Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2021

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990EZ for instructions and the latest information.

Α	For the	2021 calenda	r year, or tax year beginning 01-01 , 2021, and er	nding		12-31 ,202	1
В	Check if ap	plicable:	C Name of organization		D Employ	yer identificatio	n number
	Address ch	nange	WILLOW ROOTS INC		84-	-2598232	
	Name char	nge	Number and street (or P.O. box if mail is not delivered to street address)	om/suite	E Telepho	one number	
	Initial return	n					
		n/terminated	23 N MAIN ST		(51	8)751-0164	
X	Amended r	eturn	City or town, state or province, country, and ZIP or foreign postal code		F Group I	Exemption	
	Application		Pine Plains, NY 12567		Numbe	r 🕨	
G	Account	ing Method:	X Cash	Н	Check ▶	if the organiz	zation is not
ı	Website	: > Will	owRoots.org	-	required to	attach Schedule	В
J	Tax-exe		heck only one) - X 501(c)(3)	527	(Form 990).		
K	Form of	organization:	X Corporation Trust Association Other				
L	Add line	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more,	or if total a	assets		
			500,000 or more, file Form 990 instead of Form 990-EZ			. ▶ \$	169,667
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balance	s (see the	e instructior	ns for Part I)	,
		Check if	the organization used Schedule O to respond to any question in this F	Part I			x
	1	Contributions	s, gifts, grants, and similar amounts received			1	169,667
	2		vice revenue including government fees and contracts			2	,
	3	Membership	dues and assessments			3	
	4		ncome			4	
	5a	Gross amou	nt from sale of assets other than inventory				
	b		other basis and sales expenses				
) from sale of assets other than inventory (subtract line 5b from line 5a)			5c	
	6		fundraising events:				
	а	Gross incom	e from gaming (attach Schedule G if greater than				
ne		\$15,000) •					
Revenue	b	Gross incom	e from fundraising events (not including \$ of contrib	outions			
Re		from fundrais	sing events reported on line 1) (attach Schedule G if the				
		sum of such	gross income and contributions exceeds \$15,000) 6b				
	С	Less: direct e	expenses from gaming and fundraising events 6c				
	d	Net income of	or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract				
		line 6c)				6d	
	7a	Gross sales	of inventory, less returns and allowances				
	b	Less: cost of	goods sold				
	С	Gross profit	or (loss) from sales of inventory (subtract line 7b from line 7a)			7c	
	8	Other revenu	ue (describe in Schedule O)			8	
	9	Total revenu	ie. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶	9	169,667
	10	Grants and s	imilar amounts paid (list in Schedule O)			10	
	11	Benefits paid	I to or for members			11	
s	12	Salaries, oth	er compensation, and employee benefits			12	
JSe	13	Professional	fees and other payments to independent contractors $\ \cdot\ \cdot\ \cdot\ \cdot\ \cdot$			13	
Expenses	14		rent, utilities, and maintenance			14	3,745
Ж	15	Printing, pub	lications, postage, and shipping			15	14
	16	Other expen	ses (describe in Schedule O)			16	94,055
_	17	Total expens	ses. Add lines 10 through 16	<u></u>	▶	17	97,814
	18	Excess or (d	eficit) for the year (subtract line 17 from line 9)			18	71,853
Net Assets	19	Net assets o	r fund balances at beginning of year (from line 27, column (A)) (must agree with	า			
Ass		•	igure reported on prior year's return)			19	65,463
<u>e</u>	20	Other chang	es in net assets or fund balances (explain in Schedule O)			20	
Z	21	Not accete o	r fund halances at end of year. Combine lines 18 through 20			21	127 216

	Balance Sheets (see the instructions for Pal	•				_
	Check if the organization used Schedule O t	o respond to any que	estion in this Part I			<u> x</u>
				(A) Beginning of year		(B) End of year
	Cash, savings, and investments			52,302	22	116,587
	Land and buildings			0	23	C
24	Other assets (describe in Schedule O)			13,161	24	20,729
	Total assets			65,463	25	137,316
	Total liabilities (describe in Schedule O)			0	26	C
	Net assets or fund balances (line 27 of column (B) must ag			65,463	27	137,316
Pa	art III Statement of Program Service Accomplis	•		<i>'</i>		Expenses
	Check if the organization used Schedule O				(Regu	uired for section
Wh	at is the organization's primary exempt purpose? ALLEVI	ATE HUNGER AND	IDENTIFY RESOU	JRCES	1, .	e)(3) and 501(c)(4)
as r	scribe the organization's program service accomplishments for measured by expenses. In a clear and concise manner, descr sons benefited, and other relevant information for each progr	ibe the services provide			1 ,	izations; optional for
28	WILLOW ROOTS FOOD PANTRY IS A PANTRY W	HERE CLIENTS CH	IOOSE			
	WHAT THEY WANT, WHICH MINIMIZES WASTE.					
	INDIVIDUALS WERE FED (209 CHILDREN, 43	6 ADULTS, 72 SE	NIORS)			
	(Grants \$) If this amo	unt includes foreign gra	nts, check here .	೬ 🗌	28a	88,755
29	THRIFT STORE- FREE CLOTHING IS OFFERED	TO ADULTS AND				,
	CHILDREN. ALL CLOTHING ARE IN GOOD TO	EXCELLENT CONDI	TION,			
	MANY BRAND NEW WITH TAGS. SEVERAL TONS	OF CLOTHES GIV	'EN			
	(Grants \$) If this amo	unt includes foreign gra	ants, check here .	೬ 🗌	29a	7,598
30	COMMUNITY HOLIDAY MEAL- WE PAIRED UP W	ITH LOCAL RESTA	URANTS			
	WHO COOKED A HOLIDAY MEAL FOR 150 INDI	VIDUALS.				
	(Grants \$) If this amo	unt includes foreign gra	ants, check here .	💺 🔲	30a	584
31	Other program services (describe in Schedule O)					See SERVICES
	(Grants \$) If this amo	unt includes foreign gra	ants, check here .	🛌 🗌	31a	877
	Total program service expenses (add lines 28a through 31a	a)			32	97,814
Pa	art IV List of Officers, Directors, Trustees, and Key Er	nployees (list each one	even if not compensa	ted - see the instructio	ns for I	Part IV)
	Check if the organization used Schedule O to res	ond to any question in	this Part IV		<u></u>	[
		(b) Average	(c) Reportable	(d) Health benefits,	,	e) Estimated amount of
	(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MISC/ 1099-NEC)	contributions to employe benefit plans, and deferred compensation	e (e	other compensation
T. T 9	SA ZAYAS		(if not paid, enter -0-)	acionica componication		other compensation
			(if not paid, enter -0-)	usionsu osmponouson		other compensation
	ESIDENT	30.00	, , , ,	·		
BRI	ESIDENT ETT McCORMACK	30.00	(if not paid, enter -0-)	0		One compensation
	ETT McCORMACK		0	0		0
VI	ETT McCORMACK CE PRESIDENT	30.00	, , , ,	·		
VI(ETT McCORMACK CE PRESIDENT LSON ZAYAS	1.00	0	0		0
VIO NEI TRI	ETT McCORMACK CE PRESIDENT LSON ZAYAS EASURER		0	0		0
VIO NEI TRI DIZ	ETT McCORMACK CE PRESIDENT LSON ZAYAS EASURER ANA MOORE	30.00	0	0		0 0
VIO NEI TRI DIZ BOZ	ETT McCORMACK CE PRESIDENT LSON ZAYAS EASURER ANA MOORE ARD MEMBER	1.00	0	0		0
VIC NEI TRI DIZ BOZ CR:	ETT McCORMACK CE PRESIDENT LSON ZAYAS EASURER ANA MOORE ARD MEMBER IS SMITH-HEDGES	30.00 6.00	0 0	0		0 0
VIO NEI TRI DIZ BOZ CRI	ETT McCORMACK CE PRESIDENT LSON ZAYAS EASURER ANA MOORE ARD MEMBER IS SMITH-HEDGES ARD MEMBER	30.00	0	0		0 0
VIO NEI TRI DIZ BOZ CRI BOZ	ETT McCORMACK CE PRESIDENT LSON ZAYAS EASURER ANA MOORE ARD MEMBER IS SMITH-HEDGES ARD MEMBER IBAL GARCIA	1.00 30.00 6.00 1.00	0 0	0		0 0 0
VIO NEI TRI DIZ BOZ CRI BOZ	ETT McCORMACK CE PRESIDENT LSON ZAYAS EASURER ANA MOORE ARD MEMBER IS SMITH-HEDGES ARD MEMBER	30.00 6.00	0 0	0		0 0
VIO NEI TRI DIZ BOZ CRI BOZ	ETT McCORMACK CE PRESIDENT LSON ZAYAS EASURER ANA MOORE ARD MEMBER IS SMITH-HEDGES ARD MEMBER IBAL GARCIA	1.00 30.00 6.00 1.00	0 0	0		0 0 0
VIO NEI TRI DIZ BOZ CRI BOZ	ETT McCORMACK CE PRESIDENT LSON ZAYAS EASURER ANA MOORE ARD MEMBER IS SMITH-HEDGES ARD MEMBER IBAL GARCIA	1.00 30.00 6.00 1.00	0 0	0		0 0 0
VIO NEI TRI DIZ BOZ CRI BOZ	ETT McCORMACK CE PRESIDENT LSON ZAYAS EASURER ANA MOORE ARD MEMBER IS SMITH-HEDGES ARD MEMBER IBAL GARCIA	1.00 30.00 6.00 1.00	0 0	0		0 0 0
VIO NEI TRI DIZ BOZ CRI BOZ	ETT McCORMACK CE PRESIDENT LSON ZAYAS EASURER ANA MOORE ARD MEMBER IS SMITH-HEDGES ARD MEMBER IBAL GARCIA	1.00 30.00 6.00 1.00	0 0	0		0 0 0
VIO NEI TRI DIZ BOZ CRI BOZ	ETT McCORMACK CE PRESIDENT LSON ZAYAS EASURER ANA MOORE ARD MEMBER IS SMITH-HEDGES ARD MEMBER IBAL GARCIA	1.00 30.00 6.00 1.00	0 0	0		0 0 0
VIO NEI TRI DIZ BOZ CRI BOZ	ETT McCORMACK CE PRESIDENT LSON ZAYAS EASURER ANA MOORE ARD MEMBER IS SMITH-HEDGES ARD MEMBER IBAL GARCIA	1.00 30.00 6.00 1.00	0 0	0		0 0 0
VIO NEI TRI DIZ BOZ CRI BOZ	ETT McCORMACK CE PRESIDENT LSON ZAYAS EASURER ANA MOORE ARD MEMBER IS SMITH-HEDGES ARD MEMBER IBAL GARCIA	1.00 30.00 6.00 1.00	0 0	0		0 0 0
VIO NEI TRI DIZ BOZ CR: BOZ	ETT McCORMACK CE PRESIDENT LSON ZAYAS EASURER ANA MOORE ARD MEMBER IS SMITH-HEDGES ARD MEMBER IBAL GARCIA	1.00 30.00 6.00 1.00	0 0	0		0 0 0

84-2598232

ıa	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			. x
	, , , , , , , , , , , , , , , , , , , ,		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33	х	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34	Х	
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X_
D	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С		250		
36	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
30	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		v
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	30		Х
۵, a b		37b		x
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	0.15		
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? • • • • • • • • • • • • • • • • • • •	38a		х
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:	_		
а	Initiation fees and capital contributions included on line 9- · · · · · · · · · · · · · · · · · 39a			
b	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		х
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958 · · · · · · · · · · · · · · · · · · ·			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		Х
41	List the states with which a copy of this return is filed NY			
42 a	The organization's books are in care of Nelson Zayas Telephone no. 518-7		164	
h	Located at 23 N Main St, Pine Plains, NY ZIP+4 212567		Yes	No
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	162	
	If "Yes," enter the name of the foreign country	720		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С		42c		х
	If "Yes," enter the name of the foreign country	-		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ · · · · · · · · · · · · · · · · · · ·	44a		Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		Х
С	Did the organization receive any payments for indoor tanning services during the year?	44c		х
d				
	explanation in Schedule O	44d		
45 a	3 (/(-/	45a		Х
b				
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	4=-		
	Form 990-EZ. See instructions	45b	i	X

Form 990-	-EZ (2021	WILLOW ROOTS IN	С				84-2	59823	32		age 4
					.,.			Г		Yes	No
		organization engage, directly or indirectly, in			• •				46		
Part \		dates for public office? If "Yes," complete Section 501(c)(3) Organizations						• •	46		Х
i ait		All section 501(c)(3) organizations		ons 47 - 49h an	id 52 a	and con	nnlete the	tables	s for	lines	:
		50 and 51 .	made anower quode		IG 02, C		ipioto tiro	table.	0 101		
		Check if the organization used Sc	hedule O to respond	to any question	in this	Part V	Ί				. П
										Yes	No
47 D	id the o	organization engage in lobbying activities o	r have a section 501(h) el	ection in effect during	a the tax			Γ			
		"Yes," complete Schedule C, Part II	` '		-				47		х
,		ganization a school as described in section						- +	48		х
		organization make any transfers to an exer							49a		х
		was the related organization a section 527	•	-					49b		
		e this table for the organization's five highe	-					_			
		es) who each received more than \$100,00									
	. ,	,	(b) Average	(c) Reportable		(d) Health					
		(a) Name and title of each employee	hours per week	compensation (Forms W-2/1099-MI			to employee and deferred			d amoun npensati	
			devoted to position	1099-NEC)		compe		O.	uici coi	пропови	OII
NONE											
f To	otal nur	mber of other employees paid over \$100,0	00								
51 C	omplet	e this table for the organization's five highe	est compensated independ	lent contractors who	each re	ceived m	ore than				
\$	100,00	0 of compensation from the organization.	If there is none, enter "Nor	ne."							
	(a) l	Name and business address of each independent contr	actor	(b) Type of	senvice		(c) Compe	encetio	,	
	(α)	Name and passiness address of each independent contact	200	(b) Type of			,	, compe		•	
NONE											
	otal sur	mber of other independent contractors eac	h receiving over \$100,000				<u> </u>				
		·									
		organization complete Schedule A? Note: A	()()					x	Vaa		No
	•	ed Schedule A					-		Yes		NO
		1 3 3	, , , , ,		,		ii iiiy kilowleagi	e and b	ellel, il	15	
uue, com	eci, and	complete. Declaration of preparer (other than o	niicei) is baseu on ali iniormat	ion of which preparer n	as ally KN	owieuge.					
Sign		NELSON ZAYAS Signature of officer				Date					
Here						Date					
11616		NELSON ZAYAS, TREASURER Type or print name and title									
		Print/Type preparer's name	Preparer's signature	Date		1.	Na	PTIN	1		
Paid			r roparor a aignature				check X if elf-employed	FIIN			
_	ror	NELSON ZAYAS		<u> </u>	3-2022						
Prepa Use C		Firm's name NELSON ZAYAS TA	x SERVICES			Firm's E	IN P				
USE C	riiy	Firm's address 23 N MAIN ST	10565			┦		·			
Marria	JDC -"	Pine Plains NY				Phone r	10. 518-	/51-(x	N.c.
iviav tne	: IKO di	scuss this return with the preparer shown a	above: See instructions				💌	s	Yes		No

SCHEDULE A (Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization ► Attach to Form 990 or Form 990-F7

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

Open to Public Inspection

Employer identification number

WILLOW ROOTS INC 84-2598232 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 🛛 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) Yes Nο (A) (B) (C) (D) (E)

Total

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Je cu	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			9,282	115,458	150,785	275,525
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3			9,282	115,458	150,785	275,525
5	The portion of total contributions by						<u> </u>
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						31,489
6	Public support. Subtract line 5 from line 4 .						244,036
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4			9,282	115,458	150,785	275,525
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						275,525
12	Gross receipts from related activities, etc.	,	•			12	
13	First 5 years. If the Form 990 is for the org						
	organization, check this box and stop here						▶ <u>x</u>
	on C. Computation of Public Suppor						
14	Public support percentage for 2021 (line 6		-			14	%
15	Public support percentage from 2020 Scho					15	%
16a	33 1/3% support test - 2021. If the organiz						
_	box and stop here . The organization quali	•		-			
b	33 1/3% support test - 2020. If the organiz						
	this box and stop here . The organization of			-			
17a	10%-facts-and-circumstances test - 202	-					
	10% or more, and if the organization meets						
	Part VI how the organization meets the fac			-	=		_
	organization						
b	10%-facts-and-circumstances test - 202						
	15 is 10% or more, and if the organization						
	in Part VI how the organization meets the			-			_
	organization						
18	Private foundation. If the organization did						_
	instructions						▶ 📙

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

Name of the organization

WILLOW ROOTS INC

84-2598232

Organization type (check one): Filers of: Section: Form 990 or 990-EZ **X** 501(c)(**3**) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions **General Rule** 🗷 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

SCHEDULE 0 (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Inspection Internal Revenue Service Employer identification number Name of the organization 84-2598232 WILLOW ROOTS INC

WILLOW ROOTS INC		84-2598232	
01. Amended return information			
INCLUDE 2019 990-EZ DEPRECIATION NO	T PREVIOUSLY REPORTED		
02. Description of other expenses (Part I, line 16)		
Description	Amount		
Depreciation from 4562	1,822		
ADVERTISEMENT	304		
DISTRIBUTION OF INVENTORY	87,221		
GAS	116		
LIABILITY INSURANCE	1,380		
PAYPAL FEES	322		
AFTERSCHOOL PROGRAM EXPENSES	107		
SENIOR PROGRAM EXPENSES	234		
REGISTRATION FEES	1,588		
SUPPLIES	85		
OFFICE SUPPLIES	111		
LOSS ON DISPOSED ASSETS	765		
03. Description of other assets (Pa	rt II, line 24)		
Category	Beginning of Year	End of Year	
INVENTORY FOOD	6,000	10,500	
FREEZERS	1,195	1,384	
COOL BOT UNIT	271	201	
PLASTIC SHELVES	525	408	
COOLER AC	316	234	

Schedule O (Form 990) 2021 Page 2

Name of the organization WILLOW ROOTS INC		Employer identification number 84-2598232
		<u>.</u>
CLOTHING RACKS	332	258
ROLLING CART	0	140
METAL SHELVES	0	899
WALL SHELVES	0	262
SANDWICH BOARD	0	149
SHED	0	1,983
REFRIGERATORS	4,522	4,311

04. Other program services (Part III, line 31)

NETWORKING PROGRAM: \$336

SENIORS PROGRAM: \$234

HOLIDAY HELPER/ADOPT-A-FAMILY PROGRAM: \$200

MIDDLE SCHOOL AFTERSCHOOL PROGRAM: \$107

COLLABORATION WITH SPECIAL EDUCATION DEPARTMENT: \$0

05. Activity not previously reported to the IRS (Part V, line 33)

WILLOW ROOTS ADDED A HOLIDAY HELPER PROGRAM AND ALSO A COLLABORATION PROGRAM WITH THE PINE

PLAINS CENTRAL SCHOOL DISTRICT SPECIAL EDUCATION DEPARTMENT. WE ALSO RAN A PROGRAM FOR

SENIORS FOR A SHORT PERIOD OF TIME IN 2021. WE ALSO FORMALIZED OUR NETWORKING PROGRAM THAT

WE STARTED (WAS NOT REPORTED LAST YEAR) WHERE LARGER ITEMS NEEDING NEW HOMES ARE BROUGHT TO

OUR ATTENTION. WE THEN NETWORK TO FIND A NEW HOME FOR THESE ITEMS. WILLOW ROOTS WILL ALSO

BE CONTINUING THE COMMUNITY HOLDAY MEAL (ALSO NOT REPORTED LAST YEAR. WILLOW ROOTS

EXPLORED THE POSSIBILTY OF AN AFTERSCHOOL PROGRAM FOR MIDDLE SCHOOL STUDENTS AND INCURRED

A SMALL EXPENSE, BUT THE DECISION WAS ULTIMATELY MADE NOT TO PROCEED WITH THAT PROGRAM.

06. Changes to governing documents (Part V, line 34)

CRIS HEDGES RESIGNED FROM THE BOARD IN OCTOBER 2021.

EEA Schedule O (Form 990) 2021

CLECTRIC	990	Overflow Statement (This page is not filed with the return. It is far your records only)	2021 Page 1
Part I, Line 14 Sescription Amount	ame(s) as shown on return	(This page is not liled with the return. It is for your records only.)	FEIN Page 1
## Part I, Line 14 escription			
## Amount ## HONE ## LECTRIC ## ENT ## 2,500 ## Total: \$ 3,745 ## Part I, Line 15 ## Escription ## OSTAGE ## Amount Amount Amount \$ 14	THIOM MOOTS II	vo	07 2330232
Amount \$ 598			
#ONE \$ 598 LECTRIC		Part I, Line 14	
#HONE \$ 598 LECTRIC	escription		Amount
#ENT 2,500 Total: \$ 3,745 Part I, Line 15 POSTAGE Amount \$ 14	PHONE		\$ 598
Part I, Line 15 Pescription OSTAGE Amount \$ 14			
Part I, Line 15 Description OSTAGE Amount \$ 14	ENT		2,500
Description Amount \$ 14		Total	.: \$3,745
Description Amount \$ 14			
OSTAGE \$ 14		Part I, Line 15	
OSTAGE \$ 14	escription		Amount
Total: \$14	OSTAGE		\$ 14
		Total	.: \$14