

IRS e-file Signature Authorization for a Tax Exempt Entity

Form 8879-TE

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20__

2021

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

WILLOWSFORD CONSERVANCY, INC

EIN or SSN

45-0609461

Name and title of officer or person subject to tax KARYN MORELAND TREASURER

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a 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, 7b, 8b, 9b, or 10b, 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 3 columns: Line number (1a-10a), Description (Form type and check box), and Amount (1b-10b). Line 1a is checked with amount 2,058,376.

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 entity or [] I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 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, BURNS & CO., P.C. to enter my PIN 77749. Enter five numbers, but do not enter all zeros.

as my signature on the tax year 2021 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 entity, I will enter my PIN as my signature on the tax year 2021 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 2021 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 Privacy act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2021)

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 for instructions and the latest information.**

A For the 2021 calendar year, or tax year beginning and ending		
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization WILLOWSFORD CONSERVANCY, INC Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 41025 WILLOWSFORD LANE City or town, state or province, country, and ZIP or foreign postal code ALDIE, VA 20105 F Name and address of principal officer: KARYN MORELAND SAME AS C ABOVE	D Employer identification number 45-0609461 E Telephone number (571) 440-2400 G Gross receipts \$ 2,457,479. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.WILLOWSFORDCONSERVANCY.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2010
		M State of legal domicile: VA

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: TO GENERATE, PRESERVE & ENHANCE THE WILLOWSFORD COMMUNITY THROUGH PROGRAMS, ACTIVITIES & SERVICES.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	7
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	24
	6	Total number of volunteers (estimate if necessary)	6	210
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-25,634.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	1,191,879.
9		Program service revenue (Part VIII, line 2g)	4,492.	28,502.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	24,324.	46,330.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,658,079.	1,647,810.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,878,774.	2,058,376.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	771,300.	778,862.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	601,251.	686,635.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,372,551.	1,465,497.
	19	Revenue less expenses. Subtract line 18 from line 12	1,506,223.	592,879.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	7,749,583.	8,385,117.
	21	Total liabilities (Part X, line 26)	149,879.	83,439.
	22	Net assets or fund balances. Subtract line 21 from line 20	7,599,704.	8,301,678.

Part II Signature Block

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

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

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service 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 \$ 1,281,765. including grants of \$) (Revenue \$ 1,692,367.) 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 1,281,765.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done		X
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official		X
15b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **THE ORGANIZATION - (571) 440-2400**
41025 WILLOWSFORD LANE, ALDIE, VA 20105

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	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	335,734.			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 299,744.			
	h	Total. Add lines 1a-1f		335,734.			
Program Service Revenue	2 a	PROGRAM EVENTS/ACTIVIT	Business Code	611600	28,502.	28,502.	
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		28,502.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		21,782.		21,782.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	6a	45,141.		
			(ii) Personal	6b	30,534.		
				6c	14,607.		
	d	Net rental income or (loss)		14,607.		14,607.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	7a	19,520.	16,500.	
			(ii) Other	7b	0.	11,472.	
				7c	19,520.	5,028.	
	d	Net gain or (loss)		24,548.	5,028.	19,520.	
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
	b	Less: direct expenses	8b				
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances		10a	488,707.			
			10b	357,097.			
				131,610.	157,244.	-25,634.	
12	Total revenue. See instructions		2,058,376.	1,692,367.	-25,634.	55,909.	
Miscellaneous Revenue	11 a	RESIDENT ASSESSMENTS	Business Code	900099	1,063,770.	1,063,770.	
	b	TRANSFER FEE INCOME		900099	437,823.	437,823.	
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		1,501,593.			

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	157,961.	39,490.	118,471.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	476,550.	460,898.	15,652.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	94,494.	82,816.	11,678.	
10 Payroll taxes	49,857.	39,886.	9,971.	
11 Fees for services (nonemployees):				
a Management				
b Legal	11,759.	11,759.		
c Accounting	24,628.		24,628.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	13,734.	12,732.	1,002.	
12 Advertising and promotion	31,928.	31,928.		
13 Office expenses	43,461.	43,461.		
14 Information technology	17,621.	17,621.		
15 Royalties				
16 Occupancy				
17 Travel	1,014.	1,014.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	3,520.	3,520.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	249,808.	249,808.		
23 Insurance	31,835.	29,505.	2,330.	
24 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.)				
a MAINTENANCE	98,004.	98,004.		
b PROPERTY TAXES	51,420.	51,420.		
c LAND STEWARDSHIP	45,642.	45,642.		
d OTHER ADMINISTRATIVE	41,538.	41,538.		
e All other expenses	20,723.	20,723.		
25 Total functional expenses. Add lines 1 through 24e	1,465,497.	1,281,765.	183,732.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	710,888.	1	987,068.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,505.	4	28,261.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,696,975.		
	b Less: accumulated depreciation	10b 1,538,589.	5,946,948.	10c 6,158,386.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	1,047,342.	12	1,197,651.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	42,900.	15	13,751.
16 Total assets. Add lines 1 through 15 (must equal line 33)	7,749,583.	16	8,385,117.	
Liabilities	17 Accounts payable and accrued expenses	29,058.	17	32,168.
	18 Grants payable		18	
	19 Deferred revenue	65,774.	19	17,904.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	55,047.	23	33,367.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	149,879.	26	83,439.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	6,552,363.	27	7,104,028.
	28 Net assets with donor restrictions	1,047,341.	28	1,197,650.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	7,599,704.	32	8,301,678.
	33 Total liabilities and net assets/fund balances	7,749,583.	33	8,385,117.

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	2,058,376.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,465,497.
3	Revenue less expenses. Subtract line 2 from line 1	3	592,879.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,599,704.
5	Net unrealized gains (losses) on investments	5	109,095.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	8,301,678.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

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), 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), 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	N/A <hr/> <hr/> <hr/>	\$ <u>299,744.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	N/A <hr/> <hr/> <hr/>	\$ <u>35,990.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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
<u>1</u>	CONSERVANCY LAND DEEDED _____ _____ _____	\$ <u>299,744.</u>	<u>06/30/21</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization WILLOWSFORD CONSERVANCY, INC	Employer identification number 45-0609461
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

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

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

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

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

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

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of a historically important land area, Preservation of a certified historic structure. 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Table: Held at the End of the Tax Year (2a, 2b, 2c, 2d). 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 4 Number of states where property subject to conservation easement is located. 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No). 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year. 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year. 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No). 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,047,341.				
b Contributions		1,000,000.			
c Net investment earnings, gains, and losses	150,309.	47,341.			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,197,650.	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 _____ %
 - 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 checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii) Related organizations | <input checked="" type="checkbox"/> | <input 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		4,288,607.		4,288,607.
b Buildings		2,125,158.	596,051.	1,529,107.
c Leasehold improvements				
d Equipment		861,515.	624,384.	237,131.
e Other		421,695.	318,154.	103,541.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,158,386.

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	1,197,651.	COST
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	1,197,651.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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.

1	Total revenue, gains, and other support per audited financial statements		1	2,555,102.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	109,095.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	387,631.	
e	Add lines 2a through 2d	2e		496,726.
3	Subtract line 2e from line 1	3		2,058,376.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		2,058,376.

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

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

1	Total expenses and losses per audited financial statements		1	1,853,128.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	387,631.	
e	Add lines 2a through 2d	2e		387,631.
3	Subtract line 2e from line 1	3		1,465,497.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		1,465,497.

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:

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

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 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	299,744.	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**

- 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.

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2021

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

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.

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.

THE 2021 SUMMER CSA SEASON ENDED THE WEEK BEFORE THANKSGIVING. THE FARM DISTRIBUTED NEARLY 10,000 INDIVIDUAL SHARE BOXES IN 2021 TO 576 UNIQUE USERS. THE FARM COMMUNITY SUPPORTED AGRICULTURE (CSA) PROGRAM INCLUDES OPTIONS FOR VEGETABLE, EGG, MILK, FLOWER AND MEAT SHARES. RETAIL ITEMS WERE ALSO AVAILABLE IN ADDITION TO CSA SHARES THROUGH THE ONLINE FARM STAND PLATFORM.

FARM VOLUNTEER OPPORTUNITIES ENCOURAGE FAMILIES TO ENGAGE HANDS-ON AND

Name of the organization

WILLOWSFORD CONSERVANCY, INC

Employer identification number

45-0609461

LEARN ABOUT SUSTAINABLE AGRICULTURE AND FOOD PRODUCTION. VOLUNTEER ENGAGEMENT OPPORTUNITIES INCLUDE WASHING EGGS, CSA BOX PACKING, HOSTING AT CSA DISTRIBUTION SITES, AND FENCE CLEARING. WE ALSO HAD TREMENDOUS VOLUNTEER SUPPORT FOR OUR AFTER-SCHOOL FARM CAMP THIS FALL.

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. THE CONSERVANCY OFFERED MULTIPLE NATIVE PLANT PROGRAMS IN 2021, PROVIDING RESIDENTS WITH RESOURCES TO CREATE AND MANAGE ENVIRONMENTALLY FRIENDLY HOME LANDSCAPES CONTRIBUTES POSITIVELY TO OVERALL HABITAT HEALTH AND CONNECTIVITY NOT ONLY AT WILLOWSFORD, BUT IN THE REGION.

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

Name of the organization

WILLOWSFORD CONSERVANCY, INC

Employer identification number

45-0609461

AN IMPORTANT AREA OF LAND STEWARDSHIP IS REFORESTATION AND HABITAT IMPROVEMENT TO ASSURE HEALTHY FOREST CONTINUE TO FLOURISH AT WILLOWSFORD. IN OCTOBER, THE CONSERVANCY COMPLETED A REFORESTATION PROJECT IN PARTNERSHIP WITH LOUDOUN WILDLIFE CONSERVANCY (LWC) WITH FUNDS FROM THE CHESAPEAKE RESTORATION FUND. 40 VOLUNTEERS SIGNED UP AND 300 TREES WERE PLANTED ALONG BROAD RUN IN THE GRANT.

A MEADOW RESTORATION PROJECT, THE BLUE LARKSPUR MEADOW RESTORATION PROJECT, WAS COMPLETED SUCCESSFULLY. THE MEADOW FINISHED ITS TRANSITION AND NATIVE VEGETATIVE COVER WAS ESTABLISHED THROUGHOUT THIS DIFFICULT SITE. IT WILL CONTINUE TO BE MANAGED UNDER OUR NORMAL PRACTICES INCLUDING INVASIVE SPECIES REMOVAL.

WITH LWC, THE BLUEBIRD NEST BOX MONITORING PROGRAM CONTINUED IN 2021 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 2021 CONCLUDED IN AUGUST, AND DESPITE CONCERNS OF BIRD FATALITIES DUE TO THE UNKNOWN BIRD ILLNESS, IT WAS ANOTHER SUCCESSFUL YEAR AT WILLOWSFORD. THERE WERE 84 FLEDGLINGS TOTAL; 45 OF THOSE WERE BLUEBIRDS. THE FLEDGLING RATE WAS DOWN BY 8% FROM LAST YEAR, HOWEVER NO DROPS IN POPULATION SEEMS TO OCCUR DUE TO THE ILLNESS.

THREE VOLUNTEERS FROM LWC AND WILLOWSFORD PERFORMED STREAM MONITORING ALONG BROAD RUN IN OCTOBER. THIS IS PART OF A LONG-TERM VOLUNTEER PROJECT TO COLLECT DATA OVER THE WINTER AND START RECRUITING MORE VOLUNTEERS NEXT YEAR TO ASSIST THE CURRENT VOLUNTEERS.

IN 2021, THE CONSERVANCY OFFERED OVER 20 PROGRAMS SERVING MORE THAN 700

Name of the organization WILLOWSFORD CONSERVANCY, INC	Employer identification number 45-0609461
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INDIVIDUALS, INCLUDING CAMPS, LECTURES, VOLUNTEER DAYS, AND HANDS-ON

WORKSHOPS, INCLUDING:

JANUARY

- WINTER PLANNING FOR YOUR GARDEN; LIVE WEBINAR, JAN 21. WATERMARK

WOODS NATIVE PLANT NURSERY (10 PARTICIPANTS)

FEBRUARY

-NATIVE PLANTS FOR THE HOME LANDSCAPE PART I: PERENNIALS, GRASSES &
SMALL SHRUBS; LIVE WEBINAR, FEBRUARY 4, (17 PARTICIPANTS)

-NATIVE PLANTS FOR THE HOME LANDSCAPE PART II: TREES AND LARGER SHRUBS;
LIVE WEBINAR, FEBRUARY 11 (19 PARTICIPANTS)

-BEARS IN YOUR BACKYARD: BECOMING BEARWISE IN WILLOWSFORD; LIVE WEBINAR
FEB 17

MARCH/APRIL

-FOSTER A FEATHERED FRIEND, MARCH 20-27; LIMITED TO 100 FAMILIES, SOLD
OUT

-EARTH DAY VOLUNTEER OPPORTUNITY, TRAIL CLEAN-UP, WEEK OF APRIL 22.
FIFTEEN FAMILIES PARTICIPATED

-AMPHIBIAN WALK WITH LOUDOUN WILDLIFE CONSERVANCY, APRIL 25, (15/SOLD
OUT)

MAY

-AMENITY RENTAL SEASON: CEDAR POND PAVILION, HIDDEN MEADOW EVENT FIELD,
GRANT FAMILY CAMPSITES ARE OPEN FOR RESIDENTS MAY 1-OCT 31

-NATIVE PLANT SALE, MAY 2

-MOTHER'S DAY FARM POP-UP & PLANT SALE

-WILLOWFORD FARM CSA SEASON, MAY 25-NOVEMBER 20

-FROM FARMS TO WOODS, PINEWOODS LOOP

-NATURE WALK, WSF CONSERVANCEY

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

-FISHING FOR BEGINNERS, JUNE 11, AT WILLOW LAKE

JULY/AUGUST

-WOODLAND WALK, JULY 8, PINEWOODS LOOP

-BUTTERFLY WALK, JULY 17, THE GRANGE WET MEADOW AND FARM LOOP

-ADVANCED FISHING, JULY 23, WILLOW LAKE

-WATER CONSERVATION AND ECOLOGY, JULY 29, GRANGE WET MEADOW

-MEADOW WALK

-POND LIFE, AUGUST 24, AT CEDAR POND PAVILION, THE GREENS

-SUMMER CAMP

-DISCOVERY CAMP WEEK 1

-A DAY AT THE FARM

-NATURE EXPLORATION

-A WEEK AT WILLOWSFORD FARM

-WILLOWSFORD FARM TOUR, AUGUST 19

SEPTEMBER

-6TH ANNUAL COMMUNITY BONFIRE & CAMP-OVER, SEPT 11-12, HIDDEN MEADOW

EVENT FIELD(305, SOLD OUT)

-BACK YARD FIELD DAY WITH VIRGINIA COOPERATIVE EXTENSION, SEPTEMBER 17

-HOA LARGE-SCALE MANAGERS MEETING SEPTEMBER 23

-FARM TOURS AND PRESENTATIONS FOR 170 PARTICIPANTS

-WILLOWSFORD FARM TOUR, SEPTEMBER 23

OCTOBER

-2021-2022 DEER MANAGEMENT PROGRAM SEASON START OCTOBER 2

-10TH ANNIVERSARY CELEBRATION OF WILLOWSFORD FARM, OCTOBER 2

-WILLOWFORD FARM AFTER-SCHOOL PROGRAM, 4 WEEKS, OCTOBER 14-NOVEMBER

4, FARM STAND

-HABITAT RESTORATION PLANTING AT ALLEN FARM POND, THE GRANT, OCTOBER 16

Name of the organization WILLOWSFORD CONSERVANCY, INC	Employer identification number 45-0609461
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-WILLOWFORD 101 NEW RESIDENT ORIENTATION, OCTOBER 27

-MULTIPLE VOLUNTEER EVENTS WERE HELD THROUGHOUT THE YEAR WITH

OPPORTUNITIES TO VOLUNTEER WITH WILLOWSFORD FARM AND THE LAND

STEWARDSHIP TEAM

NOVEMBER/DECEMBER

-HOLIDAY DECORATING, DECEMBER 7-9

THE 2021-2022 SEASON OF THE CONSERVANCY DEER MANAGEMENT PROGRAM

SUCCESSFULLY ENDED ON JANUARY 5, 2022. COMPLETING ITS 6TH YEAR, PROGRAM

HAS AN EXCELLENT SAFETY AND HARVEST RECORD. A TOTAL OF 130 DEER WERE

HARVESTED THIS SEASON (COMPARED TO 133 LAST YEAR), WITH 120 BEING

ANTLERLESS. 92% OF THE HARVESTS WERE ANTLERLESS WHICH MATCHES THE

PREVIOUS YEAR'S HARVESTS WITH FEWER HUNTERS IN THE PROGRAM.

PART III LINE 4: PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)

OUTDOOR RECREATION

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. THIS YEAR, THE LAND STEWARDSHIP TEAM HAS CONTINUED

BRIDGE REPAIRS IN THE FOUR VILLAGES. THIS INCLUDES A MAJOR BRIDGE AND

BOARWALK REPLACEMENTS ALONG THE TRAILS.

THE LAND STEWARDSHIP TEAM INVESTED SIGNIFICANT EXTRA TIME AND RESOURCES

IN 2021 TO MAKE TRAILS EASIER TO ACCESS AND WALK AND TO ACCOMODATE

RESIDENTS WITH SPECIAL NEEDS. THIS HAS INCLUDED INFRASTRUCTURE UPGRADES

AND REROUTES THAT MAKE IT MORE PLEASANT TO WALK AND EXPLORE THE WOODS.

Name of the organization WILLOWSFORD CONSERVANCY, INC	Employer identification number 45-0609461
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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. THE CROSS-COUNTRY TEAM VOLUNTEERED FOR ASSISTING WITH TRAIL CLEAN UP. THEY TRIMMED BACK VEGETATION AND COLLECTED TRASH ALONG THE GRANT TRAILS.

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

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

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

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

Name of the organization

WILLOWSFORD CONSERVANCY, INC

Employer identification number

45-0609461

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

FINANCIAL STATEMENTS ARE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST.

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.

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

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

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s 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	335,734.	
(2)	WILLOWSFORD HOME OWNER 'S ASSOCIATION, INC	S	1,416,093.	COLLECT ON BEHALF OF CONSERVANCY
(3)				
(4)				
(5)				
(6)				

2021 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
				.000		HY16									
				.000		HY16									
				.000		HY16									
259	LAND	01/01/20	L				3,988,863.				3,988,863.			0.	
260	LAND	06/01/21	L				299,744.				299,744.			0.	
	LAND IMPROVEMENTS														
2	GARDEN ON FOUNDERS DRIVE	01/31/12	SL	10.00		HY17	76,194.				76,194.	68,575.		7,619.	76,194.
3	FARM FIELD IN GRANGE	01/31/12	SL	10.00		HY17	73,162.				73,162.	65,846.		7,316.	73,162.
4	WELL SERVING GRANGE FARM	01/31/12	SL	15.00		HY17	21,250.				21,250.	12,752.		1,417.	14,169.
5	WELL SERVING FARM GARDEN	04/13/12	SL	15.00		HY17	24,678.				24,678.	14,806.		1,645.	16,451.
6	GRANGE FARM COMPOST	03/31/13	SL	10.00		HY17	3,600.				3,600.	2,820.		360.	3,180.
7	FLEETWOOD FARM WELL	05/31/13	SL	15.00		HY17	35,445.				35,445.	18,116.		2,363.	20,479.
8	FLEETWOOD FARM WELL	09/30/13	SL	15.00		HY17	3,140.				3,140.	1,534.		209.	1,743.
9	FARM FIELD GREENS	05/31/15	SL	10.00		HY17	2,656.				2,656.	1,485.		266.	1,751.
10	PERLIM WORK ON WELLS (NOT IN SERVICE	01/31/16	SL	10.00		HY17	5,940.				5,940.	2,970.		594.	3,564.
77	FARM WELL VALLEY PASS	03/31/16	SL	10.00		HY17	6,000.				6,000.	2,300.		400.	2,700.
78	DEER FENCE	03/31/16	SL	7.00		HY17	31,207.				31,207.	20,433.		4,458.	24,891.
79	DEER FENCE	05/31/16	SL	7.00		HY17	2,847.				2,847.	1,817.		407.	2,224.

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(D) - Asset disposed

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

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Convention	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
80	WELL TESTING AND DRILLING	06/30/16	SL	15.00	HY17	HY17	27,122.				27,122.	8,815.		1,808.	10,623.
81	GRANT WELL VALLEY DRILLING	09/30/16	SL	15.00	HY17	HY17	9,751.				9,751.	2,925.		650.	3,575.
125	PEACH ORCHARD FARM FENCE	08/31/17	SL	7.00	HY17	HY17	83,504.				83,504.	40,757.		11,913.	52,670.
126	REGRAVEL/ROLL HOUSE TO BARN, WELL TO BARN	09/30/17	SL	15.00	HY17	HY17	6,000.				6,000.	1,333.		400.	1,733.
128	PUMP & WELL SERVICE	10/31/17	SL	15.00	HY17	HY17	5,294.				5,294.	1,147.		353.	1,500.
129	WATERLINE AT PEACH ORCHARD	10/31/17	SL	10.00	HY17	HY17	31,250.				31,250.	10,156.		3,125.	13,281.
130	WELL 2	11/30/17	SL	15.00	HY17	HY17	3,799.				3,799.	801.		253.	1,054.
145	CAPITAL REIMBURSEMENT FOR PEACH ORCHARD WORK	01/31/18	SL	15.00	16	16	-69,999.				-69,999.			-4,667.	-4,667.
146	PEACH ORCHARD LIVESTOCK OP-FENCEING AND UNDERGROUND	06/30/18	SL	7.00	HY17	HY17	4,695.				4,695.	1,733.		671.	2,404.
147	ADDITIONAL WORK FOR INSTALLATION OF WATER LINE	07/31/18	SL	10.00	HY17	HY17	15,000.				15,000.	3,750.		1,500.	5,250.
148	STREAM EXCLUSION W/ GRAZING LAND MGT	07/31/18	SL	15.00	16	16	-10,022.				-10,022.			0.	
252	WELL PUMP COMPUTER	08/31/20	SL	7.00	HY17	HY17	6,921.				6,921.	412.		456.	868.
261	SHED-GRANGE WELL	12/01/21	SL	7.00	MQ19C	MQ19C	3,896.				3,896.			46.	46.
262	WELL	05/18/21	SL	15.00	MQ19E	MQ19E	13,985.				13,985.			546.	546.
263	BRIDGE	07/06/21	SL	7.00	MQ19C	MQ19C	4,379.				4,379.			260.	260.
	* 990 PAGE 10 TOTAL - LAND IMPROVEMENTS						421,694.			-668.	422,362.	285,283.		44,368.	329,651.
	BUILDINGS & IMPROVEMENTS														
12	GRANGE FARM STRUCTURE	01/31/12	SL	20.00	HY17	HY17	21,819.				21,819.	9,819.		1,091.	10,910.

128111 04-01-21

(D) - Asset disposed

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

2021 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
13	GRANGE FARM STRUCTURE	03/31/12	SL	20.00		HY17	268,665.				268,665.	118,659.		13,433.	132,092.
14	FARM GARDEN STRUCTURE	06/30/12	SL	20.00		HY17	46,139.				46,139.	19,802.		2,307.	22,109.
15	BUILDOUT LOFT (CARPENTER BEACH)	04/30/14	SL	20.00		HY17	20,500.				20,500.	6,919.		1,025.	7,944.
16	JOHN LAYNG (GRANGE GREENHOUSE)	06/30/14	SL	20.00		HY17	4,000.				4,000.	1,400.		200.	1,600.
17	WALK IN COOLER UPGRADES	09/30/14	SL	7.00		HY17	2,797.				2,797.	2,533.		264.	2,797.
18	HIGH TUNNEL	10/31/14	SL	20.00		HY17	14,100.				14,100.	5,111.		1,410.	6,521.
19	HIGH TUNNEL	12/31/14	SL	10.00		HY17	4,793.				4,793.	2,176.		479.	2,655.
20	HIGH TUNNEL SITE WORK	12/18/14	SL	10.00		HY17	5,285.				5,285.	2,408.		529.	2,937.
21	HIGH TUNNEL	04/30/15	SL	10.00		HY17	4,173.				4,173.	1,825.		417.	2,242.
22	FARM STAND IMPROVEMENTS	04/30/15	SL	20.00		HY17	60,827.				60,827.	17,486.		3,041.	20,527.
23	PRELIM WORK ON GRANT (NOT IN SERVICE)	01/31/16	SL	10.00		HY17	51,161.				51,161.	25,580.		5,116.	30,696.
82	SIX HIGH TUNNELS	01/31/17	SL	10.00		HY17	3,018.				3,018.	1,208.		302.	1,510.
131	BUILD 12 END WALLS FOR 6 GREENHOUSES	01/31/17	SL	10.00		HY17	3,908.				3,908.	1,564.		391.	1,955.
132	PEACH ORCHARD OH TO UG CONVERSION	07/31/17	SL	20.00		HY17	4,574.				4,574.	801.		229.	1,030.
133	GREENHOUSE #2	11/30/17	SL	20.00		HY17	3,686.				3,686.	583.		184.	767.
134	PEACH ORCHARD BARN REPAIRS	12/31/17	SL	20.00		HY17	30,919.				30,919.	4,767.		1,546.	6,313.
135	BARN 1 & 2 WIRING AND UPGRADE	08/31/17	SL	20.00		HY17	16,128.				16,128.	2,754.		806.	3,560.
149	GRANGE FARM STAND GATES	05/31/18	SL	10.00		HY17	350.				350.	93.		35.	128.

128111 04-01-21

(D) - Asset disposed

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

2021 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
150	GRANGE FARM STAND PARKING LOT	05/31/18	SL	10.00		HY17	16,000.				16,000.	4,267.		1,600.	5,867.
151	GRANGE GREENHOUSE RETROFIT	05/31/18	SL	10.00		HY17	5,715.				5,715.	1,525.		572.	2,097.
152	GRANGE PACKING SHED - COOLER FLOOR	05/31/18	SL	10.00		HY17	274.				274.	72.		27.	99.
153	GRANGE PACKING SHED - COOLER FLOOR	05/31/18	SL	10.00		HY17	800.				800.	213.		80.	293.
154	GRANGE FARM BARN RENOVATION	05/31/18	SL	10.00		HY17	13,100.				13,100.	3,493.		1,310.	4,803.
155	GRANGE FARM BARN RENOVATION - CLEANUP	05/31/18	SL	10.00		HY17	650.				650.	173.		65.	238.
156	GRANGE FARM PACKING SHED - FLOOR DRAIN	06/30/18	SL	10.00		HY17	9.				9.	3.		1.	4.
157	GRANGE FARM PACKING SHED - MISC MATERIALS	06/30/18	SL	10.00		HY17	96.				96.	26.		10.	36.
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 MATERIALS	06/30/18	SL	10.00		HY17	275.				275.	72.		28.	100.
160	GRANGE FARM PACKING SHED - INV 2194 (DREAM BUILDINGS)	06/30/18	SL	10.00		HY17	35,569.				35,569.	9,189.		3,557.	12,746.
161	GRANGE FARM STAND ELECTRICAL IMPROVEMENTS	06/30/18	SL	10.00		HY17	9,665.				9,665.	2,498.		967.	3,465.
162	GRANGE FARM PACKING SHED - PREP FOR ELECTRICAL	06/30/18	SL	10.00		HY17	3,213.				3,213.	829.		321.	1,150.
163	GRANGE FARM PACKING SHED	06/30/18	SL	10.00		HY17	236.				236.	62.		24.	86.
164	GRANGE FARM PACKING SHED	06/30/18	SL	10.00		HY17	64.				64.	16.		6.	22.
165	GRANGE FARM PACKING SHED	06/30/18	SL	10.00		HY17	394.				394.	101.		39.	140.
166	FARM STAND IMPROVEMENTS	06/30/18	SL	10.00		HY17	462.				462.	119.		46.	165.
167	GRANGE FARM PACKING SHED - INV 2207 (DREAM BUILDINGS)	07/31/18	SL	10.00		HY17	4,225.				4,225.	1,057.		423.	1,480.

128111 04-01-21

(D) - Asset disposed

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

2021 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
168	GRANGE FARM PACKING SHED - GRADING & STONE	07/31/18	SL	10.00		HY17	2,473.				2,473.	618.		247.	865.
169	GRANGE FARM BARN RENOVATION - MINI SPLIT HVAC	07/31/18	SL	10.00		HY17	3,971.				3,971.	993.		397.	1,390.
170	INSTALL MINI SPLIT SYSTEM & 2 WALKINS	07/31/18	SL	10.00		HY17	15,745.				15,745.	3,937.		1,575.	5,512.
171	HVAC INSTALL - FARM STAND	08/31/18	SL	10.00		HY17	1,104.				1,104.	266.		110.	376.
172	GRANGE FARM PACKING SHED	08/31/18	SL	10.00		HY17	10,350.				10,350.	2,501.		1,035.	3,536.
173	GRANGE FARM OFFICE	08/31/18	SL	10.00		HY17	7,500.				7,500.	1,813.		750.	2,563.
174	PROTECH SERVICES INV 10033	11/30/18	SL	10.00		HY17	1,101.				1,101.	238.		110.	348.
175	PEACH ORCHARD BARN DRAW 1	05/31/18	SL	20.00		HY17	3,900.				3,900.	520.		195.	715.
176	PEACH ORCHARD BARN DRAW 2	05/31/18	SL	20.00		HY17	21,476.				21,476.	2,864.		1,074.	3,938.
177	PEACH ORCHARD BARN RESTORATION	05/31/18	SL	10.00		HY17	13,673.				13,673.	3,646.		1,367.	5,013.
178	PEACH ORCHARD SHED - EGG WASHING STATION	05/31/18	SL	10.00		HY17	4,117.				4,117.	1,098.		412.	1,510.
179	PEACH ORCHARD SHED - EGG WASHING STATION	05/31/18	SL	10.00		HY17	1,200.				1,200.	320.		120.	440.
180	PEACH ORCHARD SHED - EGG WASHING STATION	05/31/18	SL	10.00		HY17	4,341.				4,341.	1,157.		434.	1,591.
181	PEACH ORCHARD BARN - ADDITIONAL CLEANUP	05/31/18	SL	10.00		HY17	768.				768.	205.		77.	282.
182	EGG WASHING STATION - DRAIN LINE & CLEANUP	05/31/18	SL	10.00		HY17	2,322.				2,322.	619.		232.	851.
183	PATCH AND PAINT	05/31/18	SL	10.00		HY17	600.				600.	160.		60.	220.
184	PEACH ORCHARD ROOF - INSURANCE CLAIM	05/31/18	SL	10.00		16	-1,320.				-1,320.			-132.	-132.
185	EGG WASHING STATION	06/30/18	SL	10.00		HY17	620.				620.	160.		62.	222.

(D) - Asset disposed

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

2021 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
186	EGG WASHING STATION	06/30/18	SL	10.00		HY17	5,400.				5,400.	1,395.		540.	1,935.
187	EGG WASHING STATION	06/30/18	SL	10.00		HY17	456.				456.	119.		46.	165.
248	GRANGE FARM SEPTIC SYSTEM	06/30/19	SL	10.00		HY17	35,977.				35,977.	5,697.		3,598.	9,295.
249	FARM STAND GARDEN	06/30/19	SL	10.00		HY17	28,079.				28,079.	4,446.		2,808.	7,254.
250	GRANGE BARN SEPTIC SYSTEM	07/30/19	SL	10.00		HY17	850.				850.	128.		85.	213.
251	CONNECTION AND MAGNETIC WATER	12/30/19	SL	20.00		HY17	7,221.				7,221.	391.		361.	752.
	* 990 PAGE 10 TOTAL - BUILDINGS & IMPROVEMENTS						829,389.				829,389.	282,494.		57,444.	339,938.
	BUILDINGS & IMP - HOUSING														
25	GRANGE FARM STRUCTURE	07/31/14	SL	20.00		HY17	105,802.				105,802.	34,385.		5,290.	39,675.
26	GRANGE FARM STRUCTURE - FURNACE	12/31/14	SL	10.00		HY17	6,400.				6,400.	3,893.		640.	4,533.
27	PRELIM WORK ON LIGHTGRIDGE (NOT IN SERVICE)	01/31/16	SL	20.00		HY17	35,370.				35,370.	8,845.		1,769.	10,614.
83	WORK DONE ON LIGHTGRIDGE	01/31/16	SL	20.00		HY17	42,567.				42,567.	10,640.		2,128.	12,768.
136	FARM HOUSE DESIGN SERVICES	11/30/17	SL	20.00		HY17	9,123.				9,123.	1,178.		456.	1,634.
137	FARM HOUSE CLEARING	11/30/17	SL	20.00		HY17	4,375.				4,375.	566.		219.	785.
138	FARM HOUSE LOUDOWN COUNTY PERMIT	12/31/17	SL	20.00		HY17	2,120.				2,120.	274.		106.	380.
188	WORK DONE ON LIGHTGRIDGE - SEPTIC REPAIR	04/30/18	SL	20.00		HY17	6,687.				6,687.	919.		334.	1,253.
192	FARM HOUSE	06/30/18	SL	20.00		HY17	1,683.				1,683.	217.		84.	301.
193	FARM HOUSE	06/30/18	SL	20.00		HY17	23,904.				23,904.	3,087.		1,195.	4,282.

128111 04-01-21

(D) - Asset disposed

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

2021 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
194	FARM HOUSE	06/30/18	SL	20.00		HX17	42,260.				42,260.	5,459.		2,113.	7,572.
195	FARM HOUSE	06/30/18	SL	20.00		HX17	15,375.				15,375.	1,986.		769.	2,755.
196	FARM HOUSE	06/30/18	SL	20.00		HX17	17,641.				17,641.	2,279.		882.	3,161.
197	FARM HOUSE	06/30/18	SL	20.00		HX17	43,500.				43,500.	5,619.		2,175.	7,794.
198	FARM HOUSE	06/30/18	SL	20.00		HX17	2,051.				2,051.	266.		103.	369.
199	FARM HOUSE	06/30/18	SL	20.00		HX17	42,241.				42,241.	5,456.		2,112.	7,568.
200	FARM HOUSE	06/30/18	SL	20.00		HX17	55,435.				55,435.	7,161.		2,772.	9,933.
201	FARM HOUSE	06/30/18	SL	20.00		HX17	36,384.				36,384.	4,699.		1,819.	6,518.
202	FARM HOUSE	06/30/18	SL	20.00		HX17	60,122.				60,122.	7,766.		3,006.	10,772.
203	FARM HOUSE	06/30/18	SL	20.00		HX17	18,173.				18,173.	2,348.		909.	3,257.
204	GRADING	06/30/18	SL	20.00		HX17	5,027.				5,027.	649.		251.	900.
205	TREE WORK	06/30/18	SL	20.00		HX17	8,666.				8,666.	1,119.		433.	1,552.
206	EROSION CONTROL	06/30/18	SL	20.00		HX17	1,888.				1,888.	243.		94.	337.
207	FARM HOUSE	06/30/18	SL	20.00		HX17	48,748.				48,748.	6,296.		2,437.	8,733.
208	HOUSE LANDSCAPING	06/30/18	SL	20.00		HX17	2,918.				2,918.	377.		146.	523.
209	FARM HOUSE	06/30/18	SL	20.00		HX17	1,989.				1,989.	256.		99.	355.
210	FARM HOUSE	06/30/18	SL	20.00		HX17	3,041.				3,041.	393.		152.	545.
253	WATER LINE	01/30/20	SL	20.00		HX17	8,325.				8,325.	416.		416.	832.

128111 04-01-21

(D) - Asset disposed

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

2021 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
264	LIGHTRIDGE SEPTIC	11/05/21	SL	20.00		MQ19F	26,360.				26,360.			110.	110.
265	PEACH ORCHARD SEPTIC	11/05/21	SL	20.00		MQ19F	54,485.				54,485.			229.	229.
	* 990 PAGE 10 TOTAL - BUILDINGS & IMP - HOUSING						732,660.				732,660.	116,792.		33,248.	150,040.
	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.
31	FREEZER	12/31/15	SL	7.00		HY17	7,500.				7,500.	5,444.		1,071.	6,515.
32	ALTO-HARTLEY TEW MANUFACTURING CORPORATION	12/31/15	SL	7.00		HY17	6,613.				6,613.	4,804.		945.	5,749.
33		12/31/15	SL	7.00		HY17	2,565.				2,565.	1,861.		366.	2,227.
127	9 SHELTERS	10/31/17	SL	7.00		HY17	9,583.				9,583.	4,449.		1,369.	5,818.
211	FREEZER	03/31/18	SL	7.00		HY17	7,068.				7,068.	2,861.		1,010.	3,871.
212	FARM STAND WALK IN COOLER	05/31/18	SL	7.00		HY17	27,372.				27,372.	10,427.		3,910.	14,337.
247	FREEZER	06/28/19	SL	7.00		HY17	2,774.				2,774.	627.		396.	1,023.
	* 990 PAGE 10 TOTAL - FURNITURE & FIXTURES						71,838.				71,838.	38,520.		9,067.	47,587.
	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.

128111 04-01-21

(D) - Asset disposed

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

2021 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
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	LESCH 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.
45	STOLTFUS 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.	5,860.		0.	5,860.
51	WATER WHEEL PLANTER	03/31/13	SL	7.00		HY17	4,160.				4,160.	4,160.		0.	4,160.
52	(D)UTV	06/30/13	SL	7.00		HY17	17,115.				17,115.	17,115.		0.	17,115.
54	UNDERCUTTER, SPREADER, SHANKS, TINES	02/28/14	SL	7.00		HY17	5,241.				5,241.	5,180.		61.	5,241.
55	BASKET WEEDEE	03/31/14	SL	7.00		HY17	4,775.				4,775.	4,660.		115.	4,775.
56	MACHIO TILLER	04/30/14	SL	7.00		HY17	5,570.				5,570.	5,373.		197.	5,570.
57	DR MOWER	04/30/14	SL	7.00		HY17	3,052.				3,052.	2,943.		109.	3,052.
58	INTERNATIONAL 84 HYDRO	01/31/15	SL	7.00		HY17	13,780.				13,780.	11,814.		1,966.	13,780.

128111 04-01-21

(D) - Asset disposed

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

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

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59	HILLING DISCS	02/28/15	SL	7.00		HY17	4,090.				4,090.	3,456.		584.	4,040.
60	TRANSPORT DISC/BALE CARRIOER	02/28/15	SL	7.00		HY17	4,525.				4,525.	3,823.		646.	4,469.
61	CULTIVATOR	04/30/15	SL	7.00		HY17	12,258.				12,258.	10,068.		1,751.	11,819.
62	UNDERCUTTER 54"	07/31/15	SL	7.00		HY17	2,750.				2,750.	2,161.		393.	2,554.
63	MASSEY FERGUSON PLOW	07/31/15	SL	7.00		HY17	3,900.				3,900.	3,064.		557.	3,621.
64	INTERSEEDER	09/30/15	SL	7.00		HY17	24,300.				24,300.	18,512.		3,471.	21,983.
65	CULTIVATING TRACTOR FROM ALLIS CHALMERS	09/30/15	SL	7.00		HY17	5,250.				5,250.	4,000.		750.	4,750.
66	DECEMBER PURCHASES	12/31/15	SL	7.00		HY17	123,715.				123,715.	90,612.		14,385.	104,997.
84	KUBOTA DIESEL GENERATOR	11/30/16	SL	7.00		HY17	5,500.				5,500.	3,275.		786.	4,061.
85	KIFCOO 1.4"X350' HARD HOSE REEL	12/31/16	SL	7.00		HY17	4,894.				4,894.	2,854.		699.	3,553.
87	LANDPRIDE FM3188 FLAIL MOWER	12/31/16	SL	7.00		HY17	7,653.				7,653.	4,463.		1,093.	5,556.
119	20FT EQUIPMENT TRAILER	02/28/17	SL	7.00		HY17	5,973.				5,973.	3,339.		853.	4,192.
120	LOG SPLITTER	02/28/17	SL	7.00		HY17	3,144.				3,144.	1,759.		449.	2,208.
121	PRO WOOD CHIPPER	03/31/17	SL	7.00		HY17	2,650.				2,650.	1,452.		379.	1,831.
122	VERMEER X2	04/30/17	SL	7.00		HY17	41,996.				41,996.	22,497.		5,999.	28,496.
123	VERMEER	05/31/17	SL	7.00		HY17	3,061.				3,061.	1,603.		437.	2,040.
124	BOBCAT T190	06/30/17	SL	7.00		HY17	24,000.				24,000.	12,287.		3,429.	15,716.
139	MF 1035 DIESEL TRACTOR	03/31/17	SL	7.00		HY17	10,050.				10,050.	5,504.		1,436.	6,940.

128111 04-01-21

(D) - Asset disposed

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

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

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140	(D)27 SERIES 6FT SPADER	03/31/17	SL	7.00		HX17	14,093.				14,093.	7,717.		336.	8,053.
141	TRACTOR-KUBOTA RTV X900 S/N 10519	04/30/17	SL	7.00		HX17	11,500.				11,500.	6,161.		1,643.	7,804.
142	SPREADER T32210	05/31/17	SL	7.00		HX17	2,014.				2,014.	1,056.		288.	1,344.
143	GOLF CART	09/30/17	SL	7.00		HX17	3,475.				3,475.	1,653.		496.	2,149.
239	MINI SKID HOE SWING/HYDRAULIC KIT/BRUSH CU	01/31/18	SL	7.00		HX17	7,995.				7,995.	3,426.		1,142.	4,568.
240	2018 DIAMOND C16'	02/28/18	SL	7.00		HX17	3,683.				3,683.	1,534.		526.	2,060.
241	2018 BRI-MR 7X12	02/28/18	SL	7.00		HX17	6,902.				6,902.	2,876.		986.	3,862.
242	(D)33517-1 ZG227A-54 ZERO TURN MOWER	03/31/18	SL	7.00		HX17	9,711.				9,711.	3,930.		349.	4,279.
246	PLASTIC LIFTER WINDER	02/21/19	SL	7.00		HX17	4,115.				4,115.	1,127.		588.	1,715.
254	JOHN DEERE LIME DRILL	04/23/20	SL	7.00		HX17	610.				610.	44.		87.	131.
255	2005 JUFUCI WATER REEL	04/23/20	SL	7.00		HX17	2,772.				2,772.	264.		396.	660.
256	KNIGHT 252 MANURE SPREADER	04/23/20	SL	7.00		HX17	1,195.				1,195.	114.		171.	285.
257	TRX 354 MOWER	08/20/20	SL	7.00		HX17	13,846.				13,846.	824.		1,978.	2,802.
266	DUMP TRAILER	10/26/21	SL	7.00		MQ19C	3,222.				3,222.			58.	58.
267	TRACTOR	03/27/21	SL	7.00		MQ19C	16,900.				16,900.			1,809.	1,809.
268	XF540 ALTOZ MOWER	04/09/21	SL	7.00		MQ19C	10,424.				10,424.			931.	931.
	* 990 PAGE 10 TOTAL - EQUIPMENT						572,176.				572,176.	393,075.		52,329.	445,404.
	VEHICLES - FARM														

(D) - Asset disposed

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

2021 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
68	2002 DODGE RAM	11/30/11	SL	5.00		HX17	15,300.				15,300.	15,300.		0.	15,300.
69	TRAILER	12/31/11	SL	5.00		HX17	5,790.				5,790.	5,790.		0.	5,790.
88	DELIVERY TRUCK	06/30/16	SL	5.00		HX17	10,050.				10,050.	9,213.	837.	837.	10,050.
89	DODGE FLATBED	01/31/17	SL	5.00		HX17	5,564.				5,564.	4,452.	1,112.	1,112.	5,564.
258	2019 4500 CHEVY TRUCK	05/28/20	SL	5.00		HX17	72,962.				72,962.	8,512.	14,592.	14,592.	23,104.
269	2018 FORD F-150	12/03/21	SL	5.00		MQ19B	39,338.				39,338.		656.	656.	656.
	* 990 PAGE 10 TOTAL - VEHICLES - FARM						149,004.				149,004.	43,267.	17,197.	17,197.	60,464.
	COMPUTER HARDWARE														
72	LAPTOP - MAINTENANCE PERSON	01/31/17	SL	3.00		HX17	999.				999.	999.		0.	999.
96	LAPTOP	09/30/11	SL	3.00		HX17	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		HX17	14,267.				14,267.	14,267.		0.	14,267.
75	RHINO	08/31/13	SL	5.00		HX17	21,910.				21,910.	21,910.		0.	21,910.
76	FORD F250 SUPER DUTY 2008	06/18/15	SL	5.00		HX17	29,869.				29,869.	30,494.		0.	30,494.
244	2018 FORD F-150	02/28/18	SL	5.00		HX17	32,754.				32,754.	19,107.	6,551.	6,551.	25,658.
245	2003 FORD RANGER														
	1FTYR14V23TA39079	03/06/19	SL	5.00		HX17	7,300.				7,300.	2,677.	1,460.	1,460.	4,137.
	* 990 PAGE 10 TOTAL - VEHICLES - CONSERVANCY						106,100.				106,100.	88,455.	8,011.	8,011.	96,466.

128111 04-01-21

(D) - Asset disposed

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

2021 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
	BUILDING IMPROVEMENTS - CONSERVANCY														
91	CONCRETE	01/31/17	SL	20.00		HX17	21,870.				21,870.	4,376.		1,094.	5,470.
92	POLE BARN	01/31/17	SL	20.00		HX17	6,424.				6,424.	1,284.		321.	1,605.
93	POLE BARN	01/31/17	SL	20.00		HX17	19,890.				19,890.	3,980.		995.	4,975.
94	POLE BARN	01/31/17	SL	20.00		HX17	790.				790.	160.		40.	200.
95	PLUMBING SUPPLIES	01/31/17	SL	20.00		HX17	968.				968.	192.		48.	240.
97	POLE BARN - PLUMBING/FRAMING SUPPLIES	01/31/17	SL	20.00		HX17	2,240.				2,240.	448.		112.	560.
98	POLE BARN - BUILDING PAD	01/31/17	SL	20.00		HX17	8,345.				8,345.	1,668.		417.	2,085.
99	POLE BARN	01/31/17	SL	20.00		HX17	30,720.				30,720.	6,144.		1,536.	7,680.
100	POLE BARN	02/28/17	SL	20.00		HX17	6,424.				6,424.	1,257.		321.	1,578.
101	POLE BARN PAD	02/28/17	SL	20.00		HX17	3,219.				3,219.	631.		161.	792.
102	POLE BARN - ELECTRICAL	02/28/17	SL	20.00		HX17	23,600.				23,600.	4,622.		1,180.	5,802.
103	POLE BARN - CABINETRY, PLYWOOD, PLUMBING	02/28/17	SL	20.00		HX17	1,489.				1,489.	290.		74.	364.
104	POLE BARN - PLUMBING & FENCING	03/31/17	SL	20.00		HX17	733.				733.	142.		37.	179.
105	POLE BARN PLUMBING & INTERIOR	04/30/17	SL	20.00		HX17	5,100.				5,100.	956.		255.	1,211.
106	POLE BARN STONE FOR ACCESS ROAD	04/30/17	SL	20.00		HX17	9,635.				9,635.	1,807.		482.	2,289.
107	POLE BARN SEPTIC	04/30/17	SL	20.00		HX17	1,680.				1,680.	315.		84.	399.
108	POLE BARN SEPTIC	04/30/17	SL	20.00		HX17	3,875.				3,875.	727.		194.	921.

128111 04-01-21

(D) - Asset disposed

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

2021 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
109	POLE BARN ELECTRICAL	04/30/17	SL	20.00		HY17	5,900.				5,900.	1,106.		295.	1,401.
110	POLE BARN INTERIOR FINISHES & LOCKERS	05/31/17	SL	20.00		HY17	808.				808.	147.		40.	187.
111	POLE BARN ONSITE SEWAGE SYSTEM	06/30/17	SL	20.00		HY17	30,358.				30,358.	5,439.		1,518.	6,957.
112	POLE BARN - FENCE	07/31/17	SL	20.00		HY17	4,490.				4,490.	787.		225.	1,012.
	POLE BARN WATER														
113	SUPPLY/PLUMBING/HOOKUP	07/31/17	SL	20.00		HY17	319.				319.	56.		16.	72.
114	FUEL STATION POSTS, TRENCHER, CONCRETE	09/30/17	SL	20.00		HY17	826.				826.	133.		41.	174.
115	FUEL STATION - ELECTRICAL SUPPLIES/EMERGENCY SHUTOFF	10/31/17	SL	20.00		HY17	1,165.				1,165.	189.		58.	247.
116	TAKE FOR FUEL STATION	11/30/17	SL	20.00		HY17	16,414.				16,414.	2,600.		821.	3,421.
117	INSTALLED ROOF OVER FUEL STATION & BARN	12/31/17	SL	20.00		HY17	2,332.				2,332.	370.		117.	487.
144	CONCRETE	11/30/17	SL	20.00		HY17	605.				605.	93.		30.	123.
213	ARCHERY RANGE	06/30/18	SL	20.00		HY17	4,063.				4,063.	525.		203.	728.
214	ARCHERY RANGE TARGET PADS	06/30/18	SL	20.00		HY17	83.				83.	10.		4.	14.
215	ARCHERY RANGE	06/30/18	SL	20.00		HY17	6,000.				6,000.	775.		300.	1,075.
216	ARCHERY RANGE	06/30/18	SL	20.00		HY17	12,485.				12,485.	1,612.		624.	2,236.
217	ARCHERY RANGE	06/30/18	SL	20.00		HY17	2,700.				2,700.	349.		135.	484.
218	ARCHERY RANGE	06/30/18	SL	20.00		HY17	7,150.				7,150.	925.		358.	1,283.
219	ARCHERY RANGE	06/30/18	SL	20.00		HY17	2,813.				2,813.	364.		141.	505.
220	ARCHERY RANGE	06/30/18	SL	20.00		HY17	572.				572.	75.		29.	104.

128111 04-01-21

(D) - Asset disposed

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

2021 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
221	ARCHERY RANGE	06/30/18	SL	20.00		HY17	1,268.				1,268.	163.		63.	226.
222	ARCHERY RANGE - MATERIALS FOR TARGETS	06/30/18	SL	20.00		HY17	428.				428.	54.		21.	75.
223	ARCHERY RANGE	06/30/18	SL	20.00		HY17	774.				774.	101.		39.	140.
224	ARCHERY RANGE	06/30/18	SL	20.00		HY17	64.				64.	8.		3.	11.
225	ARCHERY RANGE - OUTDOOR BULLETIN BOARD	06/30/18	SL	20.00		HY17	500.				500.	65.		25.	90.
226	ARCHERY RANGE - POST ANCHORS	06/30/18	SL	20.00		HY17	52.				52.	8.		3.	11.
227	ARCHERY RANGE - MATERIALS FOR TARGETS	06/30/18	SL	20.00		HY17	866.				866.	111.		43.	154.
228	ARCHERY RANGE - CAUTION SIGNS	07/31/18	SL	20.00		HY17	122.				122.	15.		6.	21.
229	ARCHERY RANGE - STRAW & SEED	07/31/18	SL	20.00		HY17	230.				230.	30.		12.	42.
230	ARCHERY RANGE - EXTERIOR PAINTING OF PAVILION	07/31/18	SL	20.00		HY17	2,310.				2,310.	290.		116.	406.
231	ARCHERY RANGE - ARCHERY SIGNS	07/31/18	SL	20.00		HY17	550.				550.	70.		28.	98.
232	ARCHERY RANGE - RETURN OF UNUSED MATERIALS	07/31/18	SL	20.00		16	-423.				-423.			-36.	-36.
233	MAINTENANCE SHED - PERMIT	06/30/18	SL	20.00		HY17	520.				520.	67.		26.	93.
234	MAINTENANCE SHED	06/30/18	SL	20.00		HY17	3,410.				3,410.	441.		171.	612.
235	MAINTENANCE SHED	06/30/18	SL	20.00		HY17	3,410.				3,410.	441.		171.	612.
236	RE-SIDING OF GREENS MAIN SHED	06/30/18	SL	20.00		HY17	6,000.				6,000.	775.		300.	1,075.
237	MAINTENANCE SHED	06/30/18	SL	20.00		HY17	2,248.				2,248.	290.		112.	402.
238	CEDAR POND PAVILION	12/31/18	SL	20.00		HY17	294,697.				294,697.	30,698.		14,735.	45,433.

128111 04-01-21

(D) - Asset disposed

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

Name: WILLOWSFORD CONSERVANCY, INC

FEIN:

45-0609461

DETAIL CARRYOVER SCHEDULE

Type and Entity: RETAIL SALES FROM FARM FED

Section 382 Annual Limitation

Section 382 Carryover

Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for									
A 2018	54,249.											
B 2019	65,993.											
C 2020	73,566.											
D 2021	25,634.											
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
E												
S												
B												
C												
A												
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V												
W												

IRS e-file Signature Authorization for a Tax Exempt Entity

Form 8879-TE

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20__

2021

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

WILLOWSFORD CONSERVANCY, INC

EIN or SSN

45-0609461

Name and title of officer or person subject to tax KARYN MORELAND TREASURER

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a 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, 7b, 8b, 9b, or 10b, 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, and Amount. Includes rows for Form 990, Form 990-EZ, Form 1120-POL, Form 990-PF, Form 8868, Form 990-T, Form 4720, Form 5227, Form 5330, and Form 8038-CP.

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 entity or [] I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 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, BURNS & CO., P.C. to enter my PIN 77749. Enter five numbers, but do not enter all zeros.

as my signature on the tax year 2021 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 entity, I will enter my PIN as my signature on the tax year 2021 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 2021 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

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

2021

For calendar year 2021 or other tax year beginning _____, and ending _____

▶ **Go to www.irs.gov/Form990T for instructions and the latest information.**
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Department of the Treasury
Internal Revenue Service

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

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>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</p>	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) WILLOWSFORD CONSERVANCY, INC Number, street, and room or suite no. If a P.O. box, see instructions. 41025 WILLOWSFORD LANE City or town, state or province, country, and ZIP or foreign postal code ALDIE, VA 20105	<p>D Employer identification number 45-0609461</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
<p>C Book value of all assets at end of year 8,385,117.</p>			

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

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 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. 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 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments			
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d		1e	
2 Subtract line 1e from Part II, line 7		2	0.
3 Other amounts due. 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)		3	
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here		4	0.
5 Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4		5	0.
6a Payments: A 2020 overpayment credited to 2021	6a		
b 2021 estimated tax payments. Check if section 643(g) election applies	6b		
c Tax deposited with Form 8868	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439			
<input type="checkbox"/> Form 4136			
<input type="checkbox"/> Other			
Total	6g		
7 Total payments. Add lines 6a through 6g		7	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached		8	
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		9	
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid		10	
11 Enter the amount of line 10 you want: Credited to 2022 estimated tax		11	
			Refunded

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		Yes	No
		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
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			
4 Enter available pre-2018 NOL carryovers here			
5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
Business Activity Code	Available post-2017 NOL carryover		
110000	\$ 193,808.		
	\$		
6a Did the organization change its method of accounting? (see instructions)			X
b If 6a 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 6b. Also, provide any other additional information. See instructions.

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

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

1 Inventory at beginning of year	1	0.
2 Purchases	2	24,970.
3 Cost of labor	3	40,224.
4 Additional section 263A costs (attach statement)	4	0.
5 Other costs (attach statement)	5	0.
6 Total. Add lines 1 through 5	6	65,194.
7 Inventory at end of year	7	0.
8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	65,194.
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 Total deductions. 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 Total gross income (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 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ▶				0.
11 Total dividends-received deductions included in line 10 ▶				0.

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

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

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

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

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

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

FORM 990-T

PRE-2018 NET OPERATING LOSS DEDUCTION

STATEMENT 1

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/12	8,497.	0.	8,497.	8,497.
12/31/13	35,322.	0.	35,322.	35,322.
12/31/14	48,067.	0.	48,067.	48,067.
12/31/15	39,448.	0.	39,448.	39,448.
12/31/16	14,183.	0.	14,183.	14,183.
12/31/17	65,313.	0.	65,313.	65,313.
NOL CARRYOVER AVAILABLE THIS YEAR			210,830.	210,830.

990-T SCH A

POST-2017 NET OPERATING LOSS DEDUCTION

STATEMENT 2

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	54,249.	0.	54,249.	54,249.
12/31/19	65,993.	0.	65,993.	65,993.
12/31/20	73,566.	0.	73,566.	73,566.
NOL CARRYOVER AVAILABLE THIS YEAR			193,808.	193,808.

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.
▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return WILLOWSFORD CONSERVANCY, INC	Business or activity to which this form relates FORM 990 PAGE 10	Identifying number 45-0609461
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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	1,050,000.
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	2,620,000.
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 2020 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 2022. 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	-4,835.

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 2021	17	249,998.
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 2021 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		39,338.	5 YRS.	MQ	SL	656.
c 7-year property		38,821.	7 YRS.	MQ	SL	3,104.
d 10-year property						
e 15-year property		13,985.	15 YRS.	MQ	SL	546.
f 20-year property		80,845.	20 YRS.	MQ	SL	339.
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2021 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	249,808.
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.

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

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 sub-columns for vehicle-specific data (a-f, Yes/No).

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 2 columns (Yes/No).

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 2021 tax year: Table with 6 columns.

43 Amortization of costs that began before your 2021 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, 2021

Prepared For:

WILLOWSFORD CONSERVANCY, INC
41025 Willowsford Lane
Aldie, VA 20105

Prepared By:

MITCHELL, BURNS & 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:

Form 500

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

**2021 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** _____, 2021; **Ending Date** _____
 Short Year Return Change in Accounting Period

FEIN 45-0609461		Name WILLOWSFORD CONSERVANCY, INC		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 41025 WILLOWSFORD LANE					
City or Town ALDIE		State VA	ZIP Code 20105		
Physical Address (if different from Mailing Address)				Entity Type Code NP	
Physical City or Town		State	ZIP Code 111210		
Date Incorporated	State or Country of Incorporation	Description of Business Activity RETAIL SALES FROM FARM STAND OPERATI			

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: _____ .00
<input type="checkbox"/> Combined - Sch. 500AC Enclosed	<input type="checkbox"/> Withdrawn	Noncorporate Telecommunications Company
<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"/> _____ .00
<input type="checkbox"/> Sch. 500A Enclosed	Dissolved Date: _____	Electric Supplier Company
<input type="checkbox"/> Sch. 500AB Enclosed	<input type="checkbox"/> Merged	Enter amount from Sch. 500EL, Line 7 or 14: _____ .00
<input checked="" type="checkbox"/> Nonprofit Corporation	Merger Date: _____	Home Service Contract Provider
<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. _____ .00
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 2021 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 _____ **239186**
(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.) **SEE STATEMENT 1**

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**

**2021 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. Virginia taxable income (subtract Line 6 from Line 5)	7.	.00

TAX COMPUTATION

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

PAYMENTS AND CREDITS

10. Nonrefundable tax credits: Enter the amount from Schedule 500CR, Section 2, Part 1, Line 1B	10.	.00
11. Adjusted corporate tax (subtract Line 10 from Line 9)	11.	.00
12. 2021 estimated Virginia income tax payments including overpayment credit from 2020	12.	.00
13. Extension payment	13.	.00
14. Refundable tax credits from Schedule 500CR, Section 4, Part 1, Line 1A	14.	.00
15. Pass-through entity total withholding from Schedule 500ADJ, Section D	15.	.00
16. Total payments and credits (add Lines 12 through 15)	16.	.00

REFUND OR TAX DUE

17. Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11)	17.	.00
18. Penalty (see instructions)	18.	.00
19. Interest (see instructions)	19.	.00
20. Additional charge from Form 500C, Line 17 (enclose Form 500C)	20.	.00
21. Total due (add Lines 17 through 20)	21.	.00
22. Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16)	22.	.00
23. Amount to be credited to 2022 estimated tax	23.	.00
24. Amount to be refunded (subtract Line 23 from Line 22)	24.	.00

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

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

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

VA 500

NOL CARRYFORWARD ADJUSTMENT

STATEMENT 1

YEAR END DATE	FEDERAL NOL	ADDITION	SUBTRACTION	NET VIRGINIA MODIFICATION	PERCENT OF FEDERAL NOL UTILIZED THIS YEAR
12/31/15	39,448.	0.	0.	0.	.0000
12/31/16	14,183.	0.	0.	0.	.0000
12/31/17	65,313.	0.	0.	0.	.0000
12/31/18	54,249.	0.	0.	0.	.0000
12/31/19	65,993.	0.	0.	0.	.0000
NET VIRGINIA MODIFICATION				0.	

**2021 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.	239186	.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
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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.	-4835	.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!**

Corporation Name	Federal ID Number
WILLOWSFORD CONSERVANCY, INC	45-0609461
Part I Tax Return Information	
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.
Part II Declaration and Signature Authorization of Officer	
<p>Under penalties of perjury, I declare to be the officer of the above corporation and that I have examined a copy of the corporation's 2021 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 2021 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>	
Officer's e-File PIN: check one box only	
<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 2021 electronic Virginia corporation income tax return. <small>Do not enter all zeros</small> MITCHELL, BURNS & CO., P.C.	
ERO Firm Name	
<input type="checkbox"/> I will enter my e-File PIN as my signature on the corporation's 2021 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 _____
Part III Certification and Authentication	
ERO's EFIN/PIN: Enter your six digit EFIN followed by your five digit self-selected PIN. <u>54186377749</u> <small>Do not enter all zeros</small>	
<p>I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2021 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 _____