

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

WILLOWSFORD CONSERVANCY, INC
41025 WILLOWSFORD LANE
ALDIE, VA 20105



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CLIENT'S COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2022

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

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

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

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

December 31, 2022

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

Amount Due or Refund:

No amount is due.

Make Check Payable To:

No amount is due.

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Not applicable

Return Must be Mailed On or Before:

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Special Instructions:

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

IRS e-file Signature Authorization for a Tax Exempt Entity

Form 8879-TE

For calendar year 2022, or fiscal year beginning _____, 2022, and ending _____, 20__

2022

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 2022 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. ERO firm name. Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 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 2022 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 2022 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 (2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. WILLOWSFORD CONSERVANCY, INC	Taxpayer identification number (TIN) 45-0609461
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 41025 WILLOWSFORD LANE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALDIE, VA 20105	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

THE ORGANIZATION

- The books are in the care of ▶ **41025 WILLOWSFORD LANE - ALDIE, VA 20105**

Telephone No. ▶ **(571) 440-2400** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2022** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Return of Organization Exempt From Income Tax

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

A For the **2022** 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		D Employer identification number 45-0609461
	Doing business as		E Telephone number (571) 440-2400
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	41025 WILLOWSFORD LANE		G Gross receipts \$ 2,078,484.
	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		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: 501(c)(3) 501(c) (**4**) (insert no.) 4947(a)(1) or 527

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

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

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ENGAGE, 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.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	6
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	17
	6 Total number of volunteers (estimate if necessary)	6	272
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-42,219.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	335,734.	61,367.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	28,502.	18,023.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	46,330.	76,636.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,647,810.	1,631,021.
		2,058,376.	1,787,047.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	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)	778,862.	943,995.
	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)	686,635.	880,244.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,465,497.	1,824,239.	
19 Revenue less expenses. Subtract line 18 from line 12	592,879.	-37,192.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	8,385,117.	8,153,027.
	22 Net assets or fund balances. Subtract line 21 from line 20	83,439.	115,345.
	8,301,678.	8,037,682.	

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		Date		
	KARYN MORELAND, TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	SANDRA TONDREAU				P01292788
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	MITCHELL, BURNS & CO., P.C. 110 EAST MARKET ST. #200 LEESBURG, VA 20176	54-1853459		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 \$ 1,581,030. including grants of \$) (Revenue \$ 1,731,509.) 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 1,581,030.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding.

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							52,252.	0.	2,509.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							52,252.	0.	2,509.	

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
KATHRYN STEPHENS, 252 14TH STREET NORTHEAST, WASHINGTON, DC 20002	INTERIM EXECUTIVE DIRECTOR	150,000.

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

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	41,514.			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	19,853.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 41,514.			
	h	Total. Add lines 1a-1f		61,367.			
Program Service Revenue	2 a	PROGRAM EVENTS/ACTIVIT	Business Code				
			611600	18,023.	18,023.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		18,023.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		29,639.		29,639.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
				24,625.			
	b	Less: rental expenses ...	6b	19,047.			
	c	Rental income or (loss)	6c	5,578.			
	d	Net rental income or (loss)		5,578.		5,578.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				1,173.	91,958.		
	b	Less: cost or other basis and sales expenses	7b	0.	46,134.		
	c	Gain or (loss)	7c	1,173.	45,824.		
	d	Net gain or (loss)		46,997.	45,824.	1,173.	
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		317,862.				
			226,256.				
			91,606.	133,825.	-42,219.		
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	RESIDENT ASSESSMENTS	Business Code	900099	1,175,189.	1,175,189.	
	b	TRANSFER FEE INCOME		900099	336,910.	336,910.	
	c	MISCELLANEOUS		900099	21,738.	21,738.	
	d	All other revenue					
	e	Total. Add lines 11a-11d		1,533,837.			
12	Total revenue. See instructions		1,787,047.	1,731,509.	-42,219.	36,390.	

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	54,761.	13,690.	41,071.	
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	696,436.	632,326.	64,110.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	128,205.	112,063.	16,142.	
10 Payroll taxes	64,593.	55,684.	8,909.	
11 Fees for services (nonemployees):				
a Management	135,000.	116,375.	18,625.	
b Legal	26,836.	23,125.	3,711.	
c Accounting	46,691.		46,691.	
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.)	19,826.	17,099.	2,727.	
12 Advertising and promotion				
13 Office expenses	16,949.	14,610.	2,339.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	25,522.		25,522.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	2,418.	2,418.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	241,786.	241,786.		
23 Insurance	27,021.	24,691.	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	150,383.	150,383.		
b OTHER ADMINISTRATIVE	79,969.	68,937.	11,032.	
c LAND STEWARDSHIP	50,365.	50,365.		
d PROPERTY TAXES	49,456.	49,456.		
e All other expenses	8,022.	8,022.		
25 Total functional expenses. Add lines 1 through 24e	1,824,239.	1,581,030.	243,209.	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	987,068.	1	1,124,533.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	28,261.	4	1,266.
	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 7,712,834.		
	b Less: accumulated depreciation	10b 1,711,720.	6,158,386.	10c 6,001,114.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	1,197,651.	12	992,949.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	13,751.	15	33,165.
16 Total assets. Add lines 1 through 15 (must equal line 33)	8,385,117.	16	8,153,027.	
Liabilities	17 Accounts payable and accrued expenses	32,168.	17	59,321.
	18 Grants payable		18	
	19 Deferred revenue	17,904.	19	56,024.
	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	33,367.	23	0.
	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	83,439.	26	115,345.
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	7,104,028.	27	7,044,734.
	28 Net assets with donor restrictions	1,197,650.	28	992,948.
	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	8,301,678.	32	8,037,682.
	33 Total liabilities and net assets/fund balances	8,385,117.	33	8,153,027.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,787,047.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,824,239.
3	Revenue less expenses. Subtract line 2 from line 1	3	-37,192.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,301,678.
5	Net unrealized gains (losses) on investments	5	-226,366.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-438.
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	8,037,682.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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

Schedule B
(Form 990)

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

2022

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).

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
1	N/A	\$ 41,514.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 10,790.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>1</u>	CONSERVANCY LAND DEEDED _____ _____ _____	\$ <u>41,514.</u>	<u>06/30/22</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

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

2022

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures and amounts for revenue and assets.

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	1,197,650.	1,047,341.			
b Contributions			1,000,000.		
c Net investment earnings, gains, and losses	-204,701.	150,309.	47,341.		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	992,949.	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 type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,330,121.		4,330,121.
b Buildings		2,125,158.	718,326.	1,406,832.
c Leasehold improvements				
d Equipment		835,861.	645,191.	190,670.
e Other		421,694.	348,203.	73,491.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,001,114.

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	992,949.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	992,949.	

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	1,805,984.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-226,366.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	245,303.
e	Add lines 2a through 2d	2e	18,937.
3	Subtract line 2e from line 1	3	1,787,047.
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	1,787,047.

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	2,069,542.
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	245,303.
e	Add lines 2a through 2d	2e	245,303.
3	Subtract line 2e from line 1	3	1,824,239.
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	1,824,239.

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

2022

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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	41,514.	ASSESSED VALUE OF LA
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 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.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

**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

2022

Open to Public
Inspection

Name of the organization

WILLOWSFORD CONSERVANCY, INC

Employer identification number

45-0609461

PART III, LINE 1: ORGANIZATION'S MISSION

THE MISSION OF THE WILLOWSFORD CONSERVANCY IS TO PROTECT OUR LAND AND
PROMOTE CONSERVATION AND SUSTAINABLE FARMING SO THAT OUR COMMUNITY
DISCOVERS A DEEPER CONNECTION TO NATURE AND EACH OTHER.

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
LIFELONG LEARNING.

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

WILLOWSFORD CONSERVANCY IS THE STEWARD OF OVER 2,200 ACRES OF OPEN

Name of the organization

WILLOWSFORD CONSERVANCY, INC

Employer identification number

45-0609461

SPACE, SET ASIDE FOR CONSERVATION, RECREATION, EDUCATION AND
AGRICULTURAL USE.

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

IN 2022, 166 VOLUNTEERS SUPPORTED THE LAND STEWARDSHIP TEAM'S EFFORTS
TO REMOVE INVASIVE SPECIES, CLEAR TRAILS, AND MONITOR STREAMS, BLUE
BIRDS AND OTHER WILDLIFE (747 HOURS). AN ADDITIONAL 53 VOLUNTEERS
SUPPORTED THE FARM TEAM'S EFFORTS THROUGH EGG WASHING, CSA SHARE
PACKING, AND CSA PICK UP AMONGST OTHER ACTIVITIES (1030 HOURS)

FARMING

IN SUPPORT OF ITS MISSION FOR LONG-TERM PROTECTION AND VIABLE USE OF
THE LAND, THE CONSERVANCY FOLLOWS ORGANIC 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.

Name of the organization

WILLOWSFORD CONSERVANCY, INC

Employer identification number

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IN 2022 THE CONSERVANCY FARM SOLD OVER 600 UNIQUE SHARES IN ITS COMMUNITY SUPPORTED AGRICULTURE (CSA) PROGRAM, INCLUDING VEGETABLES, EGGS, AND FLOWERS, IN ADDITION TO SUPPORTING FAMILIES THROUGH A NEW ONLINE FARM STAND PLATFORM. ABOUT ONE THIRD OF THE CSA MEMBERS CONTINUE TO BE NON-RESIDENDS FROM OUTSIDE WILLOWSFORD. WHILE MANY CUSTOMERS PICK UP AT OUR TWO LOCATIONS, WE ALSO USE A REFRIGERATED DELIVERY VAN TO BRING OUR CSA SHARES AND ITEMS PURCHASED FROM OUR ONLINE STORE DIRECTLY TO PEOPLES' DOORSTEPS.

THE FARM DONATED EXCESS PRODUCE TO LOUDOUN HUMGER RELIEF-A LOCAL NON-PROFIT OFTEN DURING THE PEAK GROWING SEASON.

FARM VOLUNTEER OPPORTUNITIES AND PROGRAM ACTIVITIES ENCOURAGE FAMILIES TO ENGAGE HANDS-ON AND LEARN ABOUT SUSTAINABLE AGRICULTURE AND FOOD PRODUCTION. THE FARM HOSTS VOLUNTEER ACTIVITIES AS NOTED ABOVE, BUT ALSO HOLDS PROGRAMS SUCH AS THOSE FOCUSED ON NUTRITION AND CULINARY ARTS, PARTICIPATES AS A HOST OF A POPULAR SUMMER CAMP, AND LEADS WAGON FARM TOURS.

LAND CONSERVATION AND RELATED EDUATION

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, 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.

Name of the organization WILLOWSFORD CONSERVANCY, INC	Employer identification number 45-0609461
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WILLOWSFORD CONSERVANCY OFFERS OUTDOOR ENVIRONMENTAL EDUCATION PROGRAMS FOR ALL AGES TO CULTIVATE CITIZEN STEWARDSHIP, ENVIRONMENTAL LITERACY AND A DEEP EMOTIONAL CONNECTION TO THE NATURAL WORLD. PROVIDING RESIDENTS WITH RESOURCES TO CREATE AND MANAGE ENVIRONMENTALLY FRIENDLY HOME LANDSCAPES CONTRIBUTES POSITIVELY TO OVERALL HABITAT HEALTH AND CONNECTIVITY NOT ONLY AT WILLOWSFORD, BUT IN THE REGION.

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

AN IMPORTANT AREA OF LAND STEWARDSHIP IS REFORESTATION AND HABITAT IMPROVEMENT TO ASSURE HEALTHY FOREST CONTINUE TO FLOURISH AT WILLOWSFORD. IN OCTOBER, WE WORKED WITH LOUDOUN WILDLIFE CONSERVANCY (LWC), USING GRANT FUNDING FOR PLANTING 300 NATIVE TREES AND SHRUBS IN THE GREENS TO PROTECT THE WATERSHED AROUND BULL RUN STREAM.

WITH LWC, THE BLUEBIRD NEST BOX MONITORING PROGRAM CONTINUED IN 2022 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.

Name of the organization WILLOWSFORD CONSERVANCY, INC	Employer identification number 45-0609461
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DESPITE COVID-19 CONTINUING IN 2022, THE CONSERVANCY OFFERED OVER 30 PROGRAMS SERVING MORE THAN 650 INDIVIDUALS. MOST WERE DELIVERED BY THE LAND STEWARDSHIP TEAM, MANY BY THE FARM TEAM, AND A SMALL NUMBER IN COLLABORATION WITH PARTNER ORGANIZATIONS.

KEY EDUCATIONAL PROGRAMS LED BY THE LAND TEAM INCLUDED FORAGING CLASSES, NATURE PROGRAMS SUCH AS A BUTTERFLY WALK, AMPHIBIAN WALK, WILDFLOWER DISCOVERY, EARTH DAY EVENT, AND FISHING CLASSES. WHILE THE FARM-RELATED PROGRAMS INCLUDED FEATHER FOSTERS WHERE FAMILIES LEARNED HOW TO TAKE CARE OF CHICKS, COMMUNITY EGG COLLECTION EVENTS, GREENHOUSE SEEDING PROGRAMS, SUMMER CAMP AT THE FARM, A JUNIOR FARMER PROGRAM, AND COOKING CLASSES. IN ADDITION, MULTIPLE VOLUNTEER EVENTS WERE HELD THROUGHOUT THE YEAR WITH OPPORTUNITIES TO VOLUNTEER WITH WILLOWSFORD FARM AND THE LAND STEWARDSHIP TEAM. A NOTABLE VOLUNTEER PROGRAM WAS TREE PLANTING WITH THE LOUDOUN WILDLIFE CONSERVANCY.

THE 2021-2022 SEASON OF THE CONSERVANCY DEER MANAGEMENT PROGRAM SUCCESSFULLY ENDED ON JANUARY 7, 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 AND 10 ANTLERED DEER. APPROX. ONE THIRD (35 DEER) WAS TAKEN USING ARCHERY.

PART III LINE 4: PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)

OUTDOOR RECREATION

OUTDOOR RECREATION PROGRAMS AND EVENTS ENRICH WILLOWSFORD'S SENSE OF COMMUNITY AND HEALTHY LIFESTYLE. THE CONSERVANCY CONTINUES TO MAKE

Name of the organization

WILLOWSFORD CONSERVANCY, INC

Employer identification number

45-0609461

SIGNIFICANT INVESTMENTS IN THE CONSTRUCTION AND MANAGEMENT OF THE TRAIL SYSTEM, WHICH INCLUDES 40 MILES OF NATURALIZED TRAILS FOR RECREATIONAL AND EDUCATIONAL USE. THE IMPROVEMENTS INCLUDED SIGNAGE, MAPS AND SMART PHONE APP FOR ORIENTATION AND INFORMATION, GUIDED TRAIL WALKS, AND AMENITIES THAT FACILITATE THE USE OF THE TRAILS.

CONSERVANCY AMENITIES, INCLUDING THE HIDDEN MEADOW EVENT FIELD & GROUP CAMPSITE, CEDAR POND PAVILION, A RECREATIONAL ARCHERY RANGE, AND THE GRANT CAMPSITE, PROVIDE OPPORTUNITIES AND VENUES FOR OUTDOOR RECREATION, COMMUNITY ENGAGEMENT AND EDUCATION, ENCOURAGING FAMILIES TO CAMP, HIKE, BIKE, 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.

OPERATIONS

STAFF COMPLETED A NEW WEB SITE TO EDUCATE LOCAL CITIZENS, COMMUNICATE WITH OUR RESIDENTS, AND SHARE INFORMATION ABOUT OUR WORK. THE SITE INCLUDES A CALENDAR OF EVENTS, INFORMATION ON LAND CONSERVATION AND CREATING A BACKYARD HABITAT, SUSTAINABLE FARMING, AS WELL AS OUR LOCAL ECOSYSTEM AND WILDLIFE.

THE CONSERVANCY BOARD OF TRUSTEES SPENT MOST OF 2022 WORKING ON A

Name of the organization

WILLOWSFORD CONSERVANCY, INC

Employer identification number

45-0609461

STRATEGIC PLAN FOLLOWING MONTHS OF ENGAGEMENT WITH STAFF AND RESIDENTS THROUGH FOCUS GROUPS AND COMMUNITY SURVEY (IN WHICH MORE THAN 1,100 RESIDENTS PARTICIPATED). THE BOARD UNANIMOUSLY APPROVED THE NEW STRATEGIC PLAN.

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

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

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

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

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

FINANCIAL STATEMENTS ARE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C

2020 WAS THE FIRST YEAR THAT AN INDEPENDENT AUDIT WAS COMPLETED. A FINANCE COMMITTEE WAS SET UP. THE FINANCE COMMITTEE IS CHARGED WITH SUPERVISING AND REVIEWING THE AUDIT.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
WILLOWSFORD HOME OWNER'S ASSOCIATION, INC - 45-0645880, 23506 FOUNDERS DRIVE, ASHBURN, VA 20148	HOA	VIRGINIA	528	N/A	WILLOWSFORD OPERATIONS, LLC		X

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

Schedule R (Form 990) 2022

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 HOME OWNER 'S ASSOCIATION, INC	S	1,496,099.	COLLECT ON BEHALF OF CONSERVANCY
(2)			
(3)			
(4)			
(5)			
(6)			

2022 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
				.000		HY16									
				.000		HY16									
				.000		HY16									
259	LAND	01/01/20	L				3,988,863.				3,988,863.			0.	
260	LAND	06/01/21	L				299,744.				299,744.			0.	
275	LAND	12/01/22	L				41,514.				41,514.			0.	
	LAND IMPROVEMENTS														
2	GARDEN ON FOUNDERS DRIVE	01/31/12	SL	10.00		HY17	76,194.				76,194.	76,194.		0.	76,194.
3	FARM FIELD IN GRANGE	01/31/12	SL	10.00		HY17	73,162.				73,162.	73,162.		0.	73,162.
4	WELL SERVING GRANGE FARM	01/31/12	SL	15.00		HY17	21,250.				21,250.	14,169.		1,417.	15,586.
5	WELL SERVING FARM GARDEN	04/13/12	SL	15.00		HY17	24,678.				24,678.	16,451.		1,645.	18,096.
6	GRANGE FARM COMPOST	03/31/13	SL	10.00		HY17	3,600.				3,600.	3,180.		360.	3,540.
7	FLEETWOOD FARM WELL	05/31/13	SL	15.00		HY17	35,445.				35,445.	20,479.		2,363.	22,842.
8	FLEETWOOD FARM WELL	09/30/13	SL	15.00		HY17	3,140.				3,140.	1,743.		209.	1,952.
9	FARM FIELD GREENS	05/31/15	SL	10.00		HY17	2,656.				2,656.	1,751.		266.	2,017.
10	PERLIM WORK ON WELLS (NOT IN SERVICE	01/31/16	SL	10.00		HY17	5,940.				5,940.	3,564.		594.	4,158.
77	FARM WELL VALLEY PASS	03/31/16	SL	10.00		HY17	6,000.				6,000.	2,700.		400.	3,100.
78	DEER FENCE	03/31/16	SL	7.00		HY17	31,207.				31,207.	24,891.		4,458.	29,349.

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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
79	DEER FENCE	05/31/16	SL	7.00		HY17	2,847.				2,847.	2,224.		407.	2,631.
80	WELL TESTING AND DRILLING	06/30/16	SL	15.00		HY17	27,122.				27,122.	10,623.		1,808.	12,431.
81	GRANT WELL VALLEY DRILLING	09/30/16	SL	15.00		HY17	9,751.				9,751.	3,575.		650.	4,225.
125	PEACH ORCHARD FARM FENCE	08/31/17	SL	7.00		HY17	83,504.				83,504.	52,670.		11,929.	64,599.
126	REGRAVEL/ROLL HOUSE TO BARN, WELL TO BARN	09/30/17	SL	15.00		HY17	6,000.				6,000.	1,733.		400.	2,133.
128	PUMP & WELL SERVICE	10/31/17	SL	15.00		HY17	5,294.				5,294.	1,500.		353.	1,853.
129	WATERLINE AT PEACH ORCHARD	10/31/17	SL	10.00		HY17	31,250.				31,250.	13,281.		3,125.	16,406.
130	WELL 2	11/30/17	SL	15.00		HY17	3,799.				3,799.	1,054.		253.	1,307.
145	CAPITAL REIMBURSEMENT FOR PEACH ORCHARD WORK	01/31/18	SL	15.00		16	-69,999.				-69,999.			-4,667.	-4,667.
146	PEACH ORCHARD LIVESTOCK OP-FENCEING AND UNDERGROUND	06/30/18	SL	7.00		HY17	4,695.				4,695.	2,404.		671.	3,075.
147	ADDITIONAL WORK FOR INSTALLATION OF WATER LINE	07/31/18	SL	10.00		HY17	15,000.				15,000.	5,250.		1,500.	6,750.
148	STREAM EXCLUSION W/ GRAZING LAND MGT	07/31/18	SL	15.00		16	-10,022.				-10,022.			-668.	-668.
252	WELL PUMP COMPUTER	08/31/20	SL	7.00		HY17	6,921.				6,921.	868.		461.	1,329.
261	SHED-GRANGE WELL	12/01/21	SL	7.00		MC17	3,896.				3,896.	46.		557.	603.
262	WELL	05/18/21	SL	15.00		MC17	13,985.				13,985.	546.		932.	1,478.
263	BRIDGE	07/06/21	SL	7.00		MC17	4,379.				4,379.	260.		626.	886.
	* 990 PAGE 10 TOTAL - LAND IMPROVEMENTS						421,694.				421,694.	334,318.		30,049.	364,367.
	BUILDINGS & IMPROVEMENTS														

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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
12	GRANGE FARM STRUCTURE	01/31/12	SL	20.00	HY17	21,819.				21,819.	10,910.		1,091.	12,001.
13	GRANGE FARM STRUCTURE	03/31/12	SL	20.00	HY17	268,665.				268,665.	132,092.		13,433.	145,525.
14	FARM GARDEN STRUCTURE	06/30/12	SL	20.00	HY17	46,139.				46,139.	22,109.		2,307.	24,416.
15	BUILDOUT LOFT (CARPENTER BEACH)	04/30/14	SL	20.00	HY17	20,500.				20,500.	7,944.		1,025.	8,969.
16	JOHN LAYNG (GRANGE GREENHOUSE)	06/30/14	SL	20.00	HY17	4,000.				4,000.	1,600.		200.	1,800.
17	WALK IN COOLER UPGRADES	09/30/14	SL	7.00	HY17	2,797.				2,797.	2,797.		0.	2,797.
18	HIGH TUNNEL	10/31/14	SL	20.00	HY17	14,100.				14,100.	6,521.		1,410.	7,931.
19	HIGH TUNNEL	12/31/14	SL	10.00	HY17	4,793.				4,793.	2,655.		479.	3,134.
20	HIGH TUNNEL SITE WORK	12/18/14	SL	10.00	HY17	5,285.				5,285.	2,937.		529.	3,466.
21	HIGH TUNNEL	04/30/15	SL	10.00	HY17	4,173.				4,173.	2,242.		417.	2,659.
22	FARM STAND IMPROVEMENTS	04/30/15	SL	20.00	HY17	60,827.				60,827.	20,527.		3,041.	23,568.
23	PRELIM WORK ON GRANT (NOT IN SERVICE)	01/31/16	SL	10.00	HY17	51,161.				51,161.	30,696.		5,116.	35,812.
82	SIX HIGH TUNNELS	01/31/17	SL	10.00	HY17	3,018.				3,018.	1,510.		302.	1,812.
131	BUILD 12 END WALLS FOR 6 GREENHOUSES	01/31/17	SL	10.00	HY17	3,908.				3,908.	1,955.		391.	2,346.
132	PEACH ORCHARD OH TO UG CONVERSION	07/31/17	SL	20.00	HY17	4,574.				4,574.	1,030.		229.	1,259.
133	GREENHOUSE #2	11/30/17	SL	20.00	HY17	3,686.				3,686.	767.		184.	951.
134	PEACH ORCHARD BARN REPAIRS	12/31/17	SL	20.00	HY17	30,919.				30,919.	6,313.		1,546.	7,859.
135	BARN 1 & 2 WIRING AND UPGRADE	08/31/17	SL	20.00	HY17	16,128.				16,128.	3,560.		806.	4,366.

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149	GRANGE FARM STAND GATES	05/31/18	SL	10.00	HY17	350.				350.	128.		35.	163.
150	GRANGE FARM STAND PARKING LOT	05/31/18	SL	10.00	HY17	16,000.				16,000.	5,867.		1,600.	7,467.
151	GRANGE GREENHOUSE RETROFIT	05/31/18	SL	10.00	HY17	5,715.				5,715.	2,097.		572.	2,669.
152	GRANGE PACKING SHED - COOLER FLOOR	05/31/18	SL	10.00	HY17	274.				274.	99.		27.	126.
153	GRANGE PACKING SHED - COOLER FLOOR	05/31/18	SL	10.00	HY17	800.				800.	293.		80.	373.
154	GRANGE FARM BARN RENOVATION	05/31/18	SL	10.00	HY17	13,100.				13,100.	4,803.		1,310.	6,113.
155	GRANGE FARM BARN RENOVATION - CLEANUP	05/31/18	SL	10.00	HY17	650.				650.	238.		65.	303.
156	GRANGE FARM PACKING SHED - FLOOR DRAIN	06/30/18	SL	10.00	HY17	9.				9.	4.		1.	5.
157	GRANGE FARM PACKING SHED - MISC MATERIALS	06/30/18	SL	10.00	HY17	96.				96.	36.		10.	46.
158	GRANGE FARM PACKING SHED - MISC MATERIALS	06/30/18	SL	10.00	16	-124.				-124.			-12.	-12.
159	GRANGE FARM PACKING SHED - DECK STAIN & RELATED MATERIA	06/30/18	SL	10.00	HY17	275.				275.	100.		28.	128.
160	GRANGE FARM PACKING SHED - INV 2194 (DREAM BUILDINGS)	06/30/18	SL	10.00	HY17	35,569.				35,569.	12,746.		3,557.	16,303.
161	GRANGE FARM STAND ELECTRICAL IMPROVEMENTS	06/30/18	SL	10.00	HY17	9,665.				9,665.	3,465.		967.	4,432.
162	GRANGE FARM PACKING SHED - PREP FOR ELECTRICAL	06/30/18	SL	10.00	HY17	3,213.				3,213.	1,150.		321.	1,471.
163	GRANGE FARM PACKING SHED	06/30/18	SL	10.00	HY17	236.				236.	86.		24.	110.
164	GRANGE FARM PACKING SHED	06/30/18	SL	10.00	HY17	64.				64.	22.		6.	28.
165	GRANGE FARM PACKING SHED	06/30/18	SL	10.00	HY17	394.				394.	140.		39.	179.
166	FARM STAND IMPROVEMENTS	06/30/18	SL	10.00	HY17	462.				462.	165.		46.	211.

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167	GRANGE FARM PACKING SHED - INV 2207 (DREAM BUILDINGS)	07/31/18	SL	10.00	HY17	4,225.				4,225.	1,480.		423.	1,903.
168	GRANGE FARM PACKING SHED - GRADING & STONE	07/31/18	SL	10.00	HY17	2,473.				2,473.	865.		247.	1,112.
169	GRANGE FARM BARN RENOVATION - MINI SPLIT HVAC	07/31/18	SL	10.00	HY17	3,971.				3,971.	1,390.		397.	1,787.
170	INSTALL MINI SPLIT SYSTEM & 2 WALKINS	07/31/18	SL	10.00	HY17	15,745.				15,745.	5,512.		1,575.	7,087.
171	HVAC INSTALL - FARM STAND	08/31/18	SL	10.00	HY17	1,104.				1,104.	376.		110.	486.
172	GRANGE FARM PACKING SHED	08/31/18	SL	10.00	HY17	10,350.				10,350.	3,536.		1,035.	4,571.
173	GRANGE FARM OFFICE	08/31/18	SL	10.00	HY17	7,500.				7,500.	2,563.		750.	3,313.
174	PROTECH SERVICES INV 10033	11/30/18	SL	10.00	HY17	1,101.				1,101.	348.		110.	458.
175	PEACH ORCHARD BARN DRAW 1	05/31/18	SL	20.00	HY17	3,900.				3,900.	715.		195.	910.
176	PEACH ORCHARD BARN DRAW 2	05/31/18	SL	20.00	HY17	21,476.				21,476.	3,938.		1,074.	5,012.
177	PEACH ORCHARD BARN RESTORATION	05/31/18	SL	10.00	HY17	13,673.				13,673.	5,013.		1,367.	6,380.
178	PEACH ORCHARD SHED - EGG WASHING STATION	05/31/18	SL	10.00	HY17	4,117.				4,117.	1,510.		412.	1,922.
179	PEACH ORCHARD SHED - EGG WASHING STATION	05/31/18	SL	10.00	HY17	1,200.				1,200.	440.		120.	560.
180	PEACH ORCHARD SHED - EGG WASHING STATION	05/31/18	SL	10.00	HY17	4,341.				4,341.	1,591.		434.	2,025.
181	PEACH ORCHARD BARN - ADDITIONAL CLEANUP	05/31/18	SL	10.00	HY17	768.				768.	282.		77.	359.
182	EGG WASHING STATION - DRAIN LINE & CLEANUP	05/31/18	SL	10.00	HY17	2,322.				2,322.	851.		232.	1,083.
183	PATCH AND PAINT	05/31/18	SL	10.00	HY17	600.				600.	220.		60.	280.
184	PEACH ORCHARD ROOF - INSURANCE CLAIM	05/31/18	SL	10.00	16	-1,320.				-1,320.			-132.	-132.

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185	EGG WASHING STATION	06/30/18	SL	10.00		HY17	620.				620.	222.		62.	284.
186	EGG WASHING STATION	06/30/18	SL	10.00		HY17	5,400.				5,400.	1,935.		540.	2,475.
187	EGG WASHING STATION	06/30/18	SL	10.00		HY17	456.				456.	165.		46.	211.
248	GRANGE FARM SEPTIC SYSTEM	06/30/19	SL	10.00		HY17	35,977.				35,977.	9,295.		3,598.	12,893.
249	FARM STAND GARDEN	06/30/19	SL	10.00		HY17	28,079.				28,079.	7,254.		2,808.	10,062.
250	GRANGE BARN SEPTIC SYSTEM	07/30/19	SL	10.00		HY17	850.				850.	213.		85.	298.
251	CONNECTION AND MAGNETIC WATER	12/30/19	SL	20.00		HY17	7,221.				7,221.	752.		361.	1,113.
	* 990 PAGE 10 TOTAL - BUILDINGS & IMPROVEMENTS						829,389.				829,389.	340,070.		57,168.	397,238.
	BUILDINGS & IMP - HOUSING														
25	GRANGE FARM STRUCTURE	07/31/14	SL	20.00		HY17	105,802.				105,802.	39,675.		5,290.	44,965.
26	GRANGE FARM STRUCTURE - FURNACE	12/31/14	SL	10.00		HY17	6,400.				6,400.	4,533.		640.	5,173.
27	PRELIM WORK ON LIGHTGRIDGE (NOT IN SERVICE)	01/31/16	SL	20.00		HY17	35,370.				35,370.	10,614.		1,769.	12,383.
83	WORK DONE ON LIGHTGRIDGE	01/31/16	SL	20.00		HY17	42,567.				42,567.	12,768.		2,128.	14,896.
136	FARM HOUSE DESIGN SERVICES	11/30/17	SL	20.00		HY17	9,123.				9,123.	1,634.		456.	2,090.
137	FARM HOUSE CLEARING	11/30/17	SL	20.00		HY17	4,375.				4,375.	785.		219.	1,004.
138	FARM HOUSE LOUDOUN COUNTY PERMIT	12/31/17	SL	20.00		HY17	2,120.				2,120.	380.		106.	486.
188	WORK DONE ON LIGHTGRIDGE - SEPTIC REPAIR	04/30/18	SL	20.00		HY17	6,687.				6,687.	1,253.		334.	1,587.
192	FARM HOUSE	06/30/18	SL	20.00		HY17	1,683.				1,683.	301.		84.	385.

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193	FARM HOUSE	06/30/18	SL	20.00		HY17	23,904.				23,904.	4,282.		1,195.	5,477.
194	FARM HOUSE	06/30/18	SL	20.00		HY17	42,260.				42,260.	7,572.		2,113.	9,685.
195	FARM HOUSE	06/30/18	SL	20.00		HY17	15,375.				15,375.	2,755.		769.	3,524.
196	FARM HOUSE	06/30/18	SL	20.00		HY17	17,641.				17,641.	3,161.		882.	4,043.
197	FARM HOUSE	06/30/18	SL	20.00		HY17	43,500.				43,500.	7,794.		2,175.	9,969.
198	FARM HOUSE	06/30/18	SL	20.00		HY17	2,051.				2,051.	369.		103.	472.
199	FARM HOUSE	06/30/18	SL	20.00		HY17	42,241.				42,241.	7,568.		2,112.	9,680.
200	FARM HOUSE	06/30/18	SL	20.00		HY17	55,435.				55,435.	9,933.		2,772.	12,705.
201	FARM HOUSE	06/30/18	SL	20.00		HY17	36,384.				36,384.	6,518.		1,819.	8,337.
202	FARM HOUSE	06/30/18	SL	20.00		HY17	60,122.				60,122.	10,772.		3,006.	13,778.
203	FARM HOUSE	06/30/18	SL	20.00		HY17	18,173.				18,173.	3,257.		909.	4,166.
204	GRADING	06/30/18	SL	20.00		HY17	5,027.				5,027.	900.		251.	1,151.
205	TREE WORK	06/30/18	SL	20.00		HY17	8,666.				8,666.	1,552.		433.	1,985.
206	EROSION CONTROL	06/30/18	SL	20.00		HY17	1,888.				1,888.	337.		94.	431.
207	FARM HOUSE	06/30/18	SL	20.00		HY17	48,748.				48,748.	8,733.		2,437.	11,170.
208	HOUSE LANDSCAPING	06/30/18	SL	20.00		HY17	2,918.				2,918.	523.		146.	669.
209	FARM HOUSE	06/30/18	SL	20.00		HY17	1,989.				1,989.	355.		99.	454.
210	FARM HOUSE	06/30/18	SL	20.00		HY17	3,041.				3,041.	545.		152.	697.

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253	WATER LINE	01/30/20	SL	20.00	HY17	8,325.				8,325.	832.		416.	1,248.
264	LIGHTRIDGE SEPTIC	11/05/21	SL	20.00	MC17	26,360.				26,360.	110.		1,318.	1,428.
265	PEACH ORCHARD SEPTIC	11/05/21	SL	20.00	MC17	54,485.				54,485.	229.		2,724.	2,953.
	* 990 PAGE 10 TOTAL - BUILDINGS & IMP - HOUSING					732,660.				732,660.	150,040.		36,951.	186,991.
	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.	6,515.		985.	7,500.
32	ALTO-HARTLEY	12/31/15	SL	7.00	HY17	6,613.				6,613.	5,749.		864.	6,613.
33	TEW MANUFACTURING CORPORATION	12/31/15	SL	7.00	HY17	2,565.				2,565.	2,227.		338.	2,565.
127	9 SHELTERS	10/31/17	SL	7.00	HY17	9,583.				9,583.	5,818.		1,369.	7,187.
211	FREEZER	03/31/18	SL	7.00	HY17	7,068.				7,068.	3,871.		1,010.	4,881.
212	FARM STAND WALK IN COOLER	05/31/18	SL	7.00	HY17	27,372.				27,372.	14,337.		3,910.	18,247.
247	FREEZER	06/28/19	SL	7.00	HY17	2,774.				2,774.	1,023.		396.	1,419.
270	MERCHANDISER FREEZER	05/04/22	SL	7.00	16	3,599.				3,599.			343.	343.
	* 990 PAGE 10 TOTAL - FURNITURE & FIXTURES					75,437.				75,437.	47,587.		9,215.	56,802.
	EQUIPMENT													
35	TRACTOR-KUBOTA 7040	11/30/11	SL	7.00	HY17	38,380.				38,380.	38,380.		0.	38,380.

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36	LANDPRIDE RCR 1884 BUSHHOG	11/30/11	SL	7.00		HY17	3,050.				3,050.	3,050.		0.	3,050.
37	BEFCO C70 FLAIL MOWER	11/30/11	SL	7.00		HY17	5,850.				5,850.	5,850.		0.	5,850.
39	TRACTOR-KUBOTA 2620	07/31/11	SL	7.00		HY17	17,500.				17,500.	17,500.		0.	17,500.
40	(D)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	LESCHKE 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	STOLTZFUS MFG WLS 50LR SPREADER	02/28/12	SL	7.00		HY17	14,099.				14,099.	14,099.		0.	14,099.
46	MECHANICAL TRANSPLANTER MT-90 MULCHER	03/31/12	SL	7.00		HY17	2,385.				2,385.	2,385.		0.	2,385.
48	KEYLINE PLOW/SUBSOILER	03/31/12	SL	7.00		HY17	10,469.				10,469.	10,469.		0.	10,469.
49	KEYLINE PLOW/SUBSOILER	03/31/12	SL	7.00		HY17	2,537.				2,537.	2,537.		0.	2,537.
50	WATER TANK/TRAILER	03/31/13	SL	7.00		HY17	5,860.				5,860.	5,860.		0.	5,860.
51	WATER WHEEL PLANTER	03/31/13	SL	7.00		HY17	4,160.				4,160.	4,160.		0.	4,160.
54	UNDERCUTTER, SPREADER, SHANKS, TINES	02/28/14	SL	7.00		HY17	5,241.				5,241.	5,241.		0.	5,241.
55	BASKET WEEDER	03/31/14	SL	7.00		HY17	4,775.				4,775.	4,775.		0.	4,775.
56	MACHIO TILLER	04/30/14	SL	7.00		HY17	5,570.				5,570.	5,570.		0.	5,570.
57	DR MOWER	04/30/14	SL	7.00		HY17	3,052.				3,052.	3,052.		0.	3,052.

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58	(D)INTERNATIONAL 84 HYDRO	01/31/15	SL	7.00		HY17	13,780.				13,780.	13,780.		0.	13,780.
59	HILLING DISCS	02/28/15	SL	7.00		HY17	4,090.				4,090.	4,040.		50.	4,090.
60	TRANSPORT DISC/BALE CARRIOER	02/28/15	SL	7.00		HY17	4,525.				4,525.	4,469.		56.	4,525.
61	CULTIVATOR	04/30/15	SL	7.00		HY17	12,258.				12,258.	11,819.		439.	12,258.
62	UNDERCUTTER 54"	07/31/15	SL	7.00		HY17	2,750.				2,750.	2,554.		196.	2,750.
63	MASSEY FERGUSON PLOW	07/31/15	SL	7.00		HY17	3,900.				3,900.	3,621.		279.	3,900.
64	INTERSEEDER	09/30/15	SL	7.00		HY17	24,300.				24,300.	21,983.		2,317.	24,300.
65	CULTIVATING TRACTOR FROM ALLIS CHALMERS	09/30/15	SL	7.00		HY17	5,250.				5,250.	4,750.		500.	5,250.
66	DECEMBER PURCHASES	12/31/15	SL	7.00		HY17	113,072.				113,072.	95,494.		16,223.	111,717.
84	KUBOTA DIESEL GENERATOR	11/30/16	SL	7.00		HY17	5,500.				5,500.	4,061.		786.	4,847.
85	KIFCOO 1.4"X350' HARD HOSE REEL	12/31/16	SL	7.00		HY17	4,894.				4,894.	3,553.		699.	4,252.
87	LANDPRIDE FM3188 FLAIL MOWER	12/31/16	SL	7.00		HY17	7,653.				7,653.	5,556.		1,093.	6,649.
119	20FT EQUIPMENT TRAILER	02/28/17	SL	7.00		HY17	5,973.				5,973.	4,192.		853.	5,045.
120	LOG SPLITTER	02/28/17	SL	7.00		HY17	3,144.				3,144.	2,208.		449.	2,657.
121	PRO WOOD CHIPPER	03/31/17	SL	7.00		HY17	2,650.				2,650.	1,831.		379.	2,210.
122	VERMEER X2	04/30/17	SL	7.00		HY17	41,996.				41,996.	28,496.		5,999.	34,495.
123	VERMEER	05/31/17	SL	7.00		HY17	3,061.				3,061.	2,040.		437.	2,477.
124	BOBCAT T190	06/30/17	SL	7.00		HY17	24,000.				24,000.	15,716.		3,429.	19,145.

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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
139	MF 1035 DIESEL TRACTOR	03/31/17	SL	7.00		HY17	10,050.				10,050.	6,940.		1,436.	8,376.
141	TRACTOR-KUBOTA RTV X900 S/N 10519	04/30/17	SL	7.00		HY17	11,500.				11,500.	7,804.		1,643.	9,447.
142	SPREADER T32210	05/31/17	SL	7.00		HY17	2,014.				2,014.	1,344.		288.	1,632.
143	GOLF CART	09/30/17	SL	7.00		HY17	3,475.				3,475.	2,149.		496.	2,645.
239	MINI SKID HOE SWING/HYDRAULIC KIT/BRUSH CU	01/31/18	SL	7.00		HY17	7,995.				7,995.	4,568.		1,142.	5,710.
240	2018 DIAMOND C16'	02/28/18	SL	7.00		HY17	3,683.				3,683.	2,060.		526.	2,586.
241	2018 BRI-MR 7X12	02/28/18	SL	7.00		HY17	6,902.				6,902.	3,862.		986.	4,848.
246	PLASTIC LIFTER WINDER	02/21/19	SL	7.00		HY17	4,115.				4,115.	1,715.		588.	2,303.
254	JOHN DEERE LIME DRILL	04/23/20	SL	7.00		HY17	610.				610.	131.		171.	302.
255	2005 JUFCI WATER REEL	04/23/20	SL	7.00		HY17	2,772.				2,772.	660.		707.	1,367.
256	KNIGHT 252 MANURE SPREADER	04/23/20	SL	7.00		HY17	1,195.				1,195.	285.		336.	621.
257	TRX 354 MOWER	08/20/20	SL	7.00		HY17	13,846.				13,846.	2,802.		1,978.	4,780.
266	DUMP TRAILER	10/26/21	SL	7.00		MC17	3,222.				3,222.	58.		460.	518.
267	TRACTOR	03/27/21	SL	7.00		MC17	16,900.				16,900.	1,809.		2,414.	4,223.
268	XP540 ALTOZ MOWER	04/09/21	SL	7.00		MC17	10,424.				10,424.	931.		1,489.	2,420.
271	CELLI Z90 SPADING MACHINE	05/04/22	SL	7.00		16	12,500.				12,500.			1,190.	1,190.
272	THE BEST CHICKEN HOOP MOBILE	10/24/22	SL	7.00		16	15,478.				15,478.			553.	553.
273	BUSH HOG 2215 BATWING ROTARY MOWER	01/31/22	SL	7.00		16	19,000.				19,000.			2,488.	2,488.

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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
	* 990 PAGE 10 TOTAL - EQUIPMENT						567,592.				567,592.	406,454.		53,075.	459,529.
	VEHICLES - FARM														
68	2002 DODGE RAM	11/30/11	SL	5.00		HY17	15,300.				15,300.	15,300.		0.	15,300.
69	(D)TRAILER	12/31/11	SL	5.00		HY17	5,790.				5,790.	5,790.		0.	5,790.
88	DELIVERY TRUCK	06/30/16	SL	5.00		HY17	10,050.				10,050.	10,050.		0.	10,050.
89	(D)DODGE FLATBED	01/31/17	SL	5.00		HY17	5,564.				5,564.	5,564.		0.	5,564.
258	(D)2019 4500 CHEVY TRUCK	05/28/20	SL	5.00		HY17	72,962.				72,962.	23,104.		4,864.	27,968.
269	2018 FORD F-150	12/03/21	SL	5.00		MC17	39,338.				39,338.	656.		7,868.	8,524.
274	SPRINTER VAN	02/24/22	SL	5.00		16	38,558.				38,558.			6,426.	6,426.
	* 990 PAGE 10 TOTAL - VEHICLES - FARM						187,562.				187,562.	60,464.		19,158.	79,622.
	COMPUTER HARDWARE														
72	LAPTOP - MAINTENANCE PERSON	01/31/17	SL	3.00		HY17	999.				999.	999.		0.	999.
96	LAPTOP	09/30/11	SL	3.00		HY17	2,317.				2,317.	2,317.		0.	2,317.
	* 990 PAGE 10 TOTAL - COMPUTER HARDWARE						3,316.				3,316.	3,316.		0.	3,316.
	VEHICLES - CONSERVANCY														
74	RHINO	11/30/11	SL	5.00		HY17	14,267.				14,267.	14,267.		0.	14,267.
75	RHINO	08/31/13	SL	5.00		HY17	21,910.				21,910.	21,910.		0.	21,910.
76	FORD F250 SUPER DUTY 2008	06/18/15	SL	5.00		HY17	29,869.				29,869.	30,494.		0.	30,494.

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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
244	2018 FORD F-150	02/28/18	SL	5.00	HY17	32,754.				32,754.	25,658.		6,551.	32,209.
245	2003 FORD RANGER 1FTYR14V23TA39079	03/06/19	SL	5.00	HY17	7,300.				7,300.	4,137.		1,460.	5,597.
	* 990 PAGE 10 TOTAL - VEHICLES - CONSERVANCY					106,100.				106,100.	96,466.		8,011.	104,477.
	BUILDING IMPROVEMENTS - CONSERVANCY													
91	CONCRETE	01/31/17	SL	20.00	HY17	21,870.				21,870.	5,470.		1,094.	6,564.
92	POLE BARN	01/31/17	SL	20.00	HY17	6,424.				6,424.	1,605.		321.	1,926.
93	POLE BARN	01/31/17	SL	20.00	HY17	19,890.				19,890.	4,975.		995.	5,970.
94	POLE BARN	01/31/17	SL	20.00	HY17	790.				790.	200.		40.	240.
95	PLUMBING SUPPLIES	01/31/17	SL	20.00	HY17	968.				968.	240.		48.	288.
97	POLE BARN - PLUMBING/FRAMING SUPPLIES	01/31/17	SL	20.00	HY17	2,240.				2,240.	560.		112.	672.
98	POLE BARN - BUILDING PAD	01/31/17	SL	20.00	HY17	8,345.				8,345.	2,085.		417.	2,502.
99	POLE BARN	01/31/17	SL	20.00	HY17	30,720.				30,720.	7,680.		1,536.	9,216.
100	POLE BARN	02/28/17	SL	20.00	HY17	6,424.				6,424.	1,578.		321.	1,899.
101	POLE BARN PAD	02/28/17	SL	20.00	HY17	3,219.				3,219.	792.		161.	953.
102	POLE BARN - ELECTRICAL	02/28/17	SL	20.00	HY17	23,600.				23,600.	5,802.		1,180.	6,982.
103	POLE BARN - CABINETRY, PLYWOOD, PLUMBING	02/28/17	SL	20.00	HY17	1,489.				1,489.	364.		74.	438.
104	POLE BARN - PLUMBING & FENCING	03/31/17	SL	20.00	HY17	733.				733.	179.		37.	216.
105	POLE BARN PLUMBING & INTERIOR	04/30/17	SL	20.00	HY17	5,100.				5,100.	1,211.		255.	1,466.

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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
106	POLE BARN STONE FOR ACCESS ROAD	04/30/17	SL	20.00	HY17	9,635.				9,635.	2,289.		482.	2,771.
107	POLE BARN SEPTIC	04/30/17	SL	20.00	HY17	1,680.				1,680.	399.		84.	483.
108	POLE BARN SEPTIC	04/30/17	SL	20.00	HY17	3,875.				3,875.	921.		194.	1,115.
109	POLE BARN ELECTRICAL	04/30/17	SL	20.00	HY17	5,900.				5,900.	1,401.		295.	1,696.
110	POLE BARN INTERIOR FINSHES & LOCKERS	05/31/17	SL	20.00	HY17	808.				808.	187.		40.	227.
111	POLE BARN ONSITE SEWAGE SYSTEM	06/30/17	SL	20.00	HY17	30,358.				30,358.	6,957.		1,518.	8,475.
112	POLE BARN - FENCE	07/31/17	SL	20.00	HY17	4,490.				4,490.	1,012.		225.	1,237.
113	POLE BARN WATER SUPPLY/PLUMBING/HOOKUP	07/31/17	SL	20.00	HY17	319.				319.	72.		16.	88.
114	FUEL STATION POSTS, TRENCHER, CONCRETE	09/30/17	SL	20.00	HY17	826.				826.	174.		41.	215.
115	FUEL STATION - ELECTRICAL SUPPLIES/EMERGENCY SHUTOFF	10/31/17	SL	20.00	HY17	1,165.				1,165.	247.		58.	305.
116	TAKE FOR FUEL STATION	11/30/17	SL	20.00	HY17	16,414.				16,414.	3,421.		821.	4,242.
117	INSTALLED ROOF OVER FUEL STATION & BARN	12/31/17	SL	20.00	HY17	2,332.				2,332.	487.		117.	604.
144	CONCRETE	11/30/17	SL	20.00	HY17	605.				605.	123.		30.	153.
213	ARCHERY RANGE	06/30/18	SL	20.00	HY17	4,063.				4,063.	728.		203.	931.
214	ARCHERY RANGE TARGET PADS	06/30/18	SL	20.00	HY17	83.				83.	14.		4.	18.
215	ARCHERY RANGE	06/30/18	SL	20.00	HY17	6,000.				6,000.	1,075.		300.	1,375.
216	ARCHERY RANGE	06/30/18	SL	20.00	HY17	12,485.				12,485.	2,236.		624.	2,860.
217	ARCHERY RANGE	06/30/18	SL	20.00	HY17	2,700.				2,700.	484.		135.	619.

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
218	ARCHERY RANGE	06/30/18	SL	20.00		HY17	7,150.				7,150.	1,283.		358.	1,641.
219	ARCHERY RANGE	06/30/18	SL	20.00		HY17	2,813.				2,813.	505.		141.	646.
220	ARCHERY RANGE	06/30/18	SL	20.00		HY17	572.				572.	104.		29.	133.
221	ARCHERY RANGE	06/30/18	SL	20.00		HY17	1,268.				1,268.	226.		63.	289.
222	ARCHERY RANGE - MATERIALS FOR TARGETS	06/30/18	SL	20.00		HY17	428.				428.	75.		21.	96.
223	ARCHERY RANGE	06/30/18	SL	20.00		HY17	774.				774.	140.		39.	179.
224	ARCHERY RANGE	06/30/18	SL	20.00		HY17	64.				64.	11.		3.	14.
225	ARCHERY RANGE - OUTDOOR BULLETIN BOARD	06/30/18	SL	20.00		HY17	500.				500.	90.		25.	115.
226	ARCHERY RANGE - POST ANCHORS	06/30/18	SL	20.00		HY17	52.				52.	11.		3.	14.
227	ARCHERY RANGE - MATERIALS FOR TARGETS	06/30/18	SL	20.00		HY17	866.				866.	154.		43.	197.
228	ARCHERY RANGE - CAUTION SIGNS	07/31/18	SL	20.00		HY17	122.				122.	21.		6.	27.
229	ARCHERY RANGE - STRAW & SEED	07/31/18	SL	20.00		HY17	230.				230.	42.		12.	54.
230	ARCHERY RANGE - EXTERIOR PAINTING OF PAVILION	07/31/18	SL	20.00		HY17	2,310.				2,310.	406.		116.	522.
231	ARCHERY RANGE - ARCHERY SIGNS	07/31/18	SL	20.00		HY17	550.				550.	98.		28.	126.
232	ARCHERY RANGE - RETURN OF UNUSED MATERIALS	07/31/18	SL	20.00		16	-423.				-423.			-21.	-21.
233	MAINTENANCE SHED - PERMIT	06/30/18	SL	20.00		HY17	520.				520.	93.		26.	119.
234	MAINTENANCE SHED	06/30/18	SL	20.00		HY17	3,410.				3,410.	612.		171.	783.
235	MAINTENANCE SHED	06/30/18	SL	20.00		HY17	3,410.				3,410.	612.		171.	783.

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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
236	RE-SIDING OF GREENS MAIN SHED	06/30/18	SL	20.00		HY17	6,000.				6,000.	1,075.		300.	1,375.
237	MAINTENANCE SHED	06/30/18	SL	20.00		HY17	2,248.				2,248.	402.		112.	514.
238	CEDAR POND PAVILION	12/31/18	SL	20.00		HY17	294,697.				294,697.	45,433.		14,735.	60,168.
	* 990 PAGE 10 TOTAL - BUILDING IMPROVEMENTS - CONS						563,111.				563,111.	106,361.		28,159.	134,520.
	* GRAND TOTAL 990 PAGE 10 DEPR						7,816,982.				7,816,982.	1,545,076.		241,786.	1,786,862.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						7,686,333.			0.	7,686,333.	1,545,018.			1,775,804.
	ACQUISITIONS						130,649.			0.	130,649.	0.			11,000.
	DISPOSITIONS/RETIRED						104,146.			0.	104,146.	54,288.			59,152.
	ENDING BALANCE						7,712,836.			0.	7,712,836.	1,490,730.			1,727,652.
	ENDING ACCUM DEPR LESS DISPOSITIONS											1,727,652.			
	ENDING BOOK VALUE										5,985,184.				

Type and Entity: RETAIL SALES FROM FARM POST-2017 NO
 Section 382 Annual Limitation

DETAIL CARRYOVER SCHEDULE

Section 382 Carryover

Year Originated	Original Carryover Amount	Total Amount Used	Section 382 Carryover									
			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
A 2018	54,249.											
B 2019	65,993.											
C 2020	73,566.											
D 2021	25,634.											
E 2022	42,219.											
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	ESBC	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
A												
B												
C												
D												
E												
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R												
S												
T												
U												
V												
W												

Type and Entity: PRE-2018 NOL FED **DETAIL CARRYOVER SCHEDULE**

Section 382 Annual Limitation		Section 382 Carryover									
Year Originated	Original Carryover Amount	Total Amount Used	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
A	2012	8,497.									
B	2013	35,322.									
C	2014	48,067.									
D	2015	39,448.									
E	2016	14,183.									
F	2017	65,313.									
G											
H											
I											
J											
K											
L											
M											
N											
O											
P											
Q											
R											
S											
T											
U											
V											
W											
Detail Type	ESBC	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
A											
B											
C											
D											
E											
F											
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IRS e-file Signature Authorization for a Tax Exempt Entity

Form 8879-TE

For calendar year 2022, or fiscal year beginning _____, 2022, and ending _____, 20__

2022

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 2022 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. ERO firm name. Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 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 2022 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 2022 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 (2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. WILLOWSFORD CONSERVANCY, INC	Taxpayer identification number (TIN) 45-0609461
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 41025 WILLOWSFORD LANE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALDIE, VA 20105	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

THE ORGANIZATION

- The books are in the care of ▶ **41025 WILLOWSFORD LANE - ALDIE, VA 20105**

Telephone No. ▶ **(571) 440-2400** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2022** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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

2022

Department of the Treasury Internal Revenue Service

For calendar year 2022 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).

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

Form header section containing organization name (WILLOWSFORD CONSERVANCY, INC), address (41025 WILLOWSFORD LANE, ALDIE, VA 20105), and employer identification number (45-0609461).

Form section containing organization type (501(c) corporation), filing status, and book value of assets (8,153,027).

Table for Part I: Total Unrelated Business Taxable Income. Rows include total income, deductions, and final taxable income of 0.

Table for Part II: Tax Computation. Rows include tax on corporations, trusts, proxy tax, and other tax amounts, resulting in a total tax of 0.

LHA For Paperwork Reduction Act Notice, see instructions. Form 990-T (2022)

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, Part II, column (k)		5	0.
6a Payments: A 2021 overpayment credited to 2022	6a		
b 2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	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 <input type="checkbox"/>		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 2023 estimated tax Refunded		11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1 At any time during the 2022 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
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
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$			
4 Enter available pre-2018 NOL carryovers here \$ <u>210,830.</u> Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.			
5 Post-2017 NOL carryovers. Enter the Business Activity Code and available 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	\$ 219,442.		
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			

FORM 990-T

PRE-2018 NET OPERATING LOSS DEDUCTION

STATEMENT 1

<u>TAX YEAR</u>	<u>LOSS SUSTAINED</u>	<u>LOSS PREVIOUSLY APPLIED</u>	<u>LOSS REMAINING</u>	<u>AVAILABLE THIS YEAR</u>
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.

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

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form990T 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).

1

OMB No. 1545-0047

2022

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

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

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

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales <u>72,117.</u>				
b Less returns and allowances _____ c Balance	1c	72,117.		
2 Cost of goods sold (Part III, line 8)	2	114,336.		
3 Gross profit. Subtract line 2 from line 1c	3	-42,219.		-42,219.
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13	-42,219.		-42,219.

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

1 Compensation of officers, directors, and trustees (Part X)	1	
2 Salaries and wages	2	
3 Repairs and maintenance	3	
4 Bad debts	4	
5 Interest (attach statement). See instructions	5	
6 Taxes and licenses	6	
7 Depreciation (attach Form 4562). See instructions	7	
8 Less depreciation claimed in Part III and elsewhere on return	8a	
9 Depletion	9	
10 Contributions to deferred compensation plans	10	
11 Employee benefit programs	11	
12 Excess exempt expenses (Part VIII)	12	
13 Excess readership costs (Part IX)	13	
14 Other deductions (attach statement)	14	
15 Total deductions. Add lines 1 through 14	15	0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	-42,219.
17 Deduction for net operating loss. See instructions	17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	-42,219.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold		Enter method of inventory valuation	N/A
1	Inventory at beginning of year	1	0.
2	Purchases	2	74,631.
3	Cost of labor	3	39,705.
4	Additional section 263A costs (attach statement)	4	0.
5	Other costs (attach statement)	5	0.
6	Total. Add lines 1 through 5	6	114,336.
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	114,336.
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	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
		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	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
		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)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			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	
(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	

990-T SCH A

POST-2017 NET OPERATING LOSS DEDUCTION

STATEMENT 2

<u>TAX YEAR</u>	<u>LOSS SUSTAINED</u>	<u>LOSS PREVIOUSLY APPLIED</u>	<u>LOSS REMAINING</u>	<u>AVAILABLE THIS YEAR</u>
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.
12/31/21	25,634.	0.	25,634.	25,634.
NOL CARRYOVER AVAILABLE THIS YEAR			<u>219,442.</u>	<u>219,442.</u>

TAX RETURN FILING INSTRUCTIONS

VIRGINIA FORM 500

FOR THE YEAR ENDING

December 31, 2022

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

2022 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, 2022; Ending Date
Short Year Return Change in Accounting Period

FEIN: 45-0609461
Name: WILLOWSFORD CONSERVANCY, INC
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
NAICS Code: 111210
Date Incorporated, State or Country of Incorporation, Description of Business Activity: RETAIL SALES FROM FARM STAND OPERATI

Check Applicable Boxes: Consolidated, Combined, Change in Filing Status, Sch. 500A, Sch. 500AB, Nonprofit Corporation (checked), Certified Company Apportionment, Amended Return.
Final Return: Final Return, Withdrawn, Dissolved, Merged, S Corp Effective.
Corporate Telecommunications Company: Enter amount from Form 500T, Line 7: .00
Noncorporate Telecommunications Company: Check box and enter amount from Form 500T, Line 10: .00
Electric Supplier Company: Enter amount from Sch. 500EL, Line 7 or 14: .00
Home Service Contract Provider: Enter amount from Form 500HS, Line 10: .00

Questions and Related Information
A. Have you made any payments to an affiliated corporation... Enter exception amount from Schedule 500AB, Line 8. A. .00
B. RESERVED FOR FUTURE USE
C. If a net operating loss deduction was claimed... (1) Year of Loss, (2) Federal NOL, (3) Percent of federal NOL used this year %
D. If pass-through entity withholding is claimed...
E. Has your federal income tax liability been redetermined...
F. Location of corporation's books
Contact for corporation's books THE ORGANIZATION Contact Phone Number (571) 440-2400

**2022 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. 2022 estimated Virginia income tax payments including overpayment credit from 2021	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 2023 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

**2022 Virginia
Schedule 500FED**

**Corporation Schedule of
Federal Line Items**



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

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

Form 1120 - Deductions and Taxable Income

1. Federal Taxable Income before NOL and Special Deductions	1.	_____	.00
2. Net Operating Loss Deduction	2.	_____	.00
3. Special Deductions	3.	1000	.00
4. Federal Taxable Income after NOL and Special Deductions	4.	_____	.00

Form 1120, Schedule C - Dividends and Special Deductions

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

Form 1120, Schedule K or M-1

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

Form 5884 - Work Opportunity Credit

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

Form 4562 - Special Depreciation Allowance and Other Depreciation

9. Special depreciation allowance for qualified property placed in service during the taxable year	9.	_____	.00
10. Property subject to 168(f)(1) election	10.	_____	.00
11. Other depreciation	11.	5500	.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 2022 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 2022 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 2022 electronic Virginia corporation income tax return. <small>Do not enter all zeros</small>	
<u>MITCHELL, BURNS & CO., P.C.</u> ERO Firm Name	
<input type="checkbox"/> I will enter my e-File PIN as my signature on the corporation's 2022 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 2022 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 _____