			EXTENDED TO MAY 15, 2025 Return of Organization Exempt From	5 m In	come Tax	OMB No. 1545-0047	
For	_ <b>G</b>	90				2023	
1 01			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code Do not enter social security numbers on this form as it m			Open to Public	
Depa Inter	rtment o nal Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the la	-	•	Inspection	
ΑI	or the	e 2023 calenda	ar year, or tax year beginning $ m JUL1$ , $2023$ and endir	ng Jl	JN 30, 2024		
B	Check if pplicabl	le: C Name of	organization		D Employer identificat	tion number	
	Addre		HILL FARM, INC				
	Name	,,	isiness as		23-7071154	1	
	Initial			n/suite	E Telephone number		
	 Final return		• BOX 99		(804)457-4	1866	
	termir ated	n- City or to	own, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	14,260,485.	
	Amen return	GOOC	HLAND, VA 23063		H(a) Is this a group retu	rn	
	Applic tion	F Name a	nd address of principal officer: RON SPEARS		for subordinates?	Yes 🔀 No	
	pendi	SAME .	AS C ABOVE		H(b) Are all subordinates inclue	ded? Yes No	
<u> </u>	ax-ex	empt status:		527	If "No," attach a lis		
_	Nebsi		ELKHILLFARM.ORG		H(c) Group exemption r		
	orm of art I	f organization:	X Corporation Trust Association Other I	L Year o	f formation: 1970 M S	State of legal domicile: VA	
F		Summary		ר דד ד			
e	1		e the organization's mission or most significant activities: <u>ELK HIL</u> N AND FAMILIES TO TRANSFORM OVERWHELM				
ano							
/err	2						
Governance	4	3 Number of voting members of the governing body (Part VI, line 1a)       3         4 Number of independent voting members of the governing body (Part VI, line 1b)       4				<u> </u>	
ა თ	-		of individuals employed in calendar year 2023 (Part V, line 2a)			249	
Activities &			of volunteers (estimate if necessary)			150	
ctiv			I business revenue from Part VIII, column (C), line 12			0.	
_ <			business taxable income from Form 990-T, Part I, line 11			0.	
					Prior Year	Current Year	
Ð	8	Contributions	and grants (Part VIII, line 1h)		1,901,500.	1,888,101.	
Revenue		•	ce revenue (Part VIII, line 2g)		9,763,159.	12,220,517.	
Sev Sev			ome (Part VIII, column (A), lines 3, 4, and 7d)		20,052.	46,237.	
-			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		53,702.	105,630.	
			add lines 8 through 11 (must equal Part VIII, column (A), line 12)		L1,738,413.	14,260,485.	
			nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
	40		o or for members (Part IX, column (A), line 4) compensation, employee benefits (Part IX, column (A), lines 5-10)		9,732,040.	10,590,117.	
Expenses	10		Indraising fees (Part IX, column (A), line 11e)		0.	0.	
en er	h		ng expenses (Part IX, column (A), line 25) 489, 218.				
Ĕ	17		s (Part IX, column (A), lines 11a-11d, 11f-24e)	_	2,983,238.	3,513,864.	
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		12,715,278.	14,103,981.	
			expenses. Subtract line 18 from line 12		-976,865.	156,504.	
or or					inning of Current Year	End of Year	
t Assets or of Balances	20	Total assets (F	art X, line 16)		8,345,674.	9,556,311.	
t As:	21		(Part X, line 26)		2,082,021.	1,790,653.	
ER_	22		und balances. Subtract line 21 from line 20		6,263,653.	7,765,658.	
	art II	Signature					
Und	er pena	alties of periury.	declare that I have examined this return, including accompanying schedules and s	statemen	its, and to the best of my kn	lowledge and belief, it is	

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer				Date				
Here	RON SPEARS, CHIEF EXECUTIV	<b>/E OFFICER</b>							
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature		Date	Check	PTIN			
Paid	OLIVIA A. HUTTON, CPA	OLIVIA A.	HUTTON,	CP 01/22	/25 self-employed	P00964688			
Preparer	Firm's name YOUNT, HYDE & BAR	BOUR, P.C.			Firm's EIN 54-	-1149263			
Use Only	Firm's address P.O. BOX 2560								
	WINCHESTER, VA 22	604-1760			Phone no. 540 -	662-3417			
May the IF	Aay the IRS discuss this return with the preparer shown above? See instructions								
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2023) ELK HILL FARM, INC t III Statement of Program Service Accomplishr	monto		23-707115	4 Page 2
1	Check if Schedule O contains a response or note to any li				<b></b>
	Briefly describe the organization's mission:				
	ELK HILL FARM, INC. ENABLES CHIL			TRANSFORM	
	OVERWHELMING CHALLENGES INTO SUC	CESSFUL FU	TURES.		
	Did the organization undertake any significant program services	during the year whi	ch were not listed on		
	prior Form 990 or 990-EZ?			······	Yes 🚺 No
	If "Yes," describe these new services on Schedule O.				
	Did the organization cease conducting, or make significant char If "Yes," describe these changes on Schedule O.	nges in how it condu	icts, any program ser	vices?	Yes X No
	Describe the organization's program service accomplishments f	for each of its three	argest program servio	ces, as measured by expens	ses.
	Section 501(c)(3) and 501(c)(4) organizations are required to rep	ort the amount of g	rants and allocations	to others, the total expense	s, and
	revenue, if any, for each program service reported.				7 0 4 2
	(Code:) (Expenses \$ 4,675,184. includ ELK HILL FARM HAS THREE SCHOOLS			,	7,843.
	INDIVIDUALIZED EDUCATION, VOCATI				
	COUNSELING AND THERAPEUTIC SERVI		•	INED PROFESSIO	NAL
	TEACHERS, COUNSELORS AND LICENSE				
	THEIR PARENTS IN SCHOOL AND AT H	OME, HELPI	NG THEM TO	DEVELOP POSIT	IVE
	COPING AND COMMUNICATION SKILLS.				
	(Code:) (Expenses \$4,490,061. includ	ling grants of \$		) (Revenue \$ 5,00	7,815.
	ELK HILL'S RESIDENTIAL PROGRAMS				
	WHICH YOUNG PEOPLE CAN LEARN TO				LS TO
	COPE WITH THEIR PROBLEMS, IMPROV				
	DEVELOP SELF-CONFIDENCE AND RESP RESIDENTIAL GROUP HOMES. SET IN			L OPERATES FIV: Y ENVIRONMENTS	
	DAILY ROUTINES ARE STRUCTURED AR				1
	INDEPENDENT-LIVING SKILLS WHICH				THE
	COMMUNITY TO BECOME PRODUCTIVE C	ITIZENS.			
	(Code:) (Expenses \$3,012,466. includ			) (Revenue \$ 2,77	4,859.
	(Code:) (Expenses \$		ED SERVICES		<u>+,055.</u>
	THEIR FAMILIES THROUGH ITS PROFE				
	COUNSELORS. THESE SERVICES INCL	UDE SCHOOL	-BASED THEE	RAPEUTIC DAY	
	TREATMENT, OUTPATIENT COUNSELING				
	MENTORING AND INTENSIVE IN-HOME			OPERATES SUMME	
	PROGRAMS WHERE AT-RISK CHILDREN				ILE
	AT THE SAME TIME ENJOYING A TRAD	DITIONAL SU	MMER CAMP	EXPERIENCE.	
	Other program services (Describe on Schedule O.)				
	(Expenses \$ including grants of \$		) (Revenue \$	)	
	Total program service expenses 12,177,71	11			
	· · ·			For	m <b>990</b> (2023
2	2 12-21-23				
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	3			
-	22 781823 41020750.0	2023.05040	ELK HILL F	ARM, INC	4102

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FUIII	330	12020

 Form 990 (2023)
 ELK HILL FARM, INC

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	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		<u> </u>
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		_X_
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		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		77	
_	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," complete			77
-	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
40	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	10		x
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	110	х	
h	Part VI	<u>11a</u>	- 23	
b		11b		х
~	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			- 23
C		11c		х
Ч	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 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			- 21
u		11d	х	
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
120	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	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	<u> </u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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		Х
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		х
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		Х
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		X
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
	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		Х
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332003 12-21-23

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 Form 990 (2023)
 ELK HILL FARM, INC

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? 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	Х	
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 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
D.	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		- 23
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		х
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			х
~~	"Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	Δ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			77
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? 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 organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
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 VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 25			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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<sup>2023.05040</sup> ELK HILL FARM, INC 41020751

Form	<u>990 (2023)</u> ELK HILL FARM, INC 23-7071	154	Р	age <b>5</b>	
Par					
			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 249				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х		
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			
4a	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)?	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 Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x	
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>	
6a	a 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?				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or 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 and services provided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?	7c		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g		x	
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	-			
~	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>	
9	Sponsoring organizations maintaining donor advised funds.	•			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a L	Initiation fees and capital contributions included on Part VIII, line 12 10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:				
a b	Gross income from members or shareholders <b>11a</b>				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
122	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
iza b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	104			
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				
с	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x	
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?	15		x	
	If "Yes," see the 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?	16		X	
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or 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.				
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6 2023.05040 ELK HILL FARM, INC 41020751

Form 990	(2023)
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ELK HILL FARM, INC

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	
Check if Schedule O contains a response of hote to any line in this Part VI	

X

Sec	tion A. Governing Body and Management						
					Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a	29				
	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.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b	29				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with	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	e direc	t supervision				
				3		X	
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5		X X	
6	с						
7a	•						
	more members of the governing body?			7a		<u> </u>	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, si					x	
	persons other than the governing body?						
8							
а	a The governing body?						
b	Each committee with authority to act on behalf of the governing body?			8b	Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea						
<u></u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)				
					Yes	No	
	Did the organization have local chapters, branches, or affiliates?			10a		X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	s, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			<u>10b</u> 11a	Х		
11a							
	<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.				v		
12a					X X		
b				12b	~		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y	,		10.	х		
40	on Schedule O how this was done			12c	X		
13	Did the organization have a written whistleblower policy?			13 14	X		
14 15	Did the organization have a written document retention and destruction policy?			14	Δ		
15	Did the process for determining compensation of the following persons include a review and approva	u by in	dependent				
•	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			15a	х		
d h	The organization's CEO, Executive Director, or top management official			15a 15b	X		
D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			130			
16-2	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent v	vith a				
104	touch la putite during the upper			16a		х	
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			100			
2	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		•				
	exempt status with respect to such arrangements?			16b			
Sec	tion C. Disclosure			100			
17	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, a	nd 990	)-T (section 501(c)(3)s	only)	availat	ble	
	for public inspection. Indicate how you made these available. Check all that apply.		(				
		n on Si	chedule (O)				
19							
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks an	d records				
	RON SPEARS - (804) 457-4866						
	1975 ELK HILL ROAD, GOOCHLAND, VA 23063						
332006	12-21-23			Form	990	(2023)	
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2023.05040 ELK HILL FARM, INC

41020751

Form 990 (	2023) ELK HILL FARM, INC	23-7071154	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highe	st 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		
	ete this table for all persons required to be listed. Report compensation for the calendar year e	5	,

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 the 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.

See 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 current officer, director, or trustee.

(A)	(B)			(C)			(D)	(E)	(F)	
Name and title	Average	(do	not cł		ition		ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week		cer an	uau	recio	r/trus	lee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	fee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	rustee	l trus		ee	npen		1099-NEC)	1099-NEC)	and related
	below	dual t	utiona	_	nploy	st cor	1	1000 (120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			e gameatorio
(1) RONALD K. SPEARS	40.00									
CHIEF EXECUTIVE OFFICER		1		х				174,104.	Ο.	54,785.
(2) LAURA EASTER	40.00									
CHIEF OPERATING OFFICER		1		х				128,890.	Ο.	26,672.
(3) KATHLEEN LEFCOURT	40.00									
CPO		1		х				107,868.	Ο.	12,615.
(4) DIANA HUDGINS	40.00									
CHRO		1		х				115,276.	Ο.	0.
(5) DOUGLAS HARVEY	40.00									
CFO		1		х				98,168.	Ο.	3,936.
(6) GERALD L. HAGEN, JR.	1.00									
TREASURER		X		Х				0.	Ο.	0.
(7) WILLIAM J. G. BARNES	1.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(8) ELIZABETH CECH	1.00									
DIRECTOR		Х						0.	0.	0.
(9) CHARLES E. BRADSHAW III	1.00									
IMMED BOARD PAST CHAIR		Х		Х				0.	0.	0.
(10) WILLIAM T. CLARKE, JR.	1.00									
DIRECTOR		Х						0.	0.	0.
(11) DAVID P. CORRIGAN	1.00									
GOVERNANCE CHAIR		Х						0.	0.	0.
(12) REUBEN ESSANDOH	1.00									
DIRECTOR		Х						0.	0.	0.
(13) MR. MICHAEL E KLEIN	1.00									
SECRETARY		Х		Х				0.	0.	0.
(14) CASEY FOWLER	1.00									
DIRECTOR		Х						0.	0.	0.
(15) MISSY YORK	1.00									
DIRECTOR		Х						0.	0.	0.
(16) JAY JORDAN	1.00									
DIRECTOR		Х						0.	0.	0.
(17) PAMELA HARRIS	1.00									
DIRECTOR		Х						0.	0.	0.
332007 12-21-23										Form <b>990</b> (2023)

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Form **990** (2023)

## 13330122 781823 41020750.0

ELK HILL FARM, INC

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Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C		, ,		
(A)	(B)				C)			(D)	(E)		(F)
Name and title	Average		not cl		more	than o		Reportable	Reportable		Estimated
	hours per week					is both pr/trus		compensation	compensation		amount of
	(list any							from the	from related organizations		other compensation
	hours for	direct				_		organization	(W-2/1099-MIS	I	from the
	related	se or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	<i>U</i> ,	organization
	organizations	trust	ial tru		yee	ompe		1099-NEC)	,		and related
	below	ndividual trustee or director	nstitutional trustee	er	Key employee	Highest compensated employee	ler				organizations
	line)	Indiv	Insti	Officer	Key (	High emp	Former				
(18) DR. JOSEPH A. JAMES	1.00										
DIRECTOR		Х						0.		0.	0.
(19) M. BAGLEY REID	1.00										
FOUNDATION CHAIR		Х						0.		0.	0.
(20) MR PHILIP SAUL	1.00										
DIRECTOR		Х						0.		0.	0.
(21) JEAN REYNOLDS	1.00										
DIRECTOR		Х						0.		0.	0.
(22) NELSON S. TEAGUE, JR.	1.00										
VICE CHAIR		Х		Х				0.		0.	0.
(23) HARRY HARRIS	1.00										
DIRECTOR		Х						0.		0.	0.
(24) CHUCK WADDELL	1.00										
DIRECTOR		Х						0.		0.	0.
(25) HUNTER STOKES	1.00										
DIRECTOR		Х						0.		0.	0.
(26) ELISHA CONTER WILKINS	1.00										
DIRECTOR		Х						0.		0.	0.
1b Subtotal								624,306.		0.	98,008.
c Total from continuation sheets to Part VI								0.		0.	0.
d Total (add lines 1b and 1c)								624,306.		0.	98,008.
2 Total number of individuals (including but n								eceived more than \$100,0	000 of reportable		
compensation from the organization											4
											Yes No
3 Did the organization list any former officer,	director, trust	ee, ł	key e	empl	loye	e, or	hig	hest compensated empl	oyee on		
line 1a? If "Yes," complete Schedule J for se	uch individual										3 X
4 For any individual listed on line 1a, is the su											
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	) J f	or such individual			4 X
5 Did any person listed on line 1a receive or a											
rendered to the organization? If "Yes," com	plete Schedule	e J f	or su	ich i	bers	on .					5 X
Section B. Independent Contractors											
1 Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of comp	ensat	ion from
the organization. Report compensation for t	he calendar ye	ear e	endin	ig w	ith c	or wi	thin	the organization's tax ye	ear.		
(A)								(B)			(C)
Name and business		_						Description of s	ervices	C	ompensation
LONESTAR SIDING AND WINDO		5	CO	MM	ER	CE		BUILDING			
CENTER DR, ROCKVILLE, VA							_	IMPROVEMENTS			286,274.
VA SCHOOL FOR DEAF AND BL								LESSOR - STAU	JNTON		
PO BOX 2069, STANTON, VA							_	SCHOOL			174,457.
EMMET STREET, LLC, 1640 S		RM	B.	LV.	D,			LESSOR -			
CHARLOTTESVILLE, VA 22911								CHARLOTTESVII	LE SCHO		130,545.
ROYALTY EATS, LLC											
PO BOX 6369, CHARLOTTESVI	K 6369, CHARLOTTESVILLE, VA 22906 FOOD 130,				130,087.						
								- h			
2 Total number of independent contractors (in	•	ot lir	nitec	to	thos /	se lis 1	ted	above) who received mo	ore than		
\$100,000 of compensation from the organiz		יאדי	TT 7	πт	4 1	± 	UT	БШС С			<b>990</b> (0000)
SEE PART VII, SECTION	A CONT	ΤIJ	UA	тт		ъ.	116	619			Form <b>990</b> (2023)
332008 12-21-23											

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Part VII Section A. Officers, Directors		npio	yee			ligne	est			
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average hours per	(cl		Posi all t			ly)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest com pensated em ployee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organization
(27) REV DR. JOHN E. MILLER DIRECTOR	1.00	x						0.	0.	
(28) R.L. TERRELL WILLIAMS	1.00	~						0.	0.	
3&A CHAIR		x						0.	0.	
(29) JEFFREY L. WILT	1.00									
DEV CO-CHAIR		Х						0.	0.	
(30) MAXINE JONES P&P CHAIR	1.00	x						0.	0.	
(31) ALEXANDRA DAHLGREN	1.00	^						U•		
DIRECTOR	1.00	x						0.	0.	
(32) E. TELLER STALFORT	1.00									
DIRECTOR		х						0.	0.	
(33) CARL WOODSON	1.00									
DIRECTOR		Х						0.	0.	
(34) CHARLES DECKER DIRECTOR	1.00	x						0.	0.	

		Check if Schedule O co	01110				(A) Total revenue	<b>(B)</b> Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu from tax und
										sections 512 -
S	1 a	Federated campaigns		1a	1					
and Other Similar Amounts	b	Membership dues		1t	<b>)</b>					
Ĕ	с	Fundraising events		10	;					
ar A	d	Related organizations		10	ł	392,775.				
Ē	е	Government grants (contril			•					
0		All other contributions, gifts, g								
ner		similar amounts not included a				1,495,326.				
5	a	Noncash contributions included in li			<b>j</b> \$	136,823.				
ano	-	Total. Add lines 1a-1f			/1+		1,888,101.			
						Business Code				
	0 9	RESIDENTIAL PROGRAMS				623990	5,007,815.	5,007,815.		
	z a b	TUITION ASSISTANCE A		FEES		611710	4,437,843.	4,437,843.		
ne		COMMUNITY BASED SERV				624110	2,774,859.	2,774,859.		
/eu	c	COMMONITI BASED SERV	ICE	5		024110	2,114,039.	2,114,035.		
Че	d									
Hevenue	е									
		All other program service re					10 000 515			
_		Total. Add lines 2a-2f					12,220,517.			
	3	Investment income (includi								
		other similar amounts)					46,237.			46,2
	4	Income from investment of tax-exempt bond proc			roceeds					
	5	Royalties	<u></u>							
				(i) Re	eal	(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
	с	Rental income or (loss)	6c							
		Net rental income or (loss)								
		Gross amount from sales of		(i) Secu	irities	(ii) Other				
		assets other than inventory	7a	.,						
	h	Less: cost or other basis	10							
	b		7b							
	-		70 7c			<u> </u>				
		· / ·········								
		Net gain or (loss)			·····					
	8 a	Gross income from fundraising	g eve	-						
		including \$		of						
		contributions reported on I		,						
		Part IV, line 18			. <u>8a</u>					
	b	Less: direct expenses			. 8b					
	с	Net income or (loss) from fi	undr	raising ev	/ents					
	9 a	Gross income from gaming	g act	ivities. S	ee					
		Part IV, line 19			. 9a					
	b	Less: direct expenses								
		Net income or (loss) from g								
1		Gross sales of inventory, le								
		and allowances			10a					
	h	Less: cost of goods sold								
		Net income or (loss) from s								
+	U		ales	Sinven	y	Business Code				
	44 -	MISCELLANOUS				611710	105 630			105 4
Hevenue	-					011/10	105,630.			105,6
en	b									
fev	С					ļ ļ				
1		All other revenue				L				
	е	Total. Add lines 11a-11d					105,630.			
	12	Total revenue. See instruction	ns				14,260,485.	12220517.	0.	151,8

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Form **990** (2023)

Form 990 (2023) ELK HIL
Part VIII Statement of Revenue ELK HILL FARM, INC

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> 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	723,930.	120,574.	405,596.	197,760.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	7,946,892.	7,512,155.	302,734.	132,003.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	1,306,106.	1,182,179.	112,025.	11,902.
10	Payroll taxes	613,189.	519,732.	72,597.	20,860.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	, .				
е	Professional fundraising services. See Part IV, line 17				
f					
g	Other. (If line 11g amount exceeds 10% of line 25,	41 4 411	007 010	06 510	
	column (A), amount, list line 11g expenses on Sch 0.)	414,411.	297,319.	86,512.	30,580.
12	Advertising and promotion	150 207	CC 042	70 010	11 574
13	Office expenses	158,327.	66,943.	79,810.	11,574.
14	Information technology				
15	Royalties	654,257.	622,997.	26,361.	1 900
16		97,089.	85,349.	8,616.	<u>4,899.</u> 3,124.
17	Travel	97,009.	05,549.	0,010.	5,124.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
10	Conferences, conventions, and meetings				
19 20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	437,063.	413,255.	2,833.	20,975.
23	Insurance	227,000.		227,000.	
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 0.)	392,948.	317,377.	73,961.	1,610.
a h	MAINTENANCE	354,692.	337,136.	5,867.	11,689.
b	BAD DEBT EXPENSE	260,531.	260,531.	5,007.	II,009.
c d	RECREATION	118,628.	118,472.		156.
	All other expenses	398,918.	323,692.	33,140.	42,086.
25	Total functional expenses. Add lines 1 through 24e	14,103,981.	12,177,711.	1,437,052.	489,218.
26	Joint costs. Complete this line only if the organization	,,	,, , . <b></b>	,,	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
			•	ł	Earm 990 (2022)

Part IX Statement of Functional Expenses

Form 990 (2023)

ELK HILL FARM, INC

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

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

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		Check if Schedule O contains a response or note	e to an	/ line in this Part X						
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year			
	1	Cash - non-interest-bearing			373,600.	1	443,757.			
	2	Savings and temporary cash investments			887,056.	2	149,756.			
	3	Pledges and grants receivable, net			30,217.	3	23,967.			
	4	Accounts receivable, net			1,751,966.	4	3,720,586.			
	5	Loans and other receivables from any current or								
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%						
		controlled entity or family member of any of thes	e pers	ons		5				
	6	Loans and other receivables from other disqualif	ied per	sons (as defined						
		under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B)		6				
ţ	7	Notes and loans receivable, net		7						
Assets	8	Inventories for sale or use			8					
Ϋ́	9	Prepaid expenses and deferred charges			149,707.	9	105,563.			
	10a	Land, buildings, and equipment: cost or other								
		basis. Complete Part VI of Schedule D	10a	11,151,694.						
	b	Less: accumulated depreciation	10b	7,639,525.	3,380,291.	10c	3,512,169.			
	11	Investments - publicly traded securities			267,959.	11	393,595.			
	12	Investments - other securities. See Part IV, line 1	r		12					
	13	Investments - program-related. See Part IV, line 1				13				
	14	Intangible assets			4 5 4 4 5 4	14	1 005 010			
	15	Other assets. See Part IV, line 11		1,504,878.	15	1,206,918.				
	16	Total assets. Add lines 1 through 15 (must equa			8,345,674.	16	9,556,311.			
	17	Accounts payable and accrued expenses			667,201.	17	703,167.			
	18	Grants payable		18						
	19	Deferred revenue		19						
	20	Tax-exempt bond liabilities		20						
	21	Escrow or custodial account liability. Complete F				21				
ies	22	Loans and other payables to any current or form								
Liabilities		trustee, key employee, creator or founder, substa				00				
Liat	00	controlled entity or family member of any of thes				22 23				
	23 24	Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated				23 24				
	24 25	Other liabilities (including federal income tax, pay				24				
	25	parties, and other liabilities not included on lines								
		of Schedule D			1,414,820.	25	1,087,486,			
	26	Total liabilities. Add lines 17 through 25			2,082,021.	26	1,087,486. 1,790,653.			
		Organizations that follow FASB ASC 958, chee	ck her	e X	, , .		, ,			
ses		and complete lines 27, 28, 32, and 33.								
and	27				5,276,689.	27	7,148,665.			
Bal	28	Net assets with donor restrictions			986,964.	28	616,993.			
pu		Organizations that do not follow FASB ASC 95								
лщ I		and complete lines 29 through 33.								
SO	29	Capital stock or trust principal, or current funds				29				
set	30	Paid-in or capital surplus, or land, building, or eq	uipmei	nt fund		30				
Net Assets or Fund Balances				31						
	31									
S S	31 32			r	6,263,653. 8,345,674.	32 33	7,765,658. 9,556,311.			

Form **990** (2023)

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Form 990 (2023)
Part X Balance Sheet

ELK HILL FARM, INC

Form	1990 (2023) ELK HILL FARM, INC	23-	-7071154	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,260		
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,103	3,9	81.
3	Revenue less expenses. Subtract line 2 from line 1	3	150	5,5	04.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,263	3,6	53.
5	Net unrealized gains (losses) on investments	5			46.
6	Donated services and use of facilities	6	26	5,1	50.
7	Investment expenses	7			
8	Prior period adjustments	8	1,313	3,5	05.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	7,76	5,6	58.
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	0.			
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?		<b>2</b> b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X 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				
	review, or compilation of its financial statements and selection of an independent accountant?			Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C	).		
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?		<u>3a</u>		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	

Form **990** (2023)

332012 12-21-23

Department of the Treasury Internal Revenue Service

(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. Attach to Form 990 or Form 990-EZ.

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	
--	------	--------	--------------	--

Nan	ne of t	he organization							identification number				
_			HILL FARM,	INC					3-7071154				
Pa	rt I	Reason for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.					
The	organ	zation is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only o	one box.)							
1		A church, convention of chu	urches, or associatio	n of churches described	l in <b>sectio</b>	n 170(b)(1	I)(A)(i).						
2		A school described in secti	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	า 990).)								
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).						
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,				
		city, and state:											
5		An organization operated for		lege or university owned	l or operat	ed by a go	overnmental ur	nit describe	ed in				
		section 170(b)(1)(A)(iv). (C	Complete Part II.)										
6		A federal, state, or local gov	U U				• •						
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public 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.)											
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college				
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or				
		university:											
10		An organization that normal	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membershi	p fees, and	d gross receipts from				
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment				
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	Ifter June 30, 1975.				
		See section 509(a)(2). (Cor	mplete Part III.)										
11		An organization organized a	-	•	•								
12		An organization organized a	-	-	-			•					
		more publicly supported org	-						Check the box on				
		lines 12a through 12d that o	• •					-					
а		<b>Type I.</b> A supporting orga		-	• • •	-							
		the supported organization			majority o	f the direc	tors or trustee	es of the su	ipporting				
		organization. You must c											
b		<b>Type II.</b> A supporting orga	-				•		•				
		control or management o			ame perso	ns that co	ntrol or manag	ge the supp	oorted				
		organization(s). You mus	-					:	al				
С		Type III functionally inter						y integrate	a with,				
4		its supported organization		-				tod organi-	ration(a)				
d		J Type III non-functionally						-					
		that is not functionally inter- requirement (see instructi			•		-	anallenin	/eness				
		Check this box if the orga		-									
U	L	functionally integrated, or					турст, турст	i, iype iii					
f	Ente	r the number of supported o	ragnizationa		ng organiz								
g		ride the following information	•	d organization(s).									
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of	monetary	(vi) Amount of other				
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)				
Tota	al												

ELK HILL FARM, INC

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.)

Se	ction A. Public Support				-						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	1504503.	4925597.	2438193.	1901500.	1888101.	12657894.				
2	Tax revenues levied for the organ-										
	ization'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	1504502	4005507	0420102	1001500	1000101	10057004				
	Total. Add lines 1 through 3	1504503.	4925597.	2438193.	1901500.	1888101.	12657894.				
5	The portion of total contributions										
	by 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)										
6	Public support. Subtract line 5 from line 4.						12657894.				
	ction B. Total Support						12037094.				
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total				
	Amounts from line 4	1504503.	4925597.	2438193.	1901500.		12657894.				
	Gross income from interest,										
-	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources	12,229.	1,852.	2,179.	20,052.	46,237.	82,549.				
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.)			22,116.	53,702.		181,448.				
11	Total support. Add lines 7 through 10						<u>12921891.</u>				
12	Gross receipts from related activities,	etc. (see instructio	ns)			12 49	<u>,105,166.</u>				
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	/ear as a section 5	01(c)(3)					
_	organization, check this box and stop										
Se	ction C. Computation of Publi	c Support Per	centage								
	Public support percentage for 2023 (I		-			14	97.96 %				
	Public support percentage from 2022					15	99.07 %				
<b>16</b> a	<b>33 1/3% support test - 2023.</b> If the o						37				
	stop here. The organization qualifies		-								
Ľ	<b>33 1/3% support test - 2022.</b> If the o										
47.	and <b>stop here.</b> The organization qual										
1/8	10% -facts-and-circumstances test	-									
	and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization										
L	10% -facts-and-circumstances test	-		• • • •	-	7a and line 15 is					
Ľ	more, and if the organization meets the	•									
	organization meets the facts-and-circu										
18	Private foundation. If the organization				• •						
				,,,	,		(Form 990) 2023				

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ELK HILL FARM, INC

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disgualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support			-			
Calendar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for t	he organization's fi	rst, second, third.	fourth, or fifth tax	year as a section 5	01(c)(3) organiza	tion,
						·
Section C. Computation of Publ						
15 Public support percentage for 2023	(line 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 202	2 Schedule A, Part	III, line 15			16	%
Section D. Computation of Inve	stment Income	e Percentage				
17 Investment income percentage for 2	023 (line 10c, colur	mn (f), divided by	line 13, column (f))		17	%
18 Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2023. If the	e organization did r	not check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and line	17 is not
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2022. If the	e organization did r	not check a box o	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, ch	eck this box and <b>st</b>	t <b>op here.</b> The orga	anization qualifies	as a publicly suppo	orted organizatior	۱
20 Private foundation. If the organizati	<u>on did not check a</u>	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	
332023 12-21-23		15	7		Schedule	A (Form 990) 2023

2023.05040 ELK HILL FARM, INC

1

2

3a

3b

3c

4a

4b

4c

Yes No

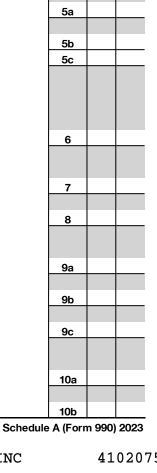
# Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

# Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

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2023.05040 ELK HILL FARM, INC

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Schedule A					FARM,	INC
Part IV	Suppor	ting O	rganizations	(continu	ed)	

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	1		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			

or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control
or management of the supporting organization was vested in the same persons that controlled or managed
the supported organization(s)

Section D. All	Type III Su	pporting Or	ganizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

1 Ch	eck the box next to the me	thod that the organization	used to satisfy the	ne Integral Part Test during	g the year (see instructions).
------	----------------------------	----------------------------	---------------------	------------------------------	--------------------------------

- a \_\_\_\_ The organization satisfied the Activities Test. *Complete* line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental entity	/ (see instruction <u>s).</u>
---	--	---	-------------------------	-------------------------------------	-------------------------------

19

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.** 

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

3a

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2023.05040 ELK HILL FARM, INC

Yes No

	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

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Schedule A (Form 990) 2023

1

D) 2023 ELK HILL FARM, INC

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

#### ELK HILL FARM, INC E. .... a set in

_	dule A (Form 990) 2023 ELK HILL FARM				3-7071154 Page 7
Par		a)(3) Supporting Orga	nizations (continu	ed)	
Secti	on D - Distributions		I		Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	S	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
-	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
Ū	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
Ŭ	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
7	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022 Excess from 2023				
e					

Schedule A (Form 990) 2023

Schedule A (I Part VI	Form 990) 2023	ELK ]	нтгг	FARM,	INC				23-70	)71154	Page 8
	Supplemental Infor Part IV, Section A, lines line 1; Part IV, Section D,	, lines 2 and	33; Part I	IV, Section	E, lines 10	, 2a, 2b, 3a,	and 3b; Part	V, line 1; Part '	V, Section B	, line 1e; Pa	n C, art V,
	Section D, lines 5, 6, and (See instructions.)	8; and Par	t V, Sect	ion E, lines	2, 5, and	<ol> <li>Also comp</li> </ol>	lete this part i	for any additio	nal informat	ion.	
32028 12-21-23									Schedul	e A (Form	990) 202(
	81823 410207				22						

SC	HEDULE D		OMB No. 1545-0047		
(Forr	n 990)		nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		<b>ZUZ</b> 3
	ment of the Treasury	A	ttach to Form 990.		Open to Public Inspection
	I Revenue Service e of the organizatio		0 for instructions and the latest information		identification number
Nam		ELK HILL FARM, INC			3-7071154
Pa	rt I Organiza	tions Maintaining Donor Advise	d Funds or Other Similar Funds or A		
	organizatior	n answered "Yes" on Form 990, Part IV, lin	e 6.		
			(a) Donor advised funds	(b) Funds an	d other accounts
1		d of year			
2		contributions to (during year)			
3		grants from (during year)			
4		end of year			
5	-		writing that the assets held in donor advised fu		Yes No
6			exclusive legal control? dvisors in writing that grant funds can be used		
U	0		r donor advisor, or for any other purpose confi		
				e	Yes No
Pa	rt II Conserva	ation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.	
1		ervation easements held by the organization			
	Preservation	of land for public use (for example, recrea	tion or education) 🛛 🔲 Preservation of a hi	storically impo	tant land area
	Protection of	natural habitat	$\mathbf{X}$ Preservation of a ce	ertified historic	structure
	Preservation	of open space			
2		<b>o o</b> .	ied conservation contribution in the form of a		
	day of the tax year.				at the End of the Tax Year
а					<u>L</u>
b	e e				1
c		vation easements on a certified historic stru		. <u>2c</u>	<u>L</u>
d		vation easements included on line 2c acqu	•		
3			eased, extinguished, or terminated by the orga		the tax
3	year		eased, extinguished, or terminated by the orga	anization during	
4		where property subject to conservation easies	ement is located 1		
5		ion have a written policy regarding the per			
	0	prcement of the conservation easements it			Yes X No
6	Staff and volunteer	hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva		
7	Amount of expense	es incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	easements dur	ing the year
8			satisfy the requirements of section 170(h)(4)(E	, ()	
•					Yes No
9		•	on easements in its revenue and expense state		4h -
		bunting for conservation easements.	ote to the organization's financial statements	that describes	line
Pa			Art, Historical Treasures, or Other	Similar Ass	sets.
		the organization answered "Yes" on Form			
1a			8, not to report in its revenue statement and b	alance sheet w	orks
	of art, historical trea	asures, or other similar assets held for pub	lic exhibition, education, or research in furthe	rance of public	
	service, provide in	Part XIII the text of the footnote to its finar	icial statements that describes these items.		
b	If the organization e	elected, as permitted under FASB ASC 95	8, to report in its revenue statement and balar	nce sheet works	s of
	art, historical treasu	ures, or other similar assets held for public	exhibition, education, or research in furtherar	nce of public se	rvice,
	provide the followir	ng amounts relating to these items.			
	(i) Revenue incluc	ded on Form 990, Part VIII, line 1		\$	
	.,				
2	-		asures, or other similar assets for financial gair	n, provide	
	-	ints required to be reported under FASB A	-	*	
			for Form 990		
	For Paperworк не 1 09-28-23	eduction Act Notice, see the Instructions		Sche	dule D (Form 990) 2023
JJ2U0	03-20-23		28		

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2023.03040			I MMI,	THC

Sche		L FARM, IN					23-70	7115	4 Pa	age <b>2</b>
Par	t III Organizations Maintaining C	collections of Ar	t, Historical ٦	reasures, o	r Othei	r Similar	Assets	contii	nued)	
3	Using the organization's acquisition, accessi	ion, and other record	ls, check any of th	ne following that	t make si	gnificant u	ise of its			
	collection items (check all that apply).									
а	Public exhibition	c	d 📃 Loan or e	exchange progra	am					
b	Scholarly research	e	e 🗌 Other							
с	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	n how they furthe	r the organizatio	on's exen	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, historical tr	easures, or othe	er similar	assets		_		_
	to be sold to raise funds rather than to be m							Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organiza	tion answered "	Yes" on I	Form 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod							-		-
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:					A		
								Amoun	τ	
с.	Beginning balance									
d	Additions during the year									
e	Distributions during the year									
20	Ending balance Did the organization include an amount on F							Yes		No
	If "Yes," explain the arrangement in Part XIII.					• • • • • • • • • • • • • • • • • • • •	∟			
Par										_
		(a) Current year	(b) Prior year			(d) Three y	ears back	(e) Fou	r vears	back
1a	Beginning of year balance					<u> </u>				
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, columr	n (a)) held as:						
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organization	ation that are held	and administer	red for th	e				
	organization by:								Yes	No
	(i) Unrelated organizations?							3a(i)		
								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza			٦?				3b		
4 Dar	t VI Land, Buildings, and Equipm		wment funds.							
I ai	Complete if the organization answere		Dent IV line 11	See Form 990	Dart X	line 10				
							al			
	Description of property	(a) Cost or o basis (investr	• • •	ost or other sis (other)	. ,	ccumulate preciation	eu	( <b>d)</b> Boo	k valu	е
1-	Land		,	265,229.	ue	p. colation		26	5,2	29
	Land			723,820.	5 '	729,68	35.	2,99		
	Buildings Leasehold improvements			, ,	5,	, _ , , , , , , , , , , , , , , , , , ,			<u>-, -</u>	
	Equipment		1	386,520.	1 (	262,00	08.	12	4,5	12.
	Other			776,125.		547,83			8,2	
	. Add lines 1a through 1e. (Column (d) must e							3,51		
1010		iqual FUITI 990, Part			<u></u>					

Schedule D (Form 990) 2023

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ŝ	Schedule D	(Form 990	) 2023	EL	K	HILL	FARM,	INC

Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
	(b) Book value	
1) Financial derivatives		
2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
4.0		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))         Part VIII         Investments - Program Related.	n Form 990. Part IV line	11c. See Form 990. Part X line 13
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related. Complete if the organization answered "Yes" c		· · · · · · · · · · · · · · · · · · ·
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related. Complete if the organization answered "Yes" c (a) Description of investment	on Form 990, Part IV, line <b>(b)</b> Book value	11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end-of-year market value
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related. Complete if the organization answered "Yes" c (a) Description of investment (1)		· · · · · · · · · · · · · · · · · · ·
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related. Complete if the organization answered "Yes" c (a) Description of investment (1) (2)		· · · · · · · · · · · · · · · · · · ·
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related. Complete if the organization answered "Yes" c (a) Description of investment (1) (2) (3)		· · · · · · · · · · · · · · · · · · ·
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))         Part VIII         Investments - Program Related.         Complete if the organization answered "Yes" of (a) Description of investment         (1)         (2)         (3)         (4)		· · · · · · · · · · · · · · · · · · ·
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))         Part VIII         Investments - Program Related.         Complete if the organization answered "Yes" c         (a) Description of investment         (1)         (2)         (3)         (4)         (5)		· · · · · · · · · · · · · · · · · · ·
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))         Part VIII         Investments - Program Related.         Complete if the organization answered "Yes" c         (a) Description of investment         (1)         (2)         (3)         (4)         (5)         (6)		· · · · · · · · · · · · · · · · · · ·
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))         Part VIII         Investments - Program Related.         Complete if the organization answered "Yes" of (a) Description of investment         (1)         (2)         (3)         (4)         (5)         (6)         (7)		· · · · · · · · · · · · · · · · · · ·
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))         Part VIII         Investments - Program Related.         Complete if the organization answered "Yes" c         (a) Description of investment         (1)         (2)         (3)         (4)         (5)         (6)		· · · · · · · · · · · · · · · · · · ·

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

(a) Description	(b) Book value
(1) DEPOSIT	15,265.
(2) CSV-OFFICER LIFE INSURANCE	416,831.
(3) RIGHT-OF-USE ASSETS	774,822.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	1,206,918.
Part X Other Liabilities	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25	i.
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION	276,805.
(3) DUE TO FOUNDATION	7,571.
(4) LEASE LIABILITIES	803,110.

(6)	
(7)	
(8)	
(9)	
Total, (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,087,486.

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 ....

Schedule D (Form 990) 2023

332053 09-28-23

(5)

Sche	dule D (Form 990) 2023 ELK HILL FARM, INC		23-7071154 Page 4
	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines <b>2a</b> through <b>2d</b>		2e
3	Subtract line 2e from line 1		
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 <b>4a</b> and <b>4b</b>		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.	)	
Pa	t XII Reconciliation of Expenses per Audited Financial Sta	atements With Exper	nses per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, 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 <b>4a</b> and <b>4b</b>		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1		
Pa	rt XIII Supplemental Information		

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

332054 09-28-23

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SCHEDULE	Е
(Form 990)	

Department of the Treasury

Internal Revenue Service

# Schools

OMB No. 1545-0047

**Open to Public** 

23

Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Attach to Form 990 or Form 990-EZ.

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

Inspection Employer identification number 23 - 7071154

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2

Name of the organization				
	ELK	HILL	FARM,	INC
Part I				

_			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
	bylaws, other governing instrument, or in a resolution of its governing body?	1		х
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet			
	homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the			
	homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the			
	registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general			
	community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3	Х	
	STUDENTS ARE REFERRED TO ELK HILL FROM LOCALITIES BASED ON			
	THE CHILD'S PSYCHOLOGICAL AND MEDICAL PROFILE. ELK HILL			
	PROVIDES INFORMATION CONCERNING ITS NONDISCRIMINATORY POLICY			
	IN ITS ADMISSION AND PROGRAM MATERIALS.			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Х	
с	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	Х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to:			
	Students' rights or privileges?	<u>5a</u>		<u>X</u>
b	Admissions policies?	5b		X
	Employment of faculty or administrative staff?	<u>5c</u>		X
	Scholarships or other financial assistance?	5d		X
е	Educational policies?	5e		X
f	Use of facilities?	5f		X
	Athletic programs?	5g		X
h	Other extracurricular activities?	5h		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
-				v
	Does the organization receive any financial aid or assistance from a governmental agency?	<u>6a</u>		X
b	Has the organization's right to such aid ever been revoked or suspended?	6b		Х
	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			
	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering		37	
	racial nondiscrimination? If "No," explain on Part II	7	Х	

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

Schedule E (Form 990) 2023

LHA 332061 10-25-23

**Part II** Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.

332062 10-25-23	33	Schedule E (Form 990) 2023

SC	HEDULE J	Compensation Information	1	OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	00	
•	-	Compensated Employees		20	ZJ	)
Dene	transit of the Transition	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	ne of the organization	1	Employer i			mber
		ELK HILL FARM, INC	23-7	07115	4	
Pa	rt I Question	s Regarding Compensation				. <u> </u>
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Travel for com					
		ation and gross-up payments				
	Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)			
-						
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
~		rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		0		
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicato which if a	ny, of the following the organization used to establish the compensation of the organization's				
5		by, of the following the organization used to establish the compensation of the organization s				
		ation of the CEO/Executive Director, but explain in Part III.	51110			
	Compensation					
	·	ompensation consultant				
	·	ther organizations Approval by the board or compensation of	ommittee			
			ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re					
а	Receive a severance	e payment or change-of-control payment?		4a		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lir	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
						X
b		ation?		<b>5</b> b		X
		r 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'n			
	contingent on the n					
						X
b		ation?		6b		X
-		r 6b, describe in Part III.				
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		_		v
~		es 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				- v
~				8		X
9		d the organization also follow the rebuttable presumption procedure described in				
<b>F</b>	Regulations section					
⊦or	Paperwork Reduct	on Act Notice, see the Instructions for Form 990.	Sched	ule J (Forn	1 990)	2023

LHA 332111 11-06-23

## 23-7071154

Page **2** 

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC (compensation			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) RONALD K. SPEARS	(i)	172,828.	0.	1,276.	38,876.	15,909.	228,889.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LAURA EASTER	(i)	128,890.	0.	0.	26,421.	251.	155,562.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2023

SCHE	DULE	Μ
(Form	990)	

# **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

	Inspection	
Inspection Employer identification number 23-7071154		
2	3-7071154	

N	ame	of	the	organ	iza	tion
---	-----	----	-----	-------	-----	------

# ELK HILL FARM, INC

		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> Method of determining noncash contribution amounts
1	Art - Works of art			, , <u>,</u>	
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	X	14	136,823.	FMV
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				
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 organiz	zation during	the tax year for co	ontributions	
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29	
					Yes No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it
	must hold for at least 3 years from the date of t	the initial co	ntribution, and whi	ich isn't required to be used t	
	exempt purposes for the entire holding period?	>			30a X

**b** If "Yes," describe the arrangement in Part II.

 31
 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?
 31

 32a
 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
 32a

 b
 If "Yes," describe in Part II.
 33

 33
 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
 31

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked describe in Part II.

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23

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**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

30122 781823 41020750.0	38 2023.05040 ELK HIL	L FARM, INC 41020
332142 09-11-23		Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

Name of the organization

FORM 990, PART

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.

EZ
OMB No. 1545-0047
2023
Open to Public
Inspection
Employer identification number

23-7071154

ELK HILL FARM, INC

DESCRIPTION OF ORGANIZATION MISSION:

SUCCESSFUL FUTURES.

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

LINE 1,

THE FORM 990 IS PRESENTED TO THE EXECUTIVE COMMITTEE AND BUDGET AND AUDIT

COMMITTEE FOR REVIEW BEFORE FILING.

I,

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED EACH YEAR AS A PART OF THE BOARD MANUAL. EACH NEW BOARD MEMBER ATTENDS AN ORIENTATION SESSION AND DISCUSSES, AMONGST OTHER ISSUES, CONFLICTS OF INTEREST. EACH YEAR, BOARD MEMBERS ARE PROVIDED WITH THE ANNUAL BOARD MANUAL WHICH HIGHLIGHTS THIS AREA.

FORM 990, PART VI, SECTION B, LINE 15:

ELK HILL FARM, INC. USES INFORMATION GENERATED FROM REGIONAL AS WELL AS

RELATED INDUSTRY DATA SOURCES TO COMPARE SALARY RANGES FOR EXECUTIVE LEVEL

COMPENSATION. IN ADDITION, BOARD MEMBERS BRING THEIR EXPERIENCES FROM

ACROSS SIMILAR NON-PROFIT ORGANIZATIONS TO DEVELOP CRITERIA FOR KEY

EMPLOYEE COMPENSATION. ELK HILL'S PROGRAM AND PERSONNEL COMMITTEE APPROVES

ALL SALARY RANGES ON AN ANNUAL BASIS.

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

ELK HILL PUBLISHES AN ANNUAL REPORT WHICH PROVIDES CONTACT INFORMATION

THROUGH WHICH THE PUBLIC CAN GAIN ACCESS TO AUDITED FINANCIAL STATEMENTS,

AS WELL AS OTHER GOVERNING DOCUMENTS. ELK HILL HIGHLIGHTS THE FACT THAT THE For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023 LHA 332211 11-14-23

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Name of the organization ELK HILL FARM, INC	2		Employer identification numb 23-7071154	ıber
PUBLIC CAN ACCESS THEIR 990 FORM	AT GUIDESTAR.ORG	. AND THE	BETTER BUSINESS	;
BUREAU. ELK HILL FARM, INC. MAI	NTAINS A WEBSITE V	WHICH PRO	VIDED ACCESS TO	
THIS SAME CONTACT INFORMATION.				
PART XII, LINE 1				
THE PROCESS HAS NOT CHANGED FROM	THE PRIOR YEAR			
332212 11-14-23	40		Schedule O (Form 990) 2	
30122 781823 41020750.0	2023.05040 ELK	HILL FARM	1, INC 410	)20

Schedule O (Form 990) 2023

332161 09-28-23 LHA

# **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

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

Open to Public Inspection Employer identification number

23-7071154

Name of the organization

ELK HILL FARM, INC

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

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

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
ELK HILL FARM FOUNDATION - 54-1717053							
PO BOX 99	TO CARRY OUT THE PURPOSES						
GOOCHLAND, VA 23063	OF ELK HILL FARM, INC.	VIRGINIA	501(C)(3)	501(C)(3)			х
	-						
	-						
	-						

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

Schedule R (Form 990) 2023

OMB No. 1545-0047

23

# Schedule R (Form 990) 2023 ELK HILL FARM, INC

23-7071154 Page 2

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

		-							1	<u> </u>		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)	1
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate itions?	amount in box 20 of Schedule	Gener mana partn	il or Percent ing owners	tage ship
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
	1											
	-											
										+		
	1											
	-											
	-											
	1											
	1											
	4											

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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
		country)		01 11 434		235013		Yes	No
	-								
	-								
	-								
		1							

## Schedule R (Form 990) 2023 ELK HILL FARM, INC

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	es
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parl	ts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)		Σ	X
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)		Σ	X
Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)			
Exchange of assets with related organization(s)	11		
Lease of facilities, equipment, or other assets to related organization(s)			
Lease of facilities, equipment, or other assets from related organization(s)	1k	_	
	11	2	X
n Performance of services or membership or fundraising solicitations by related organization(s)	<u>1n</u>	<u>۱</u>	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		Σ	X
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>		<u>}</u>	X
Reimbursement paid to related organization(s) for expenses		_	
<b>q</b> Reimbursement paid by related organization(s) for expenses		<u> </u> 2	X
Other transfer of cash or property to related organization(s)	<u>1r</u>		
s Other transfer of cash or property from related organization(s)	1s		

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

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) ELK HILL FOUNDATION	С	392,775.	
(2) ELK HILL FOUNDATION	E	7,571.	
(3)			
(4)			
(5)			
<u>(6)</u>			

# Schedule R (Form 990) 2023 ELK HILL FARM, INC

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)	(b)	(c)	(d)	(0)	(f)	(g)	(h	۱	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	( <b>U</b> ) Predominant income	(e) Are all partners s 501(c)(3 orgs.?	Sec. Share of	Share of		) nor-	Code V-LIBI	(J) General (	
of entity	Finnary activity	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(c)(3	<sup>3)</sup> total	end-of-year	Dispro tion allocati	ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin	
or onary		country)	excluded from tax under	orgs.?		assets		ons?	of Schedule K-1	partner	
			360110113 3 12-3 14)	Yes N			Yes	No	(1011111003)	Yes No	
	-										
									1		
											+

Schedule R (Form 990) 2023

# Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2023

45 2023.05040 ELK HILL FARM, INC

332165 09-28-23