUMBING SUPPLIES	01/31/17	SL	20.00		HY17	968.				968.	144.		48.	192.
97	POLE BARN - PLUMBING/FRAMING SUPPLIES	01/31/17	SL	20.00		HY17	2,240.				2,240.	336.		112.	448.



2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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
98	POLE BARN - BUILDING PAD	01/31/17	SL	20.00	HY17	8,345.				8,345.	1,251.		417.	1,668.
99	POLE BARN	01/31/17	SL	20.00	HY17	30,720.				30,720.	4,608.		1,536.	6,144.
100	POLE BARN	02/28/17	SL	20.00	HY17	6,424.				6,424.	936.		321.	1,257.
101	POLE BARN PAD	02/28/17	SL	20.00	HY17	3,219.				3,219.	470.		161.	631.
102	POLE BARN - ELECTRICAL	02/28/17	SL	20.00	HY17	23,600.				23,600.	3,442.		1,180.	4,622.
103	POLE BARN - CABINETRY, PLYWOOD, PLUMBING	02/28/17	SL	20.00	HY17	1,489.				1,489.	216.		74.	290.
104	POLE BARN - PLUMBING & FENCING	03/31/17	SL	20.00	HY17	733.				733.	105.		37.	142.
105	POLE BARN PLUMBING & INTERIOR	04/30/17	SL	20.00	HY17	5,100.				5,100.	701.		255.	956.
106	POLE BARN STONE FOR ACCESS ROAD	04/30/17	SL	20.00	HY17	9,635.				9,635.	1,325.		482.	1,807.
107	POLE BARN SEPTIC	04/30/17	SL	20.00	HY17	1,680.				1,680.	231.		84.	315.
108	POLE BARN SEPTIC	04/30/17	SL	20.00	HY17	3,875.				3,875.	533.		194.	727.
109	POLE BARN ELECTRICAL	04/30/17	SL	20.00	HY17	5,900.				5,900.	811.		295.	1,106.
110	POLE BARN INTERIOR FINSHES & LOCKERS	05/31/17	SL	20.00	HY17	808.				808.	107.		40.	147.
111	POLE BARN ONSITE SEWAGE SYSTEM	06/30/17	SL	20.00	HY17	30,358.				30,358.	3,921.		1,518.	5,439.
112	POLE BARN - FENCE	07/31/17	SL	20.00	HY17	4,490.				4,490.	562.		225.	787.
113	POLE BARN WATER SUPPLY/PLUMBING/HOOKUP	07/31/17	SL	20.00	HY17	319.				319.	40.		16.	56.
114	FUEL STATION POSTS, TRENCHER, CONCRETE	09/30/17	SL	20.00	HY17	826.				826.	92.		41.	133.
115	FUEL STATION - ELECTRICAL SUPPLIES/EMERGENCY SHUTOFF	10/31/17	SL	20.00	HY17	1,165.				1,165.	131.		58.	189.

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
116	TAKE FOR FUEL STATION	11/30/17	SL	20.00		HY17	16,414.				16,414.	1,779.		821.	2,600.
117	INSTALLED ROOF OVER FUEL STATION & BARN	12/31/17	SL	20.00		HY17	2,332.				2,332.	253.		117.	370.
144	CONCRETE	11/30/17	SL	20.00		HY17	605.				605.	63.		30.	93.
213	ARCHERY RANGE	06/30/18	SL	20.00		HY17	4,063.				4,063.	322.		203.	525.
214	ARCHERY RANGE TARGET PADS	06/30/18	SL	20.00		HY17	83.				83.	6.		4.	10.
215	ARCHERY RANGE	06/30/18	SL	20.00		HY17	6,000.				6,000.	475.		300.	775.
216	ARCHERY RANGE	06/30/18	SL	20.00		HY17	12,485.				12,485.	988.		624.	1,612.
217	ARCHERY RANGE	06/30/18	SL	20.00		HY17	2,700.				2,700.	214.		135.	349.
218	ARCHERY RANGE	06/30/18	SL	20.00		HY17	7,150.				7,150.	567.		358.	925.
219	ARCHERY RANGE	06/30/18	SL	20.00		HY17	2,813.				2,813.	223.		141.	364.
220	ARCHERY RANGE	06/30/18	SL	20.00		HY17	572.				572.	46.		29.	75.
221	ARCHERY RANGE	06/30/18	SL	20.00		HY17	1,268.				1,268.	100.		63.	163.
222	ARCHERY RANGE - MATERIALS FOR TARGETS	06/30/18	SL	20.00		HY17	428.				428.	33.		21.	54.
223	ARCHERY RANGE	06/30/18	SL	20.00		HY17	774.				774.	62.		39.	101.
224	ARCHERY RANGE	06/30/18	SL	20.00		HY17	64.				64.	5.		3.	8.
225	ARCHERY RANGE - OUTDOOR BULLETIN BOARD	06/30/18	SL	20.00		HY17	500.				500.	40.		25.	65.
226	ARCHERY RANGE - POST ANCHORS	06/30/18	SL	20.00		HY17	52.				52.	5.		3.	8.
227	ARCHERY RANGE - MATERIALS FOR TARGETS	06/30/18	SL	20.00		HY17	866.				866.	68.		43.	111.

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
228	ARCHERY RANGE - CAUTION SIGNS	07/31/18	SL	20.00		HY17	122.				122.	9.		6.	15.
229	ARCHERY RANGE - STRAW & SEED	07/31/18	SL	20.00		HY17	230.				230.	18.		12.	30.
230	ARCHERY RANGE - EXTERIOR PAINTING OF PAVILION	07/31/18	SL	20.00		HY17	2,310.				2,310.	174.		116.	290.
231	ARCHERY RANGE - ARCHERY SIGNS	07/31/18	SL	20.00		HY17	550.				550.	42.		28.	70.
232	ARCHERY RANGE - RETURN OF UNUSED MATERIALS	07/31/18	SL	20.00		16	-423.				-423.	-32.		0.	-32.
233	MAINTENANCE SHED - PERMIT	06/30/18	SL	20.00		HY17	520.				520.	41.		26.	67.
234	MAINTENANCE SHED	06/30/18	SL	20.00		HY17	3,410.				3,410.	270.		171.	441.
235	MAINTENANCE SHED	06/30/18	SL	20.00		HY17	3,410.				3,410.	270.		171.	441.
236	RE-SIDING OF GREENS MAIN SHED	06/30/18	SL	20.00		HY17	6,000.				6,000.	475.		300.	775.
237	MAINTENANCE SHED	06/30/18	SL	20.00		HY17	2,248.				2,248.	178.		112.	290.
238	CEDAR POND PAVILION	12/31/18	SL	20.00		HY17	294,697.				294,697.	15,963.		14,735.	30,698.
	* 990 PAGE 10 TOTAL - BUILDING IMPROVEMENTS - CONS						563,111.				563,111.	49,969.		28,180.	78,149.
	* GRAND TOTAL 990 PAGE 10 DEPR						7,288,373.				7,288,373.	1,073,543.		257,635.	1,331,178.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						3,192,879.			0.	3,192,879.	1,073,485.			1,320,534.
	ACQUISITIONS						4,095,494.			0.	4,095,494.	0.			10,586.
	DISPOSITIONS/RETIRED						23,211.			0.	23,211.	11,324.			12,892.
	ENDING BALANCE						7,265,162.			0.	7,265,162.	1,062,161.			1,318,228.





# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

## 2020

Department of the Treasury  
Internal Revenue Service

For calendar year 2020 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 501(c)(3).**

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

<b>A</b> <input type="checkbox"/> Check box if address changed.	<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(4) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529S	Print or Type	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>WILLOWSFORD CONSERVANCY, INC</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>41025 WILLOWSFORD LANE</b> City or town, state or province, country, and ZIP or foreign postal code <b>ALDIE, VA 20105</b>	<b>D</b> Employer identification number <b>45-0609461</b> <b>E</b> Group exemption number (see instructions) <b>F</b> <input type="checkbox"/> Check box if an amended return.
<b>C</b> Book value of all assets at end of year ..... ▶ <b>7,749,583.</b>				

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

**H** Check if filing only to ▶  Claim credit from Form 8941  Claim a refund shown on Form 2439

**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... ▶

**J** Enter the number of attached Schedules A (Form 990-T) ..... ▶ **1**

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

**L** The books are in care of ▶ **THE ORGANIZATION** Telephone number ▶ **(571) 440-2400**

**Part I Total Unrelated Business Taxable Income**

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	1	0.
2 Reserved .....	2	
3 Add lines 1 and 2 .....	3	
4 Charitable contributions (see instructions for limitation rules) .....	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	5	
6 Deduction for net operating loss. See instructions .....	6	0.
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions) .....	8	1,000.
9 <b>Trusts.</b> Section 199A deduction. See instructions .....	9	
10 <b>Total deductions.</b> Add lines 8 and 9 .....	10	1,000.
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	11	0.

**Part II Tax Computation**

1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) .....	1	0.
2 <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	2	
3 <b>Proxy tax.</b> See instructions .....	3	
4 Other tax amounts. See instructions .....	4	
5 Alternative minimum tax (trusts only) .....	5	
6 <b>Tax on noncompliant facility income.</b> See instructions .....	6	
7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

<b>Part III Tax and Payments</b>			
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	<b>1a</b>		
b Other credits (see instructions) .....	<b>1b</b>		
c General business credit. Attach Form 3800 (see instructions) .....	<b>1c</b>		
d Credit for prior year minimum tax (attach Form 8801 or 8827) .....	<b>1d</b>		
e <b>Total credits.</b> Add lines 1a through 1d .....		<b>1e</b>	
2 Subtract line 1e from Part II, line 7 .....		<b>2</b>	0.
3 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement) .....		<b>3</b>	
4 <b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....		<b>4</b>	0.
5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 .....		<b>5</b>	0.
6a Payments: A 2019 overpayment credited to 2020 .....	<b>6a</b>		
b 2020 estimated tax payments. Check if section 643(g) election applies .....	<b>6b</b>		
c Tax deposited with Form 8868 .....	<b>6c</b>		
d Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>		
e Backup withholding (see instructions) .....	<b>6e</b>		
f Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 .....			
<input type="checkbox"/> Form 4136 .....			
<input type="checkbox"/> Other .....			
Total .....	<b>6g</b>		
7 <b>Total payments.</b> Add lines 6a through 6g .....		<b>7</b>	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached .....		<b>8</b>	
9 <b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....		<b>9</b>	
10 <b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....		<b>10</b>	
11 Enter the amount of line 10 you want: <b>Credited to 2021 estimated tax</b> .....		<b>11</b>	
			<b>Refunded</b>

<b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)			
1 At any time during the 2020 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 .....		<b>Yes</b>	<b>No</b>
		X	X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....		X	X
If "Yes," see instructions for other forms the organization may have to file.			
3 Enter the amount of tax-exempt interest received or accrued during the tax year .....	\$ .....		
4a Did the organization change its method of accounting? (see instructions) .....		X	X
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V .....			

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	INTERIM TREASURER	Title
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Check <input type="checkbox"/> if self-employed	PTIN
	SANDRA TONDREAU			P01292788
	Firm's name ▶ MITCHELL & CO., P.C.	Firm's EIN ▶		54-1853459
Firm's address ▶	110 EAST MARKET ST. #200		Phone no.	703-777-4900
	LEESBURG, VA 20176			

**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

▶ 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 501(c)(3).

ENTITY 1

OMB No. 1545-0047

**2020**

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

<b>A</b> Name of the organization <b>WILLOWSFORD CONSERVANCY, INC</b>	<b>B</b> Employer identification number <b>45-0609461</b>
<b>C</b> Unrelated business activity code (see instructions) ▶ <b>110000</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

**E** Describe the unrelated trade or business ▶ **RETAIL SALES FROM FARM STAND OPERATIONS**

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales <u>107,075.</u>				
<b>b</b> Less returns and allowances _____ <b>c</b> Balance ▶	<b>1c</b>	107,075.		
<b>2</b> Cost of goods sold (Part III, line 8) .....	<b>2</b>	125,021.		
<b>3</b> Gross profit. Subtract line 2 from line 1c .....	<b>3</b>	-17,946.		-17,946.
<b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions) .....	<b>4a</b>			
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	<b>4b</b>			
<b>c</b> Capital loss deduction for trusts .....	<b>4c</b>			
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) .....	<b>5</b>			
<b>6</b> Rent income (Part IV) .....	<b>6</b>			
<b>7</b> Unrelated debt-financed income (Part V) .....	<b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI) .....	<b>8</b>			
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) .....	<b>9</b>			
<b>10</b> Exploited exempt activity income (Part VIII) .....	<b>10</b>			
<b>11</b> Advertising income (Part IX) .....	<b>11</b>			
<b>12</b> Other income (see instructions; attach statement) .....	<b>12</b>			
<b>13 Total.</b> Combine lines 3 through 12 .....	<b>13</b>	-17,946.		-17,946.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

<b>1</b> Compensation of officers, directors, and trustees (Part X) .....				<b>1</b>	
<b>2</b> Salaries and wages .....				<b>2</b>	55,620.
<b>3</b> Repairs and maintenance .....				<b>3</b>	
<b>4</b> Bad debts .....				<b>4</b>	
<b>5</b> Interest (attach statement) (see instructions) .....				<b>5</b>	
<b>6</b> Taxes and licenses .....				<b>6</b>	
<b>7</b> Depreciation (attach Form 4562) (see instructions) .....	<b>7</b>				
<b>8</b> Less depreciation claimed in Part III and elsewhere on return .....	<b>8a</b>			<b>8b</b>	
<b>9</b> Depletion .....				<b>9</b>	
<b>10</b> Contributions to deferred compensation plans .....				<b>10</b>	
<b>11</b> Employee benefit programs .....				<b>11</b>	
<b>12</b> Excess exempt expenses (Part VIII) .....				<b>12</b>	
<b>13</b> Excess readership costs (Part IX) .....				<b>13</b>	
<b>14</b> Other deductions (attach statement) .....				<b>14</b>	
<b>15 Total deductions.</b> Add lines 1 through 14 .....				<b>15</b>	55,620.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) .....				<b>16</b>	-73,566.
<b>17</b> Deduction for net operating loss (see instructions) .....				<b>17</b>	0.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16 .....				<b>18</b>	-73,566.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020



**Part III Cost of Goods Sold** Enter method of inventory valuation **N/A**

1	Inventory at beginning of year	1	0.
2	Purchases	2	125,021.
3	Cost of labor	3	0.
4	Additional section 263A costs (attach statement)	4	0.
5	Other costs (attach statement)	5	0.
6	<b>Total.</b> Add lines 1 through 5	6	125,021.
7	Inventory at end of year	7	0.
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2	8	125,021.
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				0.
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				0.

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9 Allocable deductions. Multiply line 3c by line 6				
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11 <b>Total dividends-received deductions</b> included in line 10				0.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

Table with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 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. Rows (1) through (4).

Nonexempt Controlled Organizations

Table with 5 columns: 7. Taxable Income, 8. Net unrelated income (loss), 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. Rows (1) through (4).

Totals row for Part VI. Includes instructions: 'Add columns 5 and 10. Enter here and on Part I, line 8, column (A)' and 'Add columns 6 and 11. Enter here and on Part I, line 8, column (B)'. Values shown as 0.

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

Table with 5 columns: 1. Description of income, 2. Amount of income, 3. Deductions directly connected, 4. Set-asides, 5. Total deductions and set-asides. Rows (1) through (4).

Totals row for Part VII. Includes instructions: 'Add amounts in column 2. Enter here and on Part I, line 9, column (A)' and 'Add amounts in column 5. Enter here and on Part I, line 9, column (B)'. Values shown as 0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

Table with 7 rows: 1. Description of exploited activity, 2. Gross unrelated business income, 3. Expenses directly connected with production of unrelated business income, 4. Net income (loss) from unrelated trade or business, 5. Gross income from activity that is not unrelated business income, 6. Expenses attributable to income entered on line 5, 7. Excess exempt expenses. Subtracts line 5 from line 6.

**Part IX Advertising Income**

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income .....				
Add columns A through D. Enter here and on Part I, line 11, column (A) .....				0.
a				
3 Direct advertising costs by periodical .....				
a Add columns A through D. Enter here and on Part I, line 11, column (B) .....				0.
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 .....				
5 Readership costs .....				
6 Circulation income .....				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero .....				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 .....				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 .....				0.

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

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

**Part XI Supplemental Information** (see instructions)

---



---



---



---



---



---



---



---



---



---

**Depreciation and Amortization**  
(Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

▶ 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

Business or activity to which this form relates

Identifying number

**WILLOWSFORD CONSERVANCY, INC**

**FORM 990 PAGE 10**

**45-0609461**

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

1	Maximum amount (see instructions)	1	1,040,000.
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	2,590,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 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 2021. 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	-507.

**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 2020	17	247,556.
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 2020 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	72,962.	5 YRS.	HY	SL	8,512.
c	7-year property	25,344.	7 YRS.	HY	SL	1,658.
d	10-year property					
e	15-year property					
f	20-year property	8,325.	20 YRS.	HY	SL	416.
g	25-year property		25 yrs.		S/L	
h	Residential rental property	/	27.5 yrs.	MM	S/L	
i	Nonresidential real property	/	39 yrs.	MM	S/L	
		/		MM	S/L	

**Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System**

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	257,635.
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

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (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: Table with 9 columns for property details and percentages.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details and percentages.

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.

Table for Section B with 6 main rows (30-36) and 12 columns for vehicle-specific data (a-f) and availability questions.

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.

Table for Section C with 5 rows (37-41) and 3 columns (Yes, No, and a shaded area).

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

Table for Section C with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2020 tax year: Table with 6 columns for cost details.

43 Amortization of costs that began before your 2020 tax year 43

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

# TAX RETURN FILING INSTRUCTIONS

VIRGINIA FORM 500

FOR THE YEAR ENDING

December 31, 2020

---

**Prepared For:**

WILLOWSFORD CONSERVANCY, INC  
41025 Willowsford Lane  
Aldie, VA 20105

---

**Prepared By:**

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

---

**To be Signed and Dated By:**

Not applicable

---

**Amount of Tax:**

Total Tax	\$	0
Less: payments and credits	\$	0
Plus: other amount		0
Plus: nterest and penalties	\$	0
No payment required	\$	

---

**Overpayment:**

Credited to your estimated tax	\$	0
Other amount	\$	0
Refunded to you	\$	0

---

**Make Check Payable To:**

Not applicable

---

**Mail Tax Return and Check (if applicable) To:**

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the VADOT, please sign, date and return VA-8879C to our office. We will then submit your electronic return to the VADOT. Do not mail the paper copy of the return to the VADOT.

---

**Return Must be Mailed On or Before:**

Not applicable

---

**Special Instructions:**

**2020 Virginia Corporation  
 Income Tax Return**



Attention: Return must be filed electronically. Use this form only if you have an approved waiver.  
 Do not file this form to carry back a net operating loss. Use Form 500NOLD.

Official Use Only

FISCAL or 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>41025 WILLOWSFORD LANE</b>					
City or Town <b>ALDIE</b>		State <b>VA</b>	ZIP Code <b>20105</b>		
Physical Address (if different from Mailing Address)				Entity 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>			

Check Applicable Boxes	Final Return	Corporate Telecommunications Company
<input type="checkbox"/> Consolidated - Sch. 500AC Enclosed	<input type="checkbox"/> Final Return - Check here and applicable boxes below.	Enter amount from Form 500T, Line 7: _____ <b>.00</b>
<input type="checkbox"/> Combined - Sch. 500AC Enclosed	<input type="checkbox"/> Withdrawn	<b>Noncorporate Telecommunications Company</b>
<input type="checkbox"/> Change in Filing Status	<input type="checkbox"/> Dissolved - No longer liable for tax.	Check box and enter amount from Form 500T, Line 10: <input type="checkbox"/> _____ <b>.00</b>
<input type="checkbox"/> Sch. 500A Enclosed	Dissolved Date: _____	<b>Electric Supplier Company</b>
<input type="checkbox"/> Sch. 500AB Enclosed	<input type="checkbox"/> Merged	Enter amount from Sch. 500EL, Line 7 or 14: _____ <b>.00</b>
<input checked="" type="checkbox"/> Nonprofit Corporation	Merger Date: _____	<b>Home Service Contract Provider</b>
<input type="checkbox"/> Certified Company Apportionment - Sch. 500AP Enclosed	Merged FEIN: _____	Enter amount from Form 500HS, Line 10: <input type="checkbox"/> Check box if a noncorporate HSCP. _____ <b>.00</b>
Enter number of affiliates: _____	<input type="checkbox"/> S Corp Effective: _____	
<input type="checkbox"/> Amended Return (See instructions)		
Enter reason code: _____		

**Questions and Related Information**

**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 500AB.  
 Enter exception amount from Schedule 500AB, Line 8. **A.** \_\_\_\_\_ **.00**

**B.** Coalfield Employment Enhancement Tax Credit earned from 2020 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 **E.** \_\_\_\_\_  
 Year \_\_\_\_\_  
 Year \_\_\_\_\_

**F.** Location of corporation's books \_\_\_\_\_

Contact for corporation's books **THE ORGANIZATION** Contact Phone Number **(571) 440-2400**

**2020 Virginia  
Form 500**

Page 2

FEIN  
45-0609461



**INCOME**

1. Federal taxable income (from enclosed federal return)	1.	0 .00
2. Total additions from Schedule 500ADJ, Section A, Line 7	2.	.00
3. Total (add Lines 1 and 2)	3.	.00
4. Total subtractions from Schedule 500ADJ, Section B, Line 10	4.	.00
5. Balance (subtract Line 4 from Line 3)	5.	.00
6. Savings and Loan Association's Bad Debt Deduction (see instructions)	6.	.00
7. <b>Virginia taxable income</b> (subtract Line 6 from Line 5)	7.	.00

**TAX COMPUTATION**

8. <b>Apportionable Income (Schedule 500A Filers)</b> - 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. <b>Income tax</b> (6% of Line 7 or 6% of Line 8(a))	9.	0 .00

**PAYMENTS AND CREDITS**

10. Nonrefundable tax credits: Enter the amount from Schedule 500CR, Section 2, Part 1, Line 1B	10.	.00
11. Adjusted corporate tax (subtract Line 10 from Line 9)	11.	.00
12. 2020 estimated Virginia income tax payments including overpayment credit from 2019	12.	.00
13. Extension payment	13.	.00
14. Refundable tax credits from Schedule 500CR, Section 4, Part 1, Line 1A	14.	.00
15. Pass-through entity total withholding from Schedule 500ADJ, Section D	15.	.00
16. <b>Total payments and credits</b> (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. <b>Total due</b> (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 2021 estimated tax	23.	.00
24. <b>Amount to be refunded</b> (subtract Line 23 from Line 22)	24.	.00

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

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>INTERIM TREASURER</b>
Printed Name of Officer <b>CHASE ROWAN</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**



**2020 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.	_____	.00
2. Net Operating Loss Deduction .....	2.	_____	.00
3. Special Deductions .....	3.	1000	.00
4. Federal Taxable Income after NOL and Special Deductions .....	4.	_____	.00

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

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

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

7. Tax Exempt Interest .....	7.	_____	.00
------------------------------	----	-------	-----

**Form 5884 - Work Opportunity Credit**

8. Salaries and Wages not deducted due to the WOTC .....	8.	_____	.00
--	----	-------	-----

**Form 4562 - Special Depreciation Allowance and Other Depreciation**

9. Special depreciation allowance for qualified property placed in service during the taxable year .....	9.	_____	.00
10. Property subject to 168(f)(1) election .....	10.	_____	.00
11. Other depreciation .....	11.	-507	.00

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

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

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

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

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

29. Total: Total Income or (Loss) Before Adjustments .....	29.	_____	.00
--	-----	-------	-----

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

<b>Corporation Name</b>	<b>Federal ID Number</b>
WILLOWSFORD CONSERVANCY, INC	45-0609461
<b>Part I Tax Return Information</b>	
1. Federal Taxable Income (Form 500, Page 2, Line 1)	1.
2. Virginia Taxable Income (Form 500, Page 2, Line 7)	2.
3. Income tax (Form 500, Page 2, Line 9)	3.
4. Total payments and credits (Form 500, Page 2, Line 16)	4.
5. Total due (Form 500, Page 2, Line 21)	5.
6. Amount to be refunded (Form 500, Page 2, Line 24)	6.
<b>Part II Declaration and Signature Authorization of Officer</b>	
<p>Under penalties of perjury, I declare to be the officer of the above corporation and that I have examined a copy of the corporation's 2020 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider including the amounts shown in Part I above agrees with the information and amounts shown on the corresponding lines of the corporate electronic income tax return. If filing a balance due return, I authorize the Virginia Department of Taxation (Virginia Tax) and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on the 2020 Virginia income tax return for payment of state taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.</p> <p>I understand that if Virginia Tax does not receive full and timely payment of the tax liability, the corporation will remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit the complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return.</p>	
<b>Officer's e-File PIN: check one box only</b>	
<input checked="" type="checkbox"/> I authorize the ERO named below to enter my e-File PIN <u>77749</u> as my signature on the corporation's 2020 electronic Virginia corporation income tax return. <small>Do not enter all zeros</small> <b>MITCHELL &amp; CO., P.C.</b>	
<b>ERO Firm Name</b>	
<input type="checkbox"/> I will enter my e-File PIN as my signature on the corporation's 2020 electronic Virginia corporation income tax return. Check this box only if you are entering your own e-File PIN and the return is filed using the Practitioner PIN method. The ERO must complete Part III below.	
Your Signature _____	Date _____
<b>Part III Certification and Authentication</b>	
<b>ERO's EFIN/PIN:</b> Enter your six digit EFIN followed by your five digit self-selected PIN. <u>54186377749</u> <small>Do not enter all zeros</small>	
<p>I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2020 Virginia corporation income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and have followed all other requirements as specified by Virginia Tax. EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.</p>	
ERO's Signature _____	Date _____