Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 2023 Open to Public

Department of the Treasury Internal Revenue Service Inspection Go to www.irs.gov/Form990 for instructions and the latest information. For the 2023 calendar year, or tax year beginning , and ending D Employer identification number C Name of organization Check if applicable: Address change WILLOWSFORD CONSERVANCY, INC Doing business as 45-0609461 Name change Number and street (or P.O. box if mail is not delivered to street address) 571-440-2400 Initial return 41025 WILLOWSFORD LANE Final return/ City or town, state or province, country, and ZIP or foreign postal code ALDIE VA 20105 2,245,581 G Gross receipts\$ Amended return Name and address of principal officer: Yes H(a) Is this a group return for subordinates? Application pending CLAUDETTE **PAPATHANASOPOULOUS** 41025 WILLOWSFORD LANE H(b) Are all subordinates included? If "No," attach a list. See instructions ALDIE VA 20105 501(c)(3) **X** 501(c) (**4**) (insert no.) 4947(a)(1) or Tax-exempt status: WWW.WILLOWSFORDCONSERVANCY.ORG Website: H(c) Group exemption number X Corporation Trust Year of formation: 2010 Form of organization: Association VA M State of legal domicile: Summarv 1 Briefly describe the organization's mission or most significant activities: TO GENERATE, PRESERVE & ENHANCE THE WILLOWSFORD COMMUNITY THROUGH PROGRAMS, Activities & Governance ACTIVITIES & SERVICES. 2 Check this box | 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) 4 Number of independent voting members of the governing body (Part VI, line 1b) 6 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 17 5 6 Total number of volunteers (estimate if necessary) 235 -1,3987a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 Current Year <u>61</u>,367 8 Contributions and grants (Part VIII, line 1h) 250,000 Revenue 12,493 9 Program service revenue (Part VIII, line 2g) 18,023 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 76,636 75,545 1,631,021 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,737,617 1,787,047 2,075,655 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 943,995 1,170,381 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 777,286 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 880,244 1,824,239 1,947,667 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) -37,192127,988 **19** Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 5 8,153,027 8,414,686 20 Total assets (Part X, line 16) 115,345 99,393 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 8,037,682 8,315,293 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 copaplete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sian Signature of officer CLAUDETTE Here **PAPATHANASOPOULOUS** PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Check Paid W. MATTHEW BURNS 11/15/24 self-employed P01265537 **Preparer** 54-1853459 MITCHELL, **BURNS** co., P.C. Firm's name Firm's EIN **Use Only** 110 E MARKET ST STE 200

20176

LEESBURG, VA

May the IRS discuss this return with the preparer shown above? See instructions

703-777-4900

Pa	rt III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	X
T P	Briefly describe the organization's mission: HE MISSION OF THE WILLOWSFORD CONSERVANCY IS TO PROTECT OUR I ROMOTE CONSERVATION AND SUSTAINABLE FARMING SO THAT OUR COMMU ISCOVERS A DEEPER CONNECTION TO NATURE AND EACH OTHER.	
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
•	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.	
	(Code:) (Expenses \$ 1,537,784 including grants of \$) (Revenue EE SCHEDULE O	
	·	
	•	
	•	
	(Code:) (Expenses \$ including grants of \$) (Revenue /A	
	(Code:) (Expenses $\$$ including grants of $\$$) (Revenue ${}^{\prime\prime}/{\bf A}$	\$

	•	
	· · · · · · · · · · · · · · · · · · ·	
4d	Other program services (Describe on Schedule O.)	,
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 1,537,784)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1_		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
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? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			٠
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			٠,
_	complete Schedule D, Part III	8		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			
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	х	
44	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Λ	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X, as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а		11a	х	
h	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	11a		
b	of its total assets reported in Port V. line 162 if "Voe." complete Schoolvile D. Port VII	11b		x
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	1115		
·	5" - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	<u> </u>		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If "Yes," complete Schedule I, Parts I and II	21		X

	art IV Checklist of Required Schedules (continued)	401				age
Г	Checklist of Required Schedules (continued)				Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals or	า				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the					
	organization's current and former officers, directors, trustees, key employees, and highest compensated					
	employees? If "Yes," complete Schedule J			23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than					
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 2	24b				١
	through 24d and complete Schedule K. If "No," go to line 25a			24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			24b		_
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	r				
	to defease any tax-exempt bonds?			24c		\vdash
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			24d		\vdash
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess by	enent		250		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	ior		25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a pr year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E					
	If "Yes," complete Schedule L, Part I	∠ !		25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any curr	ent		230		
-0	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	Cit				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II			26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, k	ev				
-	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee	,				
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these					
	persons? If "Yes," complete Schedule L, Part III			27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedu	le				
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).					
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?	If				
	"Yes," complete Schedule L, Part IV			28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If					
	"Yes," complete Schedule L, Part IV			28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M			29	X	<u> </u>
80	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified					
	conservation contributions? If "Yes," complete Schedule M			30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N	l, Part	I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"					١
	complete Schedule N, Part II			32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulation	ons				l 🕶
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I					X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III. or IV, and Part V, line 1			34	х	
35a	Did the appropriation have a controlled patternithing the property of continue 540/b/40/9			05-	A	x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			33a		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable					
	related preprinting? If "Vee" complete Schedule P. Port V. line 2			36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization					
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b					
	19? Note: All Form 990 filers are required to complete Schedule O.			38	Х	
Pa	art 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	<u></u>	<u></u>	<u></u> .	
					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	18			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Pa	irt V Statements Regarding Other IRS Filings and Tax Compliance (contin	nued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	17			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O			3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other author	rity ove	er,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account	count)?		4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial According	ounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?					Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?					X
С				<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of	r				
_	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	;		_		
				7a		
b				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?	ı	I	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d_		7.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contra	Ct?		7e 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		roquirod?			
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 88 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization f			7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by		OIII 1090-C!			
Ü	appropriate expenientian have expense business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the expressing organization make any tayable distributions under section 40662			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		•			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	41?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration	or or				
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income	me? .		16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes." complete Form 6069.					

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

Sec	tion A. Governing Body and Management				1	
		1.1	_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	6			
	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.	١	6			
b	Enter the number of voting members included on line 1a, above, who are independent	_1b	6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					v
_	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
						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?			I .		X
6	Did the organization have members or stockholders?			6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					v
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
_	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by	the follo	owing:		37	
a	The governing body?			8a	X	-
b	Each committee with authority to act on behalf of the governing body?			8b	X	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
<u></u>	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O					X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	erriai i	Revenu	e Code.)		
40-	Did the considering have lead shorters have been as affiliated?			400	Yes	No X
10a	Did the organization have local chapters, branches, or affiliates?			10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			405		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?				х	\vdash
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the t	orm?		11a	Λ	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			40-	х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	conflicts	·······	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			400		
40	describe on Schedule O how this was done					X
13	Did the organization have a written whistleblower policy?			13	х	_^
14	Did the organization have a written document retention and destruction policy?			14	Λ	
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?			450		v
a	The organization's CEO, Executive Director, or top management official					X
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			15b		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
IOa	with a taxable entity during the year?			160		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			16a		A
b	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?			16b		
500	tion C. Disclosure			100		
<u> </u>	List the states with which a copy of this Form 000 is required to be filed.					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section					
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	11 00 1(0	,			
	X Own website Another's website X Upon request X Other (explain on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest p	nolicy				
	and financial statements available to the public during the tax year.	oney,				
20	State the name, address, and telephone number of the person who possesses the organization's books and records.					
	HE ORGANIZATION 41025 WILLOWSFORD LANE					
	DIE VA 2010)5	F	571-44	0-2	400
	· =	_	_	· - 	-	

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

 <u>See</u> the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	box	x, unle icer ar	ss pe	ition more t rson is director	han one both an /trustee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) CLAUDETTE PAPATI	IANASOPOU	TO	US						
	1.00								
PRESIDENT	0.00	X		X			0	0	0
(2) CHASE ROWAN									
	1.00								
VICE PRESIDENT	0.00	X		X			0	0	0
(3) GREG LICAMELE									
	1.00								
SECRETARY	0.00	X		X			0	0	0
(4) KARYN MORELAND									
	1.00								
TREASURER	0.00	X		X			0	0	0
(5) JAKE VIRAG									
• •	1.00								
DIRECTOR	0.00	X		Х			0	0	0
(6) AVI SAREEN									
•	1.00								
DIRECTOR	0.00	X		X			0	0	0
(7) SOPHIE LAMBERT									
• •	40.00								
EXECUTIVE DIRECTOR	0.00			X			111,834	0	2,800
(8) KATHRYN STEPHENS							,		,
• •	40.00								
INTERIM EXEC DIR	0.00			X			75,000	0	0
(9) ANDREW DUNHAM									
• •	40.00								
FARM MANAGER	0.00					x	127,776	0	4,800
(10)							,		, ,
(11)									
									- 000

Part VII

	(A) Name and title	(B) Average hours per week	verage box, unless person is both officer and a director/truste						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation			
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	or	from t ganizatio ted orga	he on and	s
(12)														
(13)														
(14)														
(15)														
(16)														
(17)														
(18)														
(19)														
1b									314,610				7,	600
c d	Total from continuation shee Total (add lines 1b and 1c)	•										7,600		
2	Total number of individuals (included reportable compensation from t	•		o tho 2	ose li	sted	abov	/e) v	who received more than \$100	0,000 of				
_	· ·												Yes	No
3	Did the organization list any for employee on line 1a? <i>If</i> "Yes," or	complete Schedul	e Ĵ f	or su	uch i	ndivi	dual					3		X
4	For any individual listed on line organization and related organization									the				
5	individual	receive or accru	 e co	 mpei	 nsatio	 on fr	 om a	 nv ı		vidual		4		X
	for services rendered to the org	janization? If "Yes									<u></u>	5		X
<u>Secti</u>	ion B. Independent Contractor Complete this table for your five	highest compen												
	compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services											(C)		
	Name and	business address							Descript	tion of services			mpensati	on
								\vdash						
	Total number of independent co	ontractors (includi	na hi	ıt no	nt lim	ited t	to the) Se	listed above) who					
_	received more than \$100,000 o	f compensation fi	om t	he c	rgan	izatio	n			0			000	

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

Form 990 (2023) WILLOWSFORD CONSERVANCY, INC 45-0609461 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (B) Related or exempt function revenue (A) Revenue excluded from tax under husiness revenue sections 512-514 1a Federated campaigns Gifts, Grants ilar Amounts 1a **b** Membership dues 1b **c** Fundraising events 1c d Related organizations 100,000 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, 150,000 1f and similar amounts not included above g Noncash contributions included in 150,000 lines 1a-1f 1g 250,000 h Total. Add lines 1a-1f . Business Code PROGRAM EVENTS/ACTIVITIES 611600 12,493 12,493 Program Service Revenue f All other program service revenue 12,493 g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and 61,495 61,495 other similar amounts) 4 Income from investment of tax-exempt bond proceeds Royalties (ii) Personal 14,900 6a Gross rents 6a 36,521 **b** Less: rental expenses 6b -21,621 c Rental inc. or (loss) d Net rental income or (loss) -21,621 -21,621 7a Gross amount from (i) Securities (ii) Other sales of assets 8,913 7,658 7a other than inventory **b** Less: cost or other Other Revenue basis and sales exps. 7b 2,521 7,658 6,392 c Gain or (loss) 7с 14,050 6,392 7,658 d Net gain or (loss)..... 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a **b** Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities . 10a Gross sales of inventory, less 253,326 returns and allowances 10a **b** Less: cost of goods sold 130,884 10b

122,442

68,022

2,206

1,566,568

1,655,681

68,022

2,206

1,566,568

1,636,796

2,075,655

Business Code

171,372 Form **990** (2023)

123,840

-1,398

-1,398

11a

c Net income or (loss) from sales of inventory

CONSERVANCY ASSESSMENT FEES

d All other revenue

INSURANCE PROCEEDS

Total revenue. See instructions

MISCELLANEOUS

Total. Add lines 11a-11d

Part IX Statement of Functional Expenses

Form 990 (2023)

Secti	on 501(c)(3) and 501(c)(4) organizations must come Check if Schedule O contains a response			te column (A).	
Do r	not include amounts reported on lines 6b, 7b,		(B)	(C)	(D)
	Db, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	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	186,834	46,709	140,125	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			11.0.00	
7	Other salaries and wages	752,402	635,705	116,697	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	150 055	100 550	05 404	
9	Other employee benefits	159,877	122,773 54,728	37,104 16,540	
10	Payroll taxes	71,268	54,728	16,540	
11	Fees for services (nonemployees):				
a	Management	17,216	13,221	2 005	
b	Legal	65,431	13,221	3,995 65,431	
۲ C	Accounting Lobbying	05,451		05,451	
d e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
q	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.)	16,130	13,997	2,133	
12	Advertising and promotion	42,141	42,141		
13	Office expenses	53,595	41,157	12,438	
14	Information technology	,	,	·	
15	Royalties				
16	Occupancy				
17	Travel	718	551	167	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	381		381	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	206,467	206,467	0.000	
23	Insurance	34,457	32,127	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.) MAINTENANCE	192,908	192,908		
a	PROPERTY TAXES	56,262	56,262		
b c	LAND STEWARDSHIP	39,541	39,541		
d	RECRUITMENT & STAFF COSTS	28,816	22,129	6,687	
e	All other expenses	23,223	17,368	5,855	
25	Total functional expenses. Add lines 1 through 24e	1,947,667	1,537,784	409,883	0
26	Joint costs. Complete this line only if the	, , ,	, , ,	,	
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

Pa	art)	K Balance Sheet						
		Check if Schedule O contains a response or no	te to any	line in	this Part X			
						(A)		(B)
						Beginning of year		End of year
	1	Cash—non-interest-bearing				1,124,533	1	1,038,316
	2	Savings and temporary cash investments					2	
	3	Pledges and grants receivable, net			3			
	4	Accounts receivable, net		1,266	4	2,785		
	5	Loans and other receivables from any current or form	or,					
		trustee, key employee, creator or founder, substantial						
		controlled entity or family member of any of these pers		5				
	6	Loans and other receivables from other disqualified pe						
ts		under section 4958(f)(1)), and persons described in s					6	
Assets	7	Notes and loans receivable, net			7			
ď	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		0a	8,005,882			
	b	Less: accumulated depreciation	10	0b	1,851,787	6,001,114	10c	6,154,095
	11	Investments—publicly traded securities				992,949	11	1,177,124
	12	Investments—other securities. See Part IV, line 11			12			
	13	Investments—program-related. See Part IV, line 11			13			
	14	Intangible assets			14			
	15	Other assets. See Part IV, line 11				33,165	15	42,366
	16	Total assets. Add lines 1 through 15 (must equal line				8,153,027	16	8,414,686
	17	Accounts payable and accrued expenses		59,321	17	52,067		
	18	Grants payable			18			
	19	Deferred revenue				56,024	19	47,326
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability. Complete Part IV	of Sche	edule D			21	
S	22	Loans and other payables to any current or former off	ficer, dire	ctor,				
ii tie		trustee, key employee, creator or founder, substantial	contribut	or, or 3	5%			
Liabilities		controlled entity or family member of any of these pers					22	
_	23	Secured mortgages and notes payable to unrelated the		s			23	
	24	Unsecured notes and loans payable to unrelated third					24	
	25	Other liabilities (including federal income tax, payables						
		parties, and other liabilities not included on lines 17-24	4). Comp	lete Pai	t X			
		of Schedule D				445.045	25	22.222
	26	Total liabilities. Add lines 17 through 25				115,345	26	99,393
		Organizations that follow FASB ASC 958, check h	here	X				
Seo		and complete lines 27, 28, 32, and 33.				E 044 E04		T 000 T01
lan	27					7,044,734	27	7,029,781
Ba	28	Net assets with donor restrictions		992,948	28	1,285,512		
Fund Balances		Organizations that do not follow FASB ASC 958,	_					
ř		and complete lines 29 through 33.						
Ñ	29				29			
set	30	Paid-in or capital surplus, or land, building, or equipme					30	
Net Assets or	31	Retained earnings, endowment, accumulated income,	, or other	funds		0 007 000	31	0 315 333
Ne	32					8,037,682	32	8,315,293
	33	Total liabilities and net assets/fund balances				8,153,027	33	8,414,686

Form **990** (2023)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,0	75,0	<u>655</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,9		
3	Revenue less expenses. Subtract line 2 from line 1	3	1:	27,	988
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,0	37,0	682
5	Net unrealized gains (losses) on investments	5	1	49,	<u>623</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	8,3	15,2	293
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X 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?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		2c	X	
	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?		3a		х
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	<u></u>	3b		

Schedule B (Form 990)

Schedule of Contributors

2022

Schedule B (Form 990) (2023)

Employer identification number

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2023

OMB No. 1545-0047

WILLOWSFORD CONSERVANCY, INC 45-0609461 Organization type (check one): Filers of: Section: Form 990 or 990-EZ **X** 501(c)(**4**) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 X 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 33¹/₃% 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).

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

WILLOWSFORD CONSERVANCY, INC

Employer identification number 45-0609461

Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	s 100,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$ 150,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

WILLOWSFORD CONSERVANCY, INC

Employer identification number 45-0609461

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) BERM/LANDSCAPING 2.... 150,000 03/29/23 (a) No. (c) (b) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) No. (c) (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) No. (c) (d) (b) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.)

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

2023

Open to Public Inspection

Name of the organization Employer identification number WILLOWSFORD CONSERVANCY, INC 45-0609461 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included on line 2a 2c d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X.....

	Maintaining Collections of		reasures, or Ot	her Similar As	sets (continued)								
Using the organization's acquired collection items (check all that	uisition, accession, and other records, cat apply).	heck any of the followin	g that make significa	nt use of its									
a Public exhibition	d \square	Loan or exchange progr	ram										
b Scholarly research													
b Scholarly research c Preservation for future generations e Scholarly research e Scholarly research													
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 fun	ds rather than to be maintained as part	of the organization's co	llection?		Yes No								
	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.												
	trustee, custodian or other intermediary	for contributions or oth	er assets not										
included on Form 990, Part >	(?				Yes No								
b If "Yes," explain the arrangent	nent in Part XIII and complete the follow	ving table.											
					Amount								
c Beginning balance				1c									
d Additions during the year				1d									
f Ending balance				1f									
	an amount on Form 990, Part X, line 2°												
	nent in Part XIII. Check here if the expla	nation has been provide	ed on Part XIII										
Part V Endowment													
Complete if th	e organization answered "Yes"												
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years ba	ck (e) Four years back								
1a Beginning of year balance		1,197,650	1,047,34										
b Contributions				1,000,	000								
c Net investment earnings, gain													
losses	184,176	-204,701	150,30	9 47,	341								
d Grants or scholarships													
e Other expenditures for facilities	l												
programs													
f Administrative expenses													
g End of year balance				0 1,047,	341								
	tage of the current year end balance (li	ne 1g, column (a)) held	as:										
a Board designated or quasi-er	ndowment%												
b Permanent endowment	%												
	.00 %												
	2b, and 2c should equal 100%.												
3a Are there endowment funds i	not in the possession of the organization	n that are held and adm	inistered for the										
organization by:					Yes No								
(i) Unrelated organizations?)				3a(i) X								
(ii) Related organizations?					3a(ii) X								
	related organizations listed as required				3b								
	nded uses of the organization's endowr	nent funds.											
	igs, and Equipment		4 N / P 4 4 5) F: 000 :	5								
	e organization answered "Yes"												
Description of proper	' ' '	1 ''	l '	c) Accumulated	(d) Book value								
	(investment)	(othe	,	depreciation	4 222 421								
1a Land			30,121	006 ==6	4,330,121								
b Buildings		2,31	L7,135	836,558	1,480,577								
c Leasehold improvements			20.050	640 646	066 11-								
d Equipment			09,059	642,644	266,415								
e Other			49,567	372,585	76,982								
Iotal. Add lines 1a through 1e. (Co	olumn (d) must equal Form 990, Part X	, ııne 10c, column (B))			6,154,095								

Schedule D (Fo	orm 990) 2023 WILLOWSFORD	CONSERVANCY,	INC	45-0609461	Page 3
Part VII	Investments - Other Securitie	_			
	Complete if the organization ans	wered "Yes" on For	m 990, Part IV,	line 11b. See Form 990, P	art X, line 12.
	(a) Description of security or category		(b) Book value	(c) Method of v	
	(including name of security)			Cost or end-of-year	market value
(1) Financial d	erivatives				
(2) Closely hel	d equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Column	(b) must equal Form 990, Part X, line 12, of				
Part VIII	Investments - Program Relate				
	Complete if the organization ans	wered "Yes" on For	m 990, Part IV,	line 11c. See Form 990, P	art X, line 13.
	(a) Description of investment		(b) Book value	(c) Method of v	aluation:
				Cost or end-of-year	market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column	(b) must equal Form 990, Part X, line 13, of	ol. (B))			
Part IX	Other Assets				
	Complete if the organization ans	wered "Yes" on Fori	m 990, Part IV,	<u>line 11d. See Form 990, P</u>	art X, line 15.
		(a) Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, line 15, o	ol. (B))			
Part X	Other Liabilities		000 D 1 1 1		000 B 4 V
	Complete if the organization ans line 25.	wered "Yes" on For	m 990, Part IV,	line 11e or 11f. See Form	990, Part X,
1.		(a) Description of liability			(b) Book value
(1) Federal i	ncome taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 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

Pa	rt XI Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990,		•	eturn	
1	Total manager and other assessment are audited for a significant	i ait iv, iiii		1	2,392,683
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				, ,
а		2a	149,623		
b		2b	·		
С	Recoveries of prior year grants	2c			
d		2d	167,405		
е	Add lines 2a through 2d			2e	317,028
3	Subtract line 2e from line 1			3	2,075,655
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,075,655
Pa	art XII Reconciliation of Expenses per Audited Financial State			Return	1
	Complete if the organization answered "Yes" on Form 990,	Part IV, line	e 12a.		0.115.050
1	Total expenses and losses per audited financial statements			1	2,115,072
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities				
b	Prior year adjustments	2b			
С	Other losses	1 1	1.57 1.57		
d	(=		167,405		1.65 4.05
е	Add lines 2a through 2d			2e	167,405
3	Subtract line 2e from line 1			3	1,947,667
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				
b	,	4b		_	
	Add lines 4a and 4b			4c 5	1 047 667
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,947,667
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lin	oo 1h and 0h	Dort V line 4: Dort V	lino	
	at XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			IIIIE	
	ART V, LINE 4 - INTENDED USES FOR ENDOWMENT		omation.		
	ANI V, HIND 4 INTENDED COLD FOR ENDOWMENT	· FORDS			
Ψī	HE ENDOWMENT IS INTENDED TO OPERATE AS A FO	א דייז בארווו	ON FOR THE	ווזייוז	SE OF THE
. == :	III INDONEUNI IO INIUNDED IO OIDINII AO A IO	ONDALL	on ron riii	-0-0-	······································
C	ONSERVANCY				
P	ART X - FIN 48 FOOTNOTE				
T)	HE ORGANIZATION ADOPTED THE GUIDANCE UNDER	ASC TO	PIC 740, AC	COUN'	FING FOR
U	NCERTAINTY IN INCOME TAXES. MANAGEMENT HAS	EVALUA	TED THE ORG	SANIZ	ATION'S
T	AX POSITIONS AND CONCLUDED THAT THE ORGANIZ	ATION	has taken n	O UN	CERTAIN
_					
T	AX PROVISIONS THAT WOULD REQUIRE ADJUSTMENT	TO, O	R DISCLOSUR	E IN	, THE
_			<u> </u>		_
F	INANCIAL STATEMENTS TO COMPLY WITH THE PROV	/ISIONS	OF THE GUI	DANC	E.
_	10m VI 11VI 00 DIVINIM 1VAINIMA TUA	T11 ====			
P	ART XI, LINE 2D - REVENUE AMOUNTS INCLUDED	TN F.TM	ANCIALS - C	THER	

SCHEDULE M (Form 990)

Noncash Contributions

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.

OMB No. 1545-0047

Open To Public Inspection Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	WILLOWSFO	RD CC	NSERVANCY,	INC	45-060946	1		
Pa	art 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 amo			
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	Х	1	150,000	ACTUAL COST			
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	ne organiza	tion during the tax year f	or contributions for				
	which the organization completed For	m 8283, Pa	art V, Donee Acknowledg	gement	29			
							Yes	No
30a	During the year, did the organization r	•	, , , ,	•	ŭ			
	28, that it must hold for at least 3 year			•				
	used for exempt purposes for the enti	re holding	period?			30a		X
b	If "Yes," describe the arrangement in							
31	Does the organization have a gift acce	eptance pol	licy that requires the review	ew of any nonstandard				
						31		X
32a	Does the organization hire or use third	d parties or	related organizations to	solicit, process, or sell nonca	ash			_
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amo	ount in colu	ımn (c) for a type of prop	erty for which column (a) is o	checked,			
	describe in Part II.							

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047 2023

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

45-0609461

WILLOWSFORD CONSERVANCY, INC

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

WILLOWSFORD CONSERVANCY IS THE STEWARD OF OVER 2,300 ACRES OF OPEN SPACE, SET ASIDE FOR CONSERVATION, RECREATION, EDUCATION, AND AGRICULTURAL USE.

FRESH FOOD PRODUCTION FROM SUSTAINABLE AND ORGANIC FARMING; RECREATION OPPORTUNITIES THOUGH ACCESS TO 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. ALL OF THESE PROGRAMS ARE BROUGHT TO LIFE FOR RESIDENTS AND THE GREATER COMMUNITY THROUGH EVENTS AND EDUCATIONAL OFFERINGS AS WELL AS FREQUENT VOLUNTEER OPPORTUNITIES.

IN 2023, 388 VOLUNTEERS SUPPORTED THE LAND STEWARDSHIP TEAM'S EFFORTS TO REMOVE INVASIVE SPECIES, CLEAR TRAILS, AND MONITOR STREAMS, BLUE BIRDS AND OTHER WILDLIFE (1,338 HOURS). AN ADDITIONAL 42 VOLUNTEERS SUPPORTED THE FARM TEAM'S EFFORTS THROUGH EGG WASHING, CSA SHARE PACKING, AND CSA PICK UP AMONGST OTHER ACTIVITIES (1,260 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 PLACE FOR

BUILDING COMMUNITY.

IN 2023, WILLOWSFORD FARM SOLD OVER 396 UNIQUE SHARES IN ITS COMMUNITY

SUPPORTED AGRICULTURE (CSA) PROGRAM, INCLUDING VEGETABLES, EGGS, AND

FLOWERS, IN ADDITION TO SUPPORTING FAMILIES THROUGH AN ONLINE FARM STORE

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, THE FARM ALSO USES A REFRIGERATED DELIVERY VAN TO

BRING CSA SHARES AND ITEMS PURCHASED FROM THE ONLINE STORE DIRECTLY TO

PEOPLES' DOORSTEPS.

THE FARM DONATED EXCESS PRODUCE TO LOUDOUN HUNGER RELIEF-A LOCAL NON-PROFIT OFTEN DURING THE PEAK GROWING SEASON. OCCASIONALLY EGGS WERE DONATED TO TWO LOCAL FIRE STATIONS.

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, IN PARTNERSHIP WITH THE HOA'S CHEF, AND LEADS WAGON FARM TOURS. ONE SCHOOL FIELD TRIP WAS HELD AT THE FARM. THE FARM STAND HOSTED A LARGE HARVEST-THEMED MARKET IN OCTOBER 2023 WHICH WILL BECOME AN ANNUAL EVENT.

Employer identification number

Page 2

WILLOWSFORD CONSERVANCY, INC

45-0609461

THE LAND STEWARDSHIP PROGRAM COLLABORATES WITH OTHER NON-PROFITS AND
GOVERNMENT AGENCIES TO CARRY OUT CONSERVATION PROJECTS TO BENEFIT THE LOCAL
ECOSYSTEM AND ALSO TO EDUCATE THE PUBLIC AND RESIDENTS ABOUT CONSERVATION
EFFORTS. 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.

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. THE CONSERVANCY ALSO IS WORKING TO
RESTORE GRASSLANDS AND WETLANDS.

WITH LWC, THE BLUEBIRD NEST BOX MONITORING PROGRAM CONTINUED IN 2023 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.

IN 2023, THE CONSERVANCY OFFERED OVER 30 PROGRAMS SERVING MORE THAN 1,900 INDIVIDUALS. MOST WERE DELIVERED BY THE LAND STEWARDSHIP TEAM, MANY BY THE FARM TEAM, AND A SMALL NUMBER IN COLLABORATION WITH PARTNER ORGANIZATIONS.

A FEW THOUSAND PEOPLE VISITED THE FARM STAND AND OUR HARVEST MARKET EVENT.

KEY EDUCATIONAL PROGRAMS LED BY THE LAND TEAM INCLUDED FORAGING CLASSES,
NATURE PROGRAMS SUCH AS A BUTTERFLY WALK, AMPHIBIAN WALK, VARIOUS GUIDED
HIKES, AN EARTH DAY EVENT, AND FISHING CLASSES. WHILE THE FARM-RELATED
PROGRAMS INCLUDED FARM TOURS, SUMMER CAMP AT THE FARM, AND VISITS FROM THE
STUDENTS PARTICIPATING IN THE HOA CULINARY PROGRAM.

ACTIVITIES AT THE FARM STAND INCLUDED AN OPENING DAY KICK OFF, A BACK TO SCHOOL EVENT, HARVEST MARKET, AND A POTLUCK CELEBRATION. 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 EVENT WAS THE LET'S TALK TRASH EVENT WHERE COMMUNITY MEMBERS

Employer identification number

Page 2

WILLOWSFORD CONSERVANCY, INC

45-0609461

PICKED UP TRASH THROUGHOUT THE NEIGHBORHOOD. THE FARM ALSO WORKED WITH VOLUNTEERS TO CLEAR FENCING AND REMOVE VEGETATION.

THE 2022-23 SEASON OF THE CONSERVANCY DEER MANAGEMENT PROGRAM SUCCESSFULLY ENDED ON JANUARY 14, 2023. COMPLETING ITS 7TH YEAR, THE PROGRAM HAS AN EXCELLENT SAFETY AND HARVEST RECORD. A TOTAL OF 125 DEER WERE HARVESTED THIS SEASON (COMPARED TO 130 LAST YEAR), WITH 115 BEING ANTLERLESS AND 10 ANTLERED DEER. 47% OF DEER HARVESTED IN THE 2022-23 SEASON WERE BY ARCHERY COMPARED TO APPROX. ONE THIRD LAST YEAR.

OUTDOOR RECREATION

OUTDOOR RECREATION PROGRAMS AND EVENTS ENRICH WILLOWSFORD'S SENSE OF
COMMUNITY AND HEALTHY LIFESTYLE. THE CONSERVANCY CONTINUES TO MAKE
SIGNIFICANT INVESTMENTS IN THE CONSTRUCTION AND MANAGEMENT OF 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. THEY ALL 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 BOY SCOUTS OF AMERICA AND

Page 2

GIRL SCOUTS OF THE USA 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 2023 WORKING WITH STAFF TO START IMPLEMENTING THE STRATEGIC PLAN. THIS PRIMARILY FOCUSED ON CAPITAL EXPENDITURE PROJECTS AND STAFFING. THE BOARD HIRED A NEW EXECUTIVE DIRECTOR IN MAY 2023. A NEW PROGRAMS & ENGAGEMENT COORDINATOR AND RANGER ALSO STARTED IN 2023.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

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, LINE 18 - NO PUBLIC DISCLOSURE EXPLANATION

Employer identification number

Name of the organization

45-0609461 WILLOWSFORD CONSERVANCY, INC THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION FINANCIAL STATEMENTS ARE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST. FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION RENTAL EXPENSES NETTED AGAINST RENTAL INCOME 36,521 COST OF GOODS SOLD NETTED AGAINST SALES INCOME 130,884 COST OF GOODS SOLD NETTED AGAINST SALES INCOME \$ -130,884 -36,521RENTAL EXPENSES NETTED AGAINST RENTAL INCOME \$ FORM 990, PART XII, LINE 2C - CHANGE IN FINANCIAL REVIEW PROCESS 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. PAGE 6 OF 6

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service Name of the organization

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

2023

Employer identification number

Open to Public Inspection

OMB No. 1545-0047

WILLOWSFORD CONSERVANCY, INC	45-06094	45-0609461							
Part I Identification of Disregarded Entities. Complete if the	organization ans	swered "Yes" or	Form 99	0, Part I	V, line 33.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	Legal domic	(c) Legal domicile (state or foreign country)		(d) Total income		(e) End-of-year assets		itrolling
(1)									
(2)									
(3)									
(4)									
(5)									
Part II Identification of Related Tax-Exempt Organizations. one or more related tax-exempt organizations during the	Complete if the of tax year.	organization ans	swered "Ye	es" on F	orm 990, F	Part IV, I	line 34, becau	se it had	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	Exempt Co		(e) Public charity (if section 501	status (c)(3))	(f) Direct controlling entity	Section sectin section section section section section section section section	g) 512(b)(13) d entity?
(1) WILLOWSFORD HOME OWNER'S ASSOC 23506 FOUNDERS DRIVE 45-0645880 ASHBURN VA 20148	ноа	VA	528		PF	,	WILLOWSFOR		х
(2)	noa	VA	328			'	WILLOWSFOR		A
(3)									
(4)									
(5)									

45-0609461 WILLOWSFORD CONSERVANCY, INC Schedule R (Form 990) 2023 Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, Part III because it had one or more related organizations treated as a partnership during the tax year. (c) (g) (h) (i) (j) (k) Predominant Name, address, and EIN of Direct controlling Primary activity Legal Share of total Share of end-of-Dispro-Code V-UBI General or Percentage income (related, related organization income year assets ownership domicile portionate amount in box 20 managing unrelated. (state or alloc.? of Schedule K-1 partner? excluded from foreign (Form 1065) tax under country) sections 512-514) Yes No Yes No (1) WILLOWSFORD OPERATIONS, LLC 44095 PIPELINE PLAZA VA 20147 **ASHBURN** N/A 81-1481673 MANAGEMENT VA N/A X Х (2)(3) (4) Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV (c) (g) Section Name, address, and EIN of related organization Primary activity Legal domicile Direct controlling Type of entity Share of total Share of Percentage 512(b)(13) entity income end-of-year assets ownership (state or (C corp, S corp controlled foreign country) or trust) entity? Yes No (1) (2) (3)(4)

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

гаі	Transactions with Related Organizations. Complete if the organization at	isweied res oiri	Onn 990, rait iv, iiir	e 34, 33b, 01 30.							
Note	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No				
1 [uring the tax year, did the organization engage in any of the following transactions with one or more related or	organizations listed in Pa	ts II–IV?								
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity											
b Gift, grant, or capital contribution to related organization(s)											
С (ift, grant, or capital contribution from related organization(s)				1c	Х					
d Loans or loan guarantees to or for related organization(s)											
e l	pans or loan guarantees by related organization(s)				1e		х				
					1f		x				
f [f Dividends from related organization(s)										
g	ale of assets to related organization(s)				1g		X				
n 1	urchase of assets from related organization(s)				1h		x				
	xchange of assets with related organization(s)				1i		x				
j l	ease of facilities, equipment, or other assets to related organization(s)				<u>1j</u>						
k l	ease of facilities, equipment, or other assets from related organization(s)				1k	х					
1 1	erformance of services or membership or fundraising solicitations for related organization(s)				11		x				
m F	erformance of services or membership or fundraising solicitations by related organization(s)				1m		х				
m Performance of services or membership or fundraising solicitations by related organization(s)											
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s)											
	naming of paid on projects man rotated organization (c)				10						
p Reimbursement paid to related organization(s) for expenses											
a F	eimbursement paid by related organization(s) for expenses				1p 1q		х				
7											
r (ther transfer of cash or property to related organization(s)				1r		х				
s (ther transfer of cash or property from related organization(s)				1s	х					
	the answer to any of the above is "Yes," see the instructions for information on who must complete this line.				1						
	(a)	(b)	(c)	(d)							
	Name of related organization	Transaction	Amount involved	Method of determining amou	unt involv	red					
		type (a-s)									
(1)	WILLOWSFORD HOME OWNER'S ASSOCIATIO	S	1,566,568	CASH							
(2)	WILLOWSFORD OPERATIONS, LLC	С	100,000	CASH							
(3)											
(4)											
(4)											
(5)											
(6)											

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under	organiz	partners tion c)(3) ations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop alloca	(h) ortionate ations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	ner?	(k) Percentage ownership
		country)	sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Schedule R (Fo	rm 990) 2023	WILLOWSFORD	CONSERVANCY,	INC	45-0609461 P	Page 5
	Supplemen	tal Information.				
Part VII	Provide add	litional information fo	or responses to dues	tions on	Schedule R. See instructions.	
	1 101100 000	ilional illionnation le	i rooponoco to quoc	10110 011	- Conodale 14. Coo mondone.	

Form **990-T**

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

OMB No. 1545-0047
2023

			, , ,	tax unuer section					2023
		For cale	endar year 2023 or other tax year beginnin					İ	Open to Public Inspection
	artment of the Treasury	_	· · · · · · · · · · · · · · · · · · ·	90T for instructions and t					for 501(c)(3)
Inter	rnal Revenue Service	Do	not enter SSN numbers on this form	n as it may be made publi	c if your orga	nization is	a 501(c)(3	6).	Organizations Only
Α	Check box if		Name of organization (Check	box if name changed and see	instructions.)		D Emplo	yer ident	ification number
_	address changed.								
В	Exempt under section	Print	WILLOWSFORD CON	0609	9461				
	X 501(C)(4)	or	Number, street, and room or suite no. If a P	,			-	•	on number
	408(e) 220(e)	Type	41025 WILLOWSFOR	RD LANE			(see II	nstructions	5)
	408A 530(a)		City or town, state or province, country, ar	• .	040-				
			ALDIE	VA 2			F 📙	Check	box if
	529(a) 529A		ook value of all assets at end of year	r	8,414	1,686		an am	ended return.
G	Check organization type			1(c) trust 401(a)	trust	Other tru	ıst	State	college/university
			6417(d)(1)(A) Applicable entity	1					
<u>H</u>	Check if filing only to clair	m	Credit from Form 8941	Refund shown on Form	2439	Elective	payment a	amount	from Form 3800
<u></u>	Check if a 501(c)(3) orga	nization	filing a consolidated return with a 5	501(c)(2) titleholding corpo	oration				
<u>J</u>	Enter the number of attac	ched Sch	edules A (Form 990-T)						<u> 1</u>
K	During the tax year, was	the corpo	oration a subsidiary in an affiliated o	group or a parent-subsidia	ary controlled	group?			Yes X No
	If "Yes," enter the name a	and ident	ifying number of the parent corpora	tion					
L	The books are in care of	T	HE ORGANIZATION			Teleph	one numb	oer	571-440-2400
P	art I Total Uni	related	Business Taxable Incon	ne					
1	Total of unrelated busin	ness taxa	able income computed from all unre	elated trades or business	es (see instri	uctions)		1	0
2	Reserved							2	
3								3	
4			atm.atiana fan linskatian milaa)					4	
5		•	income before net operating losse					5	
6	Deduction for net opera		Can inchesellana					6	0
7	·	-	able income before specific deduction						
•	Subtract line 6 from line							7	0
8			,000, but see instructions for exce					8	1,000
9			n. See instructions					9	
10	Total deductions. Add							10	1,000
11			and 9					11	0
	Part II Tax Com			. II line to is greater triain	inic 7, critci	2010			
<u> </u>		•	porations. Multiply Part I, line 11 b	v 21% (0.21)				1	0
2			See instructions for tax computation					\vdash	
2	Part I, line 11 from:	\neg		ile D (Form 1041)	unt on			2	0
3	Proxy tax. See instruc			, , , , , , , , , , , , , , , , , , , ,				3	
4			·····					4	
_			tions					5	
5	Alternative minimum tax		income. See instructions					6	
6	•	-	******					7	0
7			line 1 or 2, whichever applies					1	
				444C)	4-				
1a			attach Form 1118; trusts attach Fo		1a			-	
b					1b			- 1	
C			Form 3800 (see instructions)		1c			- 1	
d			x (attach Form 8801 or 8827)		1d			+	
е			•					1e	
2			97		1			2	
3a					3a			-	
b					3b				
С					3c			-	
d					3d				
е			<u> </u>		3e			-	
f			· · · · · · · · · · · · · · · · · · ·					3f	
4	Total tax. Add lines 2	and 3f (s	ee instructions).	includes tax previously of	leferred unde	er			
	section 1294. Enter ta							4	0
5			from Form 965-A, Part II, column	(k)				5	
For DAA	Paperwork Reduction A	act Notic	e, see instructions.						Form 990-T (2023)

W. MATTHEW BURNS

LEESBURG, VA

BURNS & CO., P.C.

20176

110 E MARKET ST STE 200

MITCHELL,

Paid

Preparer

Use Only

Form **990-T** (2023) DAA

11/15/24

self-employed

Firm's EIN

Phone no.

54-1853459

703-777-4900

P01265537

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization B Employer identification number WILLOWSFORD CONSERVANCY, INC 45-0609461 of 110000 1 **D** Sequence: 1 **C** Unrelated business activity code (see instructions) FARMSTAND SALES **E** Describe the unrelated trade or business Part I **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net 54,780 Gross receipts or sales 1a Less returns and allowances 54,780 Cost of goods sold (Part III, line 8) 56,178 2 2 Gross profit. Subtract line 2 from line 1c -1,398 -1,398Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions 4a Net gain (loss) (Form 4797) (attach Form 4797). See instructions 4b Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach 5 Rent income (Part IV) 6 6 Unrelated debt-financed income (Part V) 7 Interest, annuities, royalties, and rents from a controlled 8 organization (Part VI) Investment income of section 501(c)(7), (9), or (17) 9 organizations (Part VII) Exploited exempt activity income (Part VIII) 10 10 Advertising income (Part IX) 11 11 Other income (see instructions; attach statement) 12 12 Total. Combine lines 3 through 12 -1,398 13 -1,39813 Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be Part II directly connected with the unrelated business income Compensation of officers, directors, and trustees (Part X) 1 2 Salaries and wages Repairs and maintenance 3 Bad debts 4 Interest (attach statement). See instructions 5 5 6 Depreciation (attach Form 4562). See instructions 7 Less depreciation claimed in Part III and elsewhere on return 8b 8 9 9 Contributions to deferred compensation plans 10 10 Employee benefit programs 11 11 Excess exempt expenses (Part VIII) 12 12 Excess readership costs (Part IX) 13 13 Other deductions (attach statement) 14 14 Total deductions. Add lines 1 through 14 15 15 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,

Deduction for net operating loss. See instructions

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 17 from line 16

Schedule A (Form 990-T) 2023

-1,398

-1,398

16

17

17

Sche	dule A (F	orm 990-T) 2023	WILLOWSFORD	CONSERVANC	, INC	45-0609461	Page 2
Pai	t III	Cost of Goo	ds Sold	Enter method of in	nventory valuation	COST METHOD	
1	Inventor	y at beginning of yea	ar			1	
2	Purchas						40,629
3	Cost of	labor				3	15,549
4	Addition	al section 263A cos	ts (attach statement)			4	
5	Other o	osts (attach stateme	ent)			5	
6	Total. A	Add lines 1 through 5	5			6	56,178
7	Inventor						
8	Cost of	f goods sold. Subtra	act line 7 from line 6. Ente	er here and in Part I, line	2	8	56,178
9						ganization?	Yes X No
Pai	t IV					with Real Property)	
1	Descript	tion of property (prop	perty street address, city,	state, ZIP code). Check	if a dual-use. See instru	ictions.	
	A 🗍			,			
	вП						
	сΠ						
	ĎН						
	- Ш			Α	В	С	D
2	Rent red	ceived or accrued		,	<u>-</u>		
– a		ersonal property (if the	ne percentage of				
_		personal property is					
		more than 50%)					
h		al and personal propert	v (if the				
		ge of rent for personal	• •				
		f the rent is based on p					
c		nts received or accru					
·		es 2a and 2b, colum	* ' ' '				
				l.			L
3	Total re	nts received or accru	ued. Add line 2c, columns	A through D. Enter here	e and on Part I, line 6, co	olumn (A)	
4	Deduction	ns directly connected v	with the income				
-		2a and 2b (attach st					
							,_L
5	Total d	leductions. Add line	4, columns A through D.	Enter here and on Part	I, line 6, column (B)		
Pai	t V	Unrelated De	ebt-Financed Incor	me (see instruction	ns)		
1	-		property (street address,			instructions.	
	A		p p	,			
	вН						
	c H						
	ĎН						
	- ⊔			Α	В	С	D
2	Gross in	come from or allocable	to debt-financed	,,	<u>-</u>		
_	property						
3		ns directly connected v	with or allocable				
		inanced property					
а		line depreciation (a	ttach statement)				
b		leductions (attach sta					
C		eductions (add lines					
·		s A through D)					
4		of average acquisition					
•		inanced property (attac					
5		e adjusted basis of o					
J			atement)				
6				%		%	% %
7		ome reportable. Multip		%		70	70 %
1							
8	Total g	ross income (add l	ine 7, columns A through	D). Enter here and on F	art I, line 7, column (A)		
9		deductions. Multiply lin					
10	Total a	llocable deduction	s. Add line 9, columns A	through D. Enter here a	nd on Part I, line 7, colum	nn (B)	
11							

Sche	dule A (Form 990-T) 2023								-06094		Page 3
Par	t VI Interest, An	nuities, Ro	yalties, and	Ren	ts From	Controlle	d Organiz	zations	(see instr	uctions)	
					Exempt Controlled C			led Organizat	ion		
	Name of controlled organization	I		2. Employer identification number		unrelated e (loss) structions)	4. Total of spayments		5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)											
				Nonexe	empt Contro	lled Organiza	ations				
	7. Taxable income	incom	unrelated ne (loss) astructions)		9. Total of payments	•	tha	D. Part of co at is includer rolling orga gross inco	d in the nization's		. Deductions directly connected with acome in column 10
(1)											
(2)											
(3)											
(4)											
Total		a Castian E	04/0	(7) (0) -	··· (47) O···	li	er here and ine 8, colum	n (A).		ter here and on Part I, line 8, column (B).	
Par	t VII Investment							i (see i		5) 	
	1. Description of in	ncome	2. A	mount of	income	directly	ductions connected statement)	(a	4. Set-asides ttach statement)		5. Total deductions and set-asides (add columns 3 and 4)
(1)											
(2)											
(3)											
(4)											
Total	s		Enter line		column 2. on Part I, nn (A).					4	Add amounts in column 5. Enter here and on Part I, line 9, column (B).
	t VIII Exploited E			, Oth	er Than	Advertisi	ng Incom	e (see	instruction	s)	
1	Description of exploited ac										
2	Gross unrelated business i		de or business.	Enter h	nere and on	Part I, line 1	0, column (A)	ı		2	
3	Expenses directly connected										
	line 10, column (B)									3	
4	Net income (loss) from unr										
	lines 5 through 7									4	
5	Gross income from activity	that is not unre	elated business	income						5	
6	Expenses attributable to inc	come entered o	n line 5							6	
7	Excess exempt expenses	Subtract line 5 f	rom line 6 but	not e	enter more tl	han the amoi	unt on line				

Schedule A (Form 990-T) 2023

4. Enter here and on Part II, line 12

3ched	ule A (Form 990-T) 2023 WILLOWSFOR	D CONSERVANC	Y, INC	45-0609461	Page 4
Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting t	two or more periodicals o	n a consolidated basis.		
	A T				
	в П				
	c H				
	H				
	D				
enter a	amounts for each periodical listed above in the c	corresponding column.			T
		Α	В	С	D
2	Gross advertising income				
•	Add columns A through D. Enter here and on Pa	art I lino 11 column (A)			
а	Add coldining A through b. Enter here and on re	(A)			
3	Direct advertising costs by periodical				
_					
а	Add columns A through D. Enter here and on Pa	art I, line 11, column (B)			
4	Advertising gain (loss). Subtract line 3 from line				
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter -0- on line 8				
	Readership costs				
6	Circulation income				
7	Circulation income Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is less				
	than line 6, enter -0-				
	Excess readership costs allowed as a				
	deduction. For each column showing a gain on				
	line 4, enter the lesser of line 4 or line 7				
-	Add line 8, columns A through D. Enter the great	ter of the line 8a, columns	s total or -0- here and on		
	Part II, line 13				
	Part II, line 13				
	Part II, line 13			ons)	4. Compensation
	Part II, line 13				Compensation attributable to
	Part II, line 13 Compensation of Officers,		ustees (see instruction	ONS) 3. Percentage	The state of the s
Part	Part II, line 13 Compensation of Officers,		ustees (see instruction	3. Percentage of time devoted	attributable to unrelated business
Part	Part II, line 13 Compensation of Officers,		ustees (see instruction	3. Percentage of time devoted	attributable to unrelated business %
(1)	Part II, line 13 Compensation of Officers,		ustees (see instruction	3. Percentage of time devoted	attributable to unrelated business % %
(1) (2) (3)	Part II, line 13 Compensation of Officers,		ustees (see instruction	3. Percentage of time devoted	attributable to unrelated business % % %
(1) (2) (3)	Part II, line 13 Compensation of Officers,		ustees (see instruction	3. Percentage of time devoted	attributable to unrelated business % %
(1) (2) (3) (4)	Part II, line 13 X Compensation of Officers, 1. Name		ustees (see instruction	3. Percentage of time devoted	attributable to unrelated business % % %
(1) (2) (3) (4)	Part II, line 13 X Compensation of Officers, 1. Name I. Enter here and on Part II, line 1	Directors, and Tro	ustees (see instruction	3. Percentage of time devoted	attributable to unrelated business % % %
(1) (2) (3) (4)	Part II, line 13 Tompensation of Officers, 1. Name I. Enter here and on Part II, line 1	Directors, and Tro	ustees (see instruction	3. Percentage of time devoted	attributable to unrelated business % % %
(1) (2) (3) (4)	Part II, line 13 X Compensation of Officers, 1. Name I. Enter here and on Part II, line 1	Directors, and Tro	ustees (see instruction	3. Percentage of time devoted	attributable to unrelated business % % %
(1) (2) (3) (4)	Part II, line 13 X Compensation of Officers, 1. Name I. Enter here and on Part II, line 1	Directors, and Tro	ustees (see instruction	3. Percentage of time devoted	attributable to unrelated business % % %
(1) (2) (3) (4)	Part II, line 13 X Compensation of Officers, 1. Name I. Enter here and on Part II, line 1	Directors, and Tro	ustees (see instruction	3. Percentage of time devoted	attributable to unrelated business % % %
(1) (2) (3) (4)	Part II, line 13 X Compensation of Officers, 1. Name I. Enter here and on Part II, line 1	Directors, and Tro	ustees (see instruction	3. Percentage of time devoted	attributable to unrelated business % % %
(1) (2) (3) (4)	Part II, line 13 X Compensation of Officers, 1. Name I. Enter here and on Part II, line 1	Directors, and Tro	ustees (see instruction	3. Percentage of time devoted	attributable to unrelated business % % %
(1) (2) (3) (4)	Part II, line 13 X Compensation of Officers, 1. Name I. Enter here and on Part II, line 1	Directors, and Tro	ustees (see instruction	3. Percentage of time devoted	attributable to unrelated business % % %
(1) (2) (3) (4)	Part II, line 13 X Compensation of Officers, 1. Name I. Enter here and on Part II, line 1	Directors, and Tro	ustees (see instruction	3. Percentage of time devoted	attributable to unrelated business % % %
(1) (2) (3) (4)	Part II, line 13 X Compensation of Officers, 1. Name I. Enter here and on Part II, line 1	Directors, and Tro	ustees (see instruction	3. Percentage of time devoted	attributable to unrelated business % % %
(1) (2) (3) (4)	Part II, line 13 X Compensation of Officers, 1. Name I. Enter here and on Part II, line 1	Directors, and Tro	ustees (see instruction	3. Percentage of time devoted	attributable to unrelated business % % %
(1) (2) (3) (4)	Part II, line 13 X Compensation of Officers, 1. Name I. Enter here and on Part II, line 1	Directors, and Tro	ustees (see instruction	3. Percentage of time devoted	attributable to unrelated business % % %
(1) (2) (3) (4)	Part II, line 13 X Compensation of Officers, 1. Name I. Enter here and on Part II, line 1	Directors, and Tro	ustees (see instruction	3. Percentage of time devoted	attributable to unrelated business % % %
(1) (2) (3) (4)	Part II, line 13 X Compensation of Officers, 1. Name I. Enter here and on Part II, line 1	Directors, and Tro	ustees (see instruction	3. Percentage of time devoted	attributable to unrelated business % % %
(1) (2) (3) (4)	Part II, line 13 X Compensation of Officers, 1. Name I. Enter here and on Part II, line 1	Directors, and Tro	ustees (see instruction	3. Percentage of time devoted	attributable to unrelated business % % %
(1) (2) (3) (4)	Part II, line 13 X Compensation of Officers, 1. Name I. Enter here and on Part II, line 1	Directors, and Tro	ustees (see instruction	3. Percentage of time devoted	attributable to unrelated business % % %
(1) (2) (3) (4)	Part II, line 13 X Compensation of Officers, 1. Name I. Enter here and on Part II, line 1	Directors, and Tro	ustees (see instruction	3. Percentage of time devoted	attributable to unrelated business % % %
(1) (2) (3) (4)	Part II, line 13 X Compensation of Officers, 1. Name I. Enter here and on Part II, line 1	Directors, and Tro	ustees (see instruction	3. Percentage of time devoted	attributable to unrelated business % % %

45-0609461	Federal Statements	3
<u>Form 990-T</u>	, Part IV, Line 5 - Post 2017 NOL	Carryover Amounts
Activity Description	UBIT Num	Available Carryover
FARMSTAND SALES TOTAL	110000	\$ 261,661 \$ 261,661

Asset	Description	Date In Service	Cost	Bus 8	Sec 179 Bonus	Basis for Depr	Per Cor	ıv <u>Meth</u>	Prior	Current
	r GDS Property: PACKING SHED AND WELL PROJECTS	12/31/23	190,542		X	190,542	20 MC) S/L	0	0
		_	190,542		-	190,542			0	0
		=			=					
<u>Prior</u>	MACRS:	1/01/10	56.104		77	20.005	10 111	. 0./1	56.104	0
3	GARDEN ON FOUNDERS DRIVE FARM FIELD IN GRANGE	1/31/12 1/31/12	76,194 73,162		X X	38,097 36,581	10 HY 10 HY		76,194 73,162	$\begin{array}{c} 0 \\ 0 \end{array}$
17	WALK IN COOLER UPGRADES	9/30/14	2,797		X	1,398	7 HY	S/L	2,797	0
	GRANGE FARM STRUCTURE - FURNAC FARM TENT	5/31/14	6,400 4,564		X X	3,200 2,282	10 HY 7 HY		5,173 4,564	320 0
	TRACTOR-KUBOTA 7040 LANDPRIDE RCR 1884 BUSHHOG	11/30/11 11/30/11	38,380 3,050		X X	0	7 HY 7 HY	S/L	38,380 3,050	0
37	BEFCO C70 FLAIL MOWER	11/30/11	5,850		X	0	7 HY	S/L	5,850	0
38 40	TRACTOR-KUBOTA 2620 WILLIAMS TOOL SYSTEM	7/31/11 10/31/11	17,500 3,492		X X	0	7 HY 7 HY	S/L S/L	17,500 3,492	$\begin{array}{c} 0 \\ 0 \end{array}$
41	TOOL BAR AND DISCS	10/31/11	1,395		X	0	7 HY	S/L	1,395	0
	PERFECTA S-TIME HARROW STOLTZFUS MFG WLS 50LR SPREADER	10/31/11 2/28/12	2,800 14,099		X X	7,049	7 HY 7 HY		2,800 14,099	$\begin{array}{c} 0 \\ 0 \end{array}$
45	MECHANICAL TRANSPLANTER MT-90	3/31/12	2,385		X	1,192	7 HY	S/L	2,385	0
46 47	KEYLINE PLOW/SUBSOILER KEYLINE PLOW/SUBSOILER	3/31/12 3/31/12	10,469 2,537		X X	5,234 1,268	7 HY 7 HY		10,469 2,537	$\begin{array}{c} 0 \\ 0 \end{array}$
48	WATER TANK/TRAILER	3/31/13	5,860		X	2,930	7 HY	S/L	5,860	0
49 50	WATER WHEEL PLANTER UNDERCUTTER, SPREADER, SHANKS,	3/31/13 2/28/14	4,160 5,241		X X	2,080 2,620	7 HY 7 HY		4,160 5,241	$\begin{array}{c} 0 \\ 0 \end{array}$
	BASKET WEEDER	3/31/14	4,775		X	2,387	7 HY		4,775	0
	MACHIO TILLER DR MOWER	4/30/14 4/30/14	5,570 3,052		X X	2,785 1,526	7 HY 7 HY		5,570 3,052	$\begin{array}{c} 0 \\ 0 \end{array}$
	HILLING DISCS TRANSPORT DISC/BALE CARRIOER	2/28/15 2/28/15	4,090 4,525		X X	2,045 2,262	7 HY 7 HY		4,090 4,525	$\begin{array}{c} 0 \\ 0 \end{array}$
	CULTIVATOR	4/30/15	12,258		X	6,129	7 HY	S/L	12,258	0
58 59	UNDERCUTTER 54 MASSEY FERGUSON PLOW	7/31/15 7/31/15	2,750 3,900		X X	1,375 1,950	7 HY 7 HY		2,750 3,900	$\begin{array}{c} 0 \\ 0 \end{array}$
60	INTERSEEDER	9/30/15	24,300		X	12,150	7 HY	S/L	24,300	0
	CULTIVATING TRACTOR FROM ALLIS DECEMBER PURCHASES	9/30/15 12/31/15	5,250 76,497		X X	2,625 38,248	7 HY 7 HY		5,250 76,497	$\begin{array}{c} 0 \\ 0 \end{array}$
64	2002 DODGE RAM	11/30/11	15,300		X	0	5 HY	S/L	15,300	0
	LAPTOP - MAINTENANCE PERSON RHINO	1/31/17 11/30/11	999 14,267		X X	499 0	3 HY 5 HY	S/L S/L	999 14,267	$\begin{array}{c} 0 \\ 0 \end{array}$
70	RHINO	8/31/13	21,910		X	10,955	5 HY		21,910	0
78	FORD F250 SUPER DUTY 2008 WORK DONE ON LIGHTGRIDGE	6/18/15 1/31/16	29,869 42,567		X X	14,934 27,671	5 HY 20 HY		30,494 14,896	0 1,384
	LANDPRIDE FM3188 FLAIL MOWER DELIVERY TRUCK	12/31/16 6/30/16	7,653 10,050		X X	3,826 5,025	7 HY 5 HY	S/L	6,649 10,050	547 0
85	CONCRETE	1/31/17	21,870		X	15,306	20 HY	S/L	6,564	765
	POLE BARN PLUMBING SUPPLIES	1/31/17 1/31/17	6,424 968		X X		20 HY 20 HY		1,926 288	225 34
90	LAPTOP	9/30/11	2,317		X	0	3 HY	S/L	2,317	0
	POLE BARN - BUILDING PAD POLE BARN	1/31/17 2/28/17	8,345 6,424		X X	5,843 4,525	20 HY 20 HY		2,502 1,899	292 226
99	POLE BARN PLUMBING & INTERIOR	4/30/17	5,100		X	3,634	20 HY	S/L	1,466	182
	20FT EQUIPMENT TRAILER VERMEER	2/28/17 5/31/17	5,973 3,061		X X	2,986 1,530	7 HY 7 HY	S/L	5,045 2,477	427 219
	BUILD 12 END WALLS FOR 6 GREENHO PEACH ORCHARD OH TO UG CONVERS		3,908 4,574		X X		10 HY 20 HY		2,346 1,259	195 166
130	FARM HOUSE CLEARING	11/30/17	4,375		X	3,371	20 HY	S/L	1,004	169
138 142	PEACH ORCHARD LIVESTOCK OP-FENGRANGE FARM STAND PARKING LOT	6/30/18 5/31/18	4,695 16,000		X X	1,620 8 533	7 HY 10 HY		3,075 7,467	231 853
145	GRANGE PACKING SHED - COOLER FLO	5/31/18	800		X	427	10 HY	S/L	373	43
	GRANGE FARM BARN RENOVATION - (GRANGE FARM PACKING SHED - PREP		650 3,213		X X		10 HY 10 HY		303 1,471	35 174
157	GRANGE FARM PACKING SHED	6/30/18	394		X	215	10 HY	S/L	179	22
164	FARM STAND IMPROVEMENTS GRANGE FARM PACKING SHED	6/30/18 8/31/18	462 10,350		X X		10 HY 10 HY	S/L	211 4,571	25 578
	PEACH ORCHARD BARN DRAW 2 PEACH ORCHARD SHED - EGG WASHIN	5/31/18	21,476 4,341		X X	16,464	20 HY 10 HY		5,012 2,025	823 232
177	EGG WASHING STATION	6/30/18	620		X	336	10 HY	S/L	284	34
	EGG WASHING STATION FARM HOUSE	6/30/18 6/30/18	5,400 2,051		X X		10 HY 20 HY		2,475 472	293 79
	GRADING	6/30/18	5,027		X		20 HY		1,151	194

	Date		Bus Sec	Basis			
<u> </u>	In Service	Cost	<u>%</u> <u>179</u> Bonus		Per Conv Meth	<u>Prior</u>	Current
198 FARM HOUSE 199 FARM HOUSE	6/30/18 6/30/18	1,989 3,041	X X	1,535 2,344	20 HY S/L 20 HY S/L	454 697	77 117
201 FARM STAND WALK IN COOLER	5/31/18	27,372	X	9,125	7 HY S/L	18,247	1,304
207 ARCHERY RANGE 208 ARCHERY RANGE	6/30/18 6/30/18	7,150 2,813	X X	5,509 2,167	20 HY S/L 20 HY S/L	1,641 646	275 108
209 ARCHERY RANGE 211 ARCHERY RANGE - MATERIALS FOR T	6/30/18	572 428	X X	439 332	20 HY S/L 20 HY S/L	133 96	22 17
214 ARCHERY RANGE - OUTDOOR BULLET	6/30/18	500	X	385	20 HY S/L	115	19
216 ARCHERY RANGE - MATERIALS FOR T 222 MAINTENANCE SHED - PERMIT	6/30/18 6/30/18	866 520	X X	669 401	20 HY S/L 20 HY S/L	197 119	33 20
225 RE-SIDING OF GREENS MAIN SHED	6/30/18	6,000	X	4,625	20 HY S/L	1,375	231
230 2018 BRI-MR 7X12 235 GRANGE FARM SEPTIC SYSTEM	2/28/18 6/30/19	6,902 35,977	X X	2,054 23,084	7 HY S/L 10 HY S/L	4,848 12,893	293 2,308
	=	812,865		387,044		640,263	13,591
Other Depreciation:							
1 LAND IMPROVEMENTS	1/21/12	0		0		15.506	0
4 WELL SERVING GRANGE FARM 5 WELL SERVING FARM GARDEN	1/31/12 4/13/12	21,250 24,678		21,250 24,678	15 MO S/L 15 MO S/L	15,586 18,096	1,417 1,645
6 GRANGE FARM COMPOST 7 FLEETWOOD FARM WELL	3/31/13 5/31/13	3,600 35,445			10 MO S/L 15 MO S/L	3,540 22,842	60 2,363
8 FLEETWOOD FARM WELL	9/30/13	3,140			15 MO S/L 15 MO S/L	1,952	2,303
9 FARM FIELD GREENS 10 PERLIM WORK ON WELLS (NOT IN SER	5/31/15 1/31/16	2,656 5,940				2,017 4,158	266 594
11 BUILDINGS & IMPROVEMENTS		0		0	0 HY	0	0
12 GRANGE FARM STRUCTURE 13 GRANGE FARM STRUCTURE	1/31/12 3/31/12	21,819 268,665		21,819 268,665	20 MO S/L 20 MO S/L	12,001 145,525	1,091 13,429
14 FARM GARDEN STRUCTURE	6/30/12	46,139		46,139	20 MO S/L	24,416	2,307
15 BUILDOUT LOFT (CARPENTER BEACH 16 JOHN LAYNG (GRANGE GREENHOUSE		20,500 4,000		,	20 MO S/L 20 MO S/L	8,969 1,800	1,025 200
18 HIGH TUNNEL 19 HIGH TUNNEL	10/31/14 12/31/14	14,100 4,793		14,100 4,793	10 MO S/L 10 MO S/L	7,931 3,134	1,410 479
20 HIGH TUNNEL SITE WORK	12/18/14	5,285		5,285	10 MO S/L	3,466	529
21 HIGH TUNNEL 22 FARM STAND IMPROVEMENTS	4/30/15 4/30/15	4,173 60,827		4,173 60,827	10 MO S/L 20 MO S/L	2,659 23,568	417 3,041
23 PRELIM WORK ON GRANT (NOT IN SEI		51,161		51,161	10 MO S/L	35,812	5,116
24 BUILDINGS & IMP - HOUSING 25 GRANGE FARM STRUCTURE	7/31/14	0 105,802		105,802	0 HY 20 MO S/L	0 44,965	0 5,290
27 PRELIM WORK ON LIGHTRIDGE (NOT) 28 FURNITURE & FIXTURES	1/31/16	35,370 0		35,370 0	20 MO S/L 0 HY	12,383	1,769 0
34 EQUIPMENT		0		0	0 HY	0	0
63 VEHICLES - FARM 66 COMPUTER HARDWARE		0		0	0 HY 0 HY	0	$\begin{array}{c} 0 \\ 0 \end{array}$
68 VEHICLES - CONSERVANCY	2/21/16	0		0	0 HY	0	0
72 FARM WELL VALLEY PASS 73 DEER FENCE	3/31/16 3/31/16	6,000 31,207		31,207	15 MO S/L 7 MO S/L	3,100 29,349	400 1,858
74 DEER FENCE	5/31/16	2,847		2,847 27,122	7 MO S/L 15 MO S/L	2,631	216
75 WELL TESTING AND DRILLING 76 GRANT WELL VALLEY DRILLING	6/30/16 9/30/16	27,122 9,751		9,751	15 MO S/L	12,431 4,225	1,808 650
77 SIX HIGH TUNNELS 79 KUBOTA DIESEL GENERATOR	1/31/17 11/30/16	3,018 5,500		3,018 5,500	10 MO S/L 7 MO S/L	1,812 4,847	302 653
80 KIFCOO 1.4 X350' HARD HOSE REEL	12/31/16	4,894		4,894	7 MO S/L	4,252	642
84 BUILDING IMPROVEMENTS - CONSER' 87 POLE BARN	1/31/17	0 19,890		0 19.890	0 HY 20 MO S/L	0 5,970	0 995
88 POLE BARN	1/31/17	790		790	20 MO S/L	240	40
91 POLE BARN - PLUMBING/FRAMING SU. 93 POLE BARN	1/31/17	2,240 30,720		30,720	20 MO S/L 20 MO S/L	672 9,216	112 1,536
95 POLE BARN PAD 96 POLE BARN - ELECTRICAL	2/28/17 2/28/17	3,219 23,600		3,219		953 6,982	161 1,180
97 POLE BARN - CABINETRY, PLYWOOD,	2/28/17	1,489		1,489	20 MO S/L	438	74
98 POLE BARN - PLUMBING & FENCING 100 POLE BARN STONE FOR ACCESS ROAD	3/31/17 4/30/17	733 9,635			20 MO S/L 20 MO S/L	216 2,771	37 482
101 POLE BARN SEPTIC	4/30/17	1,680		1,680	20 MO S/L	483	84
102 POLE BARN SEPTIC 103 POLE BARN ELECTRICAL	4/30/17 4/30/17	3,875 5,900			20 MO S/L 20 MO S/L	1,115 1,696	194 295
104 POLE BARN INTERIOR FINSHES & LOC 105 POLE BARN ONSITE SEWAGE SYSTEM		808 30,358			20 MO S/L 20 MO S/L	227 8,475	40 1,518
106 POLE BARN - FENCE	7/31/17	4,490		4,490	20 MO S/L	1,237	225
107 POLE BARN WATER SUPPLY/PLUMBIN 108 FUEL STATION POSTS, TRENCHER, CO		319 826			20 MO S/L 20 MO S/L	88 215	16 41
109 FUEL STATION - ELECTRICAL SUPPLIE		1,165			20 MO S/L	305	58

		Date		Bus Sec	Basis			
Asset	Description	In Service	Cost			Per Conv Meth	Prior	Current
110 111	TAKE FOR FUEL STATION INSTALLED ROOF OVER FUEL STATION	11/30/17 12/31/17	16,414 2,332			20 MO S/L 20 MO S/L	4,242 604	821 117
113	LOG SPLITTER	2/28/17	3,144		3,144	7 MO S/L	2,657	449
	PRO WOOD CHIPPER VERMEER X2	3/31/17 4/30/17	2,650 41,996		2,650 41,996	7 MO S/L 7 MO S/L	2,210 34,495	379 5,999
117	BOBCAT T190	6/30/17	24,000		24,000	7 MO S/L	19,145	3,429
	PEACH ORCHARD FARM FENCE REGRAVEL/ROLL HOUSE TO BARN, WI	8/31/17 9/30/17	83,504 6,000		83,504 6,000	7 MO S/L 15 MO S/L	64,599 2,133	11,929 400
120	9 SHELTERS	10/31/17	9,583		9,583	7 MO S/L	7,187	1,369
		10/31/17 10/31/17	5,294 31,250		5,294 31,250	15 MO S/L 10 MO S/L	1,853 16,406	353 3,125
123	WELL 2	11/30/17	3,799		3,799	15 MO S/L	1,307	253
		11/30/17 12/31/17	3,686 30,919		3,686 30,919	20 MO S/L 20 MO S/L	951 7,859	184 1,546
	BARNS 1 & 2 WIRING AND UPGRADE	8/31/17	16,128		16,128	20 MO S/L	4,366	806
	FARM HOUSE DESIGN SERVICES FARM HOUSE LOUDOUN COUNTY PER	11/30/17	9,123 2,120			20 MO S/L 20 MO S/L	2,090 486	456 106
	MF 1035 DIESEL TRACTOR	3/31/17	10,050		10,050	7 MO S/L	8,376	1,436
	TRACTOR-KUBOTA RTV X900 S/N 1051		11,500		11,500	7 MO S/L	9,447	1,643
	SPREADER T32210 GOLF CART	5/31/17 9/30/17	2,014 3,475		2,014 3,475	7 MO S/L 7 MO S/L	1,632 2,645	288 496
136	CONCRETE	11/30/17	605		605	20 MO S/L	153	30
	CAPITAL REIMBURSEMENT FOR PEAC ADDITIONAL WORK FOR INSTALLATIO		-69,999 15,000		-69,999 15,000	15 MO S/L 10 MO S/L	-4,667 6,750	-4,667 1,500
140	STREAM EXCLUSION W/ GRAZING LAN		-10,022		-10,022	15 MO S/L	-668	-668
141 143	GRANGE FARM STAND GATES GRANGE GREENHOUSE RETROFIT	5/31/18 5/31/18	350 5,715		350 5,715	10 MO S/L 10 MO S/L	163 2,669	35 572
	GRANGE PACKING SHED - COOLER FLO	5/31/18	274		274	10 MO S/L	126	27
146 148	GRANGE FARM BARN RENOVATION GRANGE FARM PACKING SHED - FLOO	5/31/18 6/30/18	13,100 9		13,100	10 MO S/L 10 MO S/L	6,113 5	1,310 1
149	GRANGE FARM PACKING SHED - MISC	6/30/18	96		96	10 MO S/L	46	10
150 151	GRANGE FARM PACKING SHED - MISC GRANGE FARM PACKING SHED - DECK	6/30/18 6/30/18	-124 275		-124 275	10 MO S/L 10 MO S/L	-12 128	-12 28
152	GRANGE FARM PACKING SHED - INV 2	6/30/18	35,569		35,569	10 MO S/L	16,303	3,557
153 155	GRANGE FARM STAND ELECTRICAL II GRANGE FARM PACKING SHED	6/30/18 6/30/18	9,665 236		9,665 236	10 MO S/L 10 MO S/L	4,432 110	967 24
156	GRANGE FARM PACKING SHED	6/30/18	64		64	10 MO S/L	28	6
	GRANGE FARM PACKING SHED - INV 2 GRANGE FARM PACKING SHED - GRAE		4,225 2,473		4,225 2,473	10 MO S/L 10 MO S/L	1,903 1,112	423 247
161	GRANGE FARM BARN RENOVATION - 1	7/31/18	3,971		3,971	10 MO S/L	1,787	397
	INSTALL MINI SPLIT SYSTEM & 2 WALI HVAC INSTALL - FARM STAND	7/31/18 8/31/18	15,745 1,104		15,745 1,104	10 MO S/L 10 MO S/L	7,087 486	1,575 110
165	GRANGE FARM OFFICE	8/31/18	7,500		7,500	10 MO S/L	3,313	750
	PROTECH SERVICES INV 10033 PEACH ORCHARD BARN DRAW 1	11/30/18 5/31/18	1,101 3,900		,	10 MO S/L 20 MO S/L	458 910	110 195
169	PEACH ORCHARD BARN RESTORATIO	5/31/18	13,673		13,673	10 MO S/L	6,380	1,367
	PEACH ORCHARD SHED - EGG WASHIN PEACH ORCHARD SHED - EGG WASHIN		4,117 1,200			10 MO S/L 10 MO S/L	1,922 560	412 120
173	PEACH ORCHARD BARN - ADDITIONAL	5/31/18	768		768	10 MO S/L	359	77
	EGG WASHING STATION - DRAIN LINE PATCH AND PAINT	5/31/18 5/31/18	2,322 600		2,322 600	10 MO S/L 10 MO S/L	1,083 280	232 60
176	PEACH ORCHARD ROOF - INSURANCE	5/31/18	-1,320		-1,320	10 MO S/L	-132	-132
	EGG WASHING STATION WORK DONE ON LIGHTGRIDGE - SEPTI	6/30/18 4/30/18	456 6,687		456 6,687	10 MO S/L 20 MO S/L	211 1,587	46 334
181	FARM HOUSE	6/30/18	1,683		1,683	20 MO S/L	385	84
	FARM HOUSE FARM HOUSE	6/30/18 6/30/18	23,904 42,260			20 MO S/L 20 MO S/L	5,477 9,685	1,195 2,113
184	FARM HOUSE	6/30/18	15,375		15,375	20 MO S/L	3,524	769
	FARM HOUSE FARM HOUSE	6/30/18 6/30/18	17,641 43,500			20 MO S/L 20 MO S/L	4,043 9,969	882 2,175
188	FARM HOUSE	6/30/18	42,241		42,241	20 MO S/L	9,680	2,112
	FARM HOUSE FARM HOUSE	6/30/18 6/30/18	55,435 36,384			20 MO S/L 20 MO S/L	12,705 8,337	2,772 1,819
191	FARM HOUSE	6/30/18	60,122		60,122	20 MO S/L	13,778	3,006
	FARM HOUSE TREE WORK	6/30/18 6/30/18	18,173 8,666			20 MO S/L 20 MO S/L	4,166 1,985	909 433
195	EROSION CONTROL	6/30/18	1,888		1,888	20 MO S/L	431	94
196	FARM HOUSE HOUSE LANDSCAPING	6/30/18 6/30/18	48,748 2,918		48,748	20 MO S/L 20 MO S/L	11,170 669	2,437 146
	FREEZER	3/31/18	7,068		7,068	7 MO S/L	4,881	1,010
202	Sold/Scrapped: 9/30/23 ARCHERY RANGE	6/30/18	4,063		4 062	20 MO S/L	931	203
202	ARCHERT RAINOL	0/30/10	+,003		4,003	20 MO 5/L	731	203

		Dete		Duc	Soo	Dacia				
Asset	Description	Date In Service	Cost	Bus <u>%</u>	Sec 179 Bonus	Basis for Depr	Per	Conv Meth	Prior	Current
203	ARCHERY RANGE TARGET PADS	6/30/18	83					MO S/L	18	4
204 205	ARCHERY RANGE ARCHERY RANGE	6/30/18 6/30/18	6,000 12,485			6,000 12,485		MO S/L MO S/L	1,375 2,860	300 624
	ARCHERY RANGE	6/30/18	2,700					MO S/L MO S/L	619	135
210	ARCHERY RANGE	6/30/18	1,268			1,268	20	MO S/L	289	63
	ARCHERY RANGE	6/30/18	774			774		MO S/L	179	39
213 215	ARCHERY RANGE ARCHERY RANGE - POST ANCHORS	6/30/18 6/30/18	64 52			64 52		MO S/L MO S/L	14 14	3 3
217	ARCHERY RANGE - CAUTION SIGNS	7/31/18	122			122	20	MO S/L	27	6
	ARCHERY RANGE - STRAW & SEED	7/31/18	230			230		MO S/L	54	12
219 220	ARCHERY RANGE - EXTERIOR PAINTIN ARCHERY RANGE - ARCHERY SIGNS	7/31/18 7/31/18	2,310 550			2,310 550		MO S/L MO S/L	522 126	116 28
221	ARCHERY RANGE - RETURN OF UNUSI	7/31/18	-423			-423		MO S/L	-21	-21
223	MAINTENANCE SHED	6/30/18	3,410			3,410	20	MO S/L	783	171
	MAINTENANCE SHED	6/30/18 6/30/18	3,410					MO S/L MO S/L	783 514	171 112
226	MAINTENANCE SHED CEDAR POND PAVILION	12/31/18	2,248 294,697			2,248		MO S/L MO S/L	60,168	14,735
	MINI SKID HOE SWING/HYDRAULIC KI	1/31/18	7,995			7,995		MO S/L	5,710	1,142
229	2018 DIAMOND C16'	2/28/18	3,683			3,683		MO S/L	2,586	526
231 232	2018 FORD F-150 2003 FORD RANGER 1FTYR14V23TA39(2/28/18	32,754 7,300			32,754 7,300	5	MO S/L MO S/L	32,209 5,597	545 1,460
	PLASTIC LIFTER WINDER	2/21/19	4,115			4,115		MO S/L MO S/L	2,303	588
234	FREEZER	6/28/19	2,774			2,774	7	MO S/L	1,419	396
	FARM STAND GARDEN	6/30/19	28,079					MO S/L	10,062	2,808
	GRANGE BARN SEPTIC SYSTEM CONNECTION AND MAGNETIC WATER	7/30/19 12/30/19	850 7,221					MO S/L MO S/L	298 1,113	85 361
	WELL PUMP COMPUTER	8/31/20	6,921			6,921		MO S/L	1,329	989
	WATER LINE	1/30/20	8,325			8,325		MO S/L	1,248	416
241 242	JOHN DEERE LIME DRILL 2005 JUFCI WATER REEL	4/23/20 4/23/20	610 2,772			610 2,772		MO S/L MO S/L	302 1,367	87 396
	TRX 354 MOWER	8/20/20	13,846			13,846		MO S/L MO S/L	4,780	1,978
246	LAND	1/01/20	3,988,863			3,988,863	0	Land	0	0
247	laND	6/01/21	299,744			299,744	0		0	0
248 249	SHED-GRANGE WELL WELL	12/01/21 5/18/21	3,896 13,985			3,896 13,985		MO S/L MO S/L	603 1,478	557 932
250	BRIDGE	7/06/21	4,379			4,379		MO S/L	886	626
		11/05/21	26,360			26,360		MO S/L	1,428	1,318
		11/05/21 10/26/21	54,485 3,222			54,485 3,222		MO S/L MO S/L	2,953 518	2,724 460
	TRACTOR	3/27/21	16,900			16,900		MO S/L MO S/L	4,223	2,414
255	XP540 ALTOZ MOWER	4/09/21	10,424			10,424	7	MO S/L	2,420	1,489
		12/03/21	39,338			39,338		MO S/L	8,524	3,983
	MERCHANDISER FREEZER CELLI Z90 SPADING MACHINE	5/04/22 5/04/22	3,599 12,500			3,599 12,500		MO S/L MO S/L	343 1,190	514 1,786
		10/24/22	14,321			14,321		MO S/L	553	2,046
260	BUSH HOG 2215 BATWING ROTARY M	1/31/22	19,000			19,000	7	MO S/L	2,488	2,714
261 262	SPRINTER VAN LAND	2/24/22 12/01/22	38,558 41,514			38,558 41,514		MO S/L Land	6,426 0	7,712 0
262	CONSERVANCY POND INSPECTIONS	2/03/23	10,200			10,200		MO S/L	0	935
264	NOVEC PROJECT FENCING	8/03/23	17,674			17,674	10	MO S/L	0	736
266	LIGHTRIDGE HOUSE RENNOVATION	1/26/23	1,432			1,432		MO S/L	0	1 400
267 268	USED COOLER NEW HOLLAND TRAILER	7/31/23 5/05/23	25,000 77,825			25,000 77,825		MO S/L MO S/L	$0 \\ 0$	1,488 7,412
269	UTILITY TRAILER	12/31/23	6,769			6,769		MO S/L	ő	0
270	2 ATVS- REPLACE STOLEN ATVS	9/30/23	32,526		-	32,526	5	MO S/L	0	1,626
	Total Other Depreciation		7,009,543		-	7,009,543			1,028,937	192,876
	T (LAGDS LOC S		7,000,543			7,000,542			1 020 027	102.977
	Total ACRS and Other Depreci	ation	7,009,543		=	7,009,543			1,028,937	192,876
	Grand Totals		8,012,950			7,587,129			1,669,200	206,467
	Less: Dispositions and Transfers	S	7,068			7,068			4,881	1,010
	Less: Start-up/Org Expense		0		-	0			0	0
	Net Grand Totals		8,005,882		=	7,580,061			1,664,319	205,457

Form **990-T**

Name

Schedule A Loss Carryover Calculation Description FARMSTAND SALES

Taxpayer Identification Number

2023

WILLOWSFORD CONSERVANCY, INC Unincorporated Business Income Tax Code:

45-0609461

110000 Activity: AGRICULTURAL, HUNTING, FORESTRY,

Each activity may carryforward losses after 2018

1	Activity income	1	-1,398
2	Activity deductions	2	
3	Activities income or loss, after deductions	3	-1,398
4	Enter losses carried over to this year (no amounts prior to 2018) plus any carried-back amounts	4	261,661
5	Enter 80% of the amount on Line 3, if both lines 3 and 4 are positive.	5	
6	Take the lesser of Line 4 or Line 5. Enter here and on Line 17 of Form 990-T, Sch A, Part II	6	
7	Remaining losses to be carried forward to 2024 (Subtract Line 6 from line 4)	7	261,661
8	If line 3 is less than zero, enter that amount here as a positive number	8	1,398
9	Total loss carried forward to 2024 (Add lines 7 and 8)	9	263,059
El	ectronic Filing includes the report of additional amounts for this activity		
E1	Post-2017 loss amounts from 2022, indefinite carryover (Reported with Form 990-T, Pt IV, with above UBIT code)	_E1	261,661
E2	Prior year activity losses included on Schedule A. Llne 17	E2	

Form **990-T**

Net Operating Loss Carryover Worksheet for Pre-2018 Losses

, ending

2023

Name

WILLOWSFORD CONSERVANCY, INC

For calendar year 2023, or tax year beginning

Employer Identification Number 45-0609461

		Prior Year		Current Year	
Preceding Taxable Year	Adj. To NOL Inc/(Loss) After Adj.	NOL Utilized (Income Offset)	Carryovers to Current Year	Income Offset By Prior Carryover	Next Year Carryover
15th 12/31/03					
4th 12/31/04					
3th 12/31/05					
2th 12/31/06					
1th 12/31/07					
oth 12/31/08					
th 12/31/09					
h 12/31/10					
h 12/31/11					
h 12/31/12	-8,497		8,497		8,4
h 12/31/13	-35,322		35,322		35,3
h 12/31/14	-48,067		48,067		48,0
d 12/31/15	-39,448		39,448		39,4
nd 12/31/16	-14,183		14,183		14,1
t 12/31/17	-65,313		65,313		65,3
OL carryover available to	o current year		210,830		
urrent year	0				
IOL carryover available to	next year				210,8

Form 500 Virginia Department of Taxation

2023 Virginia Corporation Income Tax Return



P.O. Box 1500 Richmond, VA 23218-1500

	Atte			filed electronically.		-	-			vaiver.			
FISCA				orm to carry back				rm 500NOL	υ.		Official Use O	Only	
SHOR	RT Year Filer: B	eginning Date		; Endin	ng Date								
s	hort Year Return	Chang	e in Acco	unting Period									
FEIN	N	Name								Check all that apply:			
45	-0609461	M	ILLOWS	SFORD CONS	ORD CONSERVANCY, INC					Initial Filer			
	ing Address			·					<u> </u>	Name	Change		
41	.025 WILLO	WSFORD	LANE						Mailing Address Change				
	or Town				State		Code		Physical Address Chang				
	JDIE			VA 20105									
Phy	sical Address (if differ	rent from Mailing	Address)						Entity Type Code				
Phy	sical City or Town			State ZIP Code						6 Code 000			
Date	e Incorporated	State or Count	try of Incorp	oration	Description of	Busine	ss Activit	у					
12	/14/2010	VIRGINI <i>A</i>	A		FARM S	TAN:	D OP	ERATIO	NS				
Che	eck Applicable I	Boxes		Final Return				Corpora	te Tel	ecomm	unications	Company	
				Final Return / and applicable	Close Account -	- Check	here	Enter amo	ount from	m Form 5	00T, Line 7:		
Combined – Sch. 500AC Enclosed				ана аррисавіс	boxes below.								
Combined/Consolidated Filers -				Withdraw	vn							.00	
Enter number of affiliates:				M. L P.L			Noncorpo	orate T	elecomm	unications C	ompany		
Change in Filing Status				Dissolved	 No longer liab 	ie for t	ax.	Check box	and ente	er amount	from Form 500T	, Line 10:	
Sch. 500A Enclosed				Dissolve	d Date:			╽┕				.00	
	Schedule 500AB						Electric	IgguS	ier Com	npany			
X	Nonprofit Corpora	ation		Merged						0EL, Line 7 or	r 14:		
Ш	Certified Company		ent –	Merger D	Date:								
	Con. Coop. Linoio	Joca						.00					
	Amended Return (See instructio	ns)	Merged I	FEIN:			Home Service Contract Provider					
	Enter reason code			□ c c r				Enter amount from Form 500HS, Line 10.					
'	inter reason code	-		S Corp E	ffective:			Check box if a noncorporate HSCP.					
										-		.00	
QU	ESTIONS AND I	related in	FORMAT	ION									
A.	Have you made ar	ny payments to	an affiliated	l corporation, a relat	ed individual, or	other r	related ei	ntity for inter	est, roya	alties, or o	other		
	•	0 1	perty (pate	nts, trademarks, cop	oyrights, and sim	ilar inta	angible p	property)? If	yes, coi	mplete an	d		
	enclose Schedule Enter exception a	500AB. amount from S	Schedule 5	00AB. Line 8.					Α.			.00	
В	RESERVED FOR			,					В.				
C.				I in computing feder	al		(4)	Voor of Loo		SEE	FEDERAL	SCH	
	taxable income on	the U.S. Corpo	ration Inco	me Tax Return, prov	vide		` '	Year of Loss		200	THUHIML	5011	
	•			from a merger, ente			` '	Federal NOL					
	FEIN of the company generating the NOL prior to			or to the merger dar	ie.			Percent of fe				%	
FEIN (If there are NOLs for more than one year, enclose a sc				nclose a schedule fo	or each vear with	the in		NOL used the	-			70	
р	If pass-through en		•		•		normanor	Troquesteu	iii Ocolii	on 0.)			
	complete and encl				. 55500100 VIC				D.				
E.	Has your federal in	come tax liabilit	y been red	etermined with the II	RS and finalized			Ye					
	for any prior year(s) that has not p		een reported to the I				Ye					
	yes, provide the ye	ear(s).						Ye	ar				
			41025					_					
F.	Location of corpora	ation's books	ALDIE	<u> </u>	7	VA 2	2010	<u> </u>					
	Contact for corpora	ation's books	THE OR	GANIZATION			Co	ntact Phone	Number	571-	440-2400		

2023 Virginia Form 500

FEIN 45-0609461



Page	2			
INC	DME			
1.	Federal taxable income (from enclosed federal return)	1.	0	.00
	Total additions from Schedule 500ADJ, Section A, Line 7			.00
	Total (add Lines 1 and 2)	I	0	.00
4.	Total subtractions from Schedule 500ADJ, Section B, Line 10			.00
5.	Balance (subtract Line 4 from Line 3)		0	.00
6.	Savings and Loan Association's Bad Debt Deduction (see instructions)			.00
7.	Virginia taxable income (subtract Line 6 from Line 5)	I	0	.00
	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. <u> </u>	0	.00
	MENTS 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)		0	.00
12.	2023 estimated Virginia income tax payments including overpayment credit from 2022	I		.00
13.	Extension payment			.00
14.	Refundable tax credits from Schedule 500CR, Section 4, Part 1, Line 1A	I		.00
15.	Pass-through entity total withholding from Schedule 500ADJ, Section D	I		.00
16.	Total payments and credits (add Lines 12 through 15)	I		.00
REF	UND 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)	I		.00
20.	Additional charge from Form 500C, Line 17 (enclose Form 500C)	I		.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 2024 estimated tax	23.		.00
24.	Amount to be refunded (subtract Line 23 from Line 22)			.00
this ret the bes of Virg	undersigned president, vice-president, treasurer, assistant treasurer, chief accounting officer, or other officer duly au urn is made, declare under the penalties provided by law that this return (including any accompanying schedules a st of my knowledge and belief, a true, correct, and complete return, made in good faith, for the taxable year stated, inia. If prepared by a person other than the taxpayer, this declaration is based on all information of which he or she ecking the box to the right, I (we) authorize the Department to discuss this return with the understant of the control	and statements) hat pursuant to the inc has any knowledo	s been examined by me a ome tax laws of the Commige.	and is, to
		Title	·	
Date	Signature of Officer	PRESIDEN	T	
Printe	ed Name of Officer	1	Phone Number	
CL	AUDETTE PAPATHANASOPOULOUS		571-440-2400	

Print Preparer's Name and Firm Name Individual or Firm, Signature of Preparer Preparer Phone Number 703-777-4900 MATTHEW BURNS Address of Preparer 11/15/24 MITCHELL, BURNS & CO., P.C. Preparer's FEIN, PTIN, or SSN Approved Vendor Code 110 E MARKET ST STE 200 P01265537 1022 LEESBURG, VA 20176

2023 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 ar	nd Taxable Income		
 Net Operating Loss Deduction Special Deductions 	ore NOL and Special Deductions on er NOL and Special Deductions	2 3	0.00 .00 1,000.00 0.00
Form 1120, Schedule C — D	Dividends and Special Deductions		
5. Subpart F Income and/or Global Intangible Low-Taxed Income6. Gross-Up for Foreign Taxes Deemed Paid		5 6	.00 .00
Form 1120, Schedule K or N	I-1		
7. Tax Exempt Interest		7. _	.00
Form 5884 — Work Opportu	ınity Credit		
8. Salaries and Wages not ded	lucted due to the WOTC	8.	.00.
Form 4562 - Special Deprec	ciation Allowance and Other Depreciation		
10. Property subject to 168(f)(1)	ce for qualified property placed in service during the taxa election	10.	.00 .00 192,876.00
Form 1118, Schedule A — Ir	ncome or Loss Before Adjustments - Gross Incor	me or Loss	
 Reserved for future use Total: Inclusions (Exclude G Total: Inclusions (Gross-up) Total: Interest Total: Gross Rents, Royaltie Total: Gross Income from P Total: Other Total: Total Gross Income o 	Sross-up) s, and License Fees erformance of Services r Loss from Outside the US	13.	.00 .00 .00 .00 .00 .00
Form 1118, Schedule A — Ir	ncome or Loss Before Adjustments - Deductions		
 Total: Allocable – Expenses Total: Allocable – Other Allo Total: Total Allocable Deduct Total: Apportioned Share of Total: Net Operating Loss D 	A Amortization byalty, and Licensing Expenses - Other Expenses Related to Gross Income from Performance of Services broadle Deductions	22	.00 .00 .00 .00 .00 .00
	ncome or Loss Before Adjustments - Total Incom		
29. Total: Total Income or (Loss	s) Before Adjustments	29	.00