# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A F	or the	2023 calendar year, or tax year beginning JUL 1, 2023 and endir	ng Jl	UN 30, 2024	
<b>В</b> с	heck if oplicable	C Name of organization		D Employer identifie	cation number
	Addres	ELK HILL FARM FOUNDATION			
	Name change			54-17170	53
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room	m/suite	E Telephone number	r
	Final return/	P.O. BOX 99		804-457-	4866
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	4,699,244.
	Amend return	ed GOOCHLAND, VA 23063		H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: KON SPEARS		for subordinates	? Yes X No
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
<u> 1 T</u>	ax-exe	empt status: $X$ 501(c)(3) $D$ 501(c) ( ) (insert no.) $D$ 4947(a)(1) or $D$	527	If "No," attach a	list. See instructions
	Vebsit			H(c) Group exemptio	n number
			<b>L</b> Year o	of formation: 1970 N	1 State of legal domicile: VA
Pa		Summary			
	1	Briefly describe the organization's mission or most significant activities: ELK HIL	L FA	ARM FOUNDAT	ION'S
2		MISSION IS TO EXCLUSIVELY BENEFIT, PERFORM,	AND	CARRY OUT	THE
Governance	2	Check this box if the organization discontinued its operations or disposed of	f more t	than 25% of its net ass	
Š	3	Number of voting members of the governing body (Part VI, line 1a)			5
5	4	Number of independent voting members of the governing body (Part VI, line 1b)			5
es 8		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			0
ξ		Total number of volunteers (estimate if necessary)			0
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year	Current Year
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		0.	0.
e		Program service revenue (Part VIII, line 2g)		0.	0.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		184,911.	145,154.
٦		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		184,911.	145,154.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		404,270.	392,775.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ϋ́		Total fundraising expenses (Part IX, column (D), line 25)		20 120	0 550
"		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		30,139. 434,409.	9,550.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-249,498.	402,325. -257,171.
_ v		Revenue less expenses. Subtract line 18 from line 12	Poo	inning of Current Year	End of Year
Net Assets or Fund Balances		Tatal assate (Dart V. line 1C)		8,291,491.	7,548,975.
SSE Bala	20	Total assets (Part X, line 16)		0,291,491.	7,340,373.
let/	21 22	Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20	-	8,291,491.	7,548,975.
Pa	rt II	Signature Block	·· <u> </u>	0,201,401.	1,540,515
		ties of perjury, I declare that I have examined this return, including accompanying schedules and s	statemer	nts, and to the hest of my	knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which pr		-	intowiougo una sonoi, it is
,	001100	gana complete. Booka attent of proparor (care than onloss) to bacca on all morniation of miles pr	ropuror r	The any information	
Sigr	,	Signature of officer		Date	
Here		RON SPEARS, CHIEF EXECUTIVE OFFICER			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	D	ate Check	PTIN
Paid		OLIVIA A. HUTTON, CPA OLIVIA A. HUTTON,	CP 0	1/22/25 self-employ	P00964688
Prep	1	Firm's name YOUNT, HYDE & BARBOUR, P.C.	- 12.		4-1149263
Use	1	Firm's address P.O. BOX 2560			
	-	WINCHESTER, VA 22604-1760		Phone no. 54	0-662-3417
—— Mav	the IF	S discuss this return with the preparer shown above? See instructions		,	X Yes No

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	ELK HILL FARM FOUNDATION'S MISSION IS TO EXCLUSIVELY BENEFIT, PERFORM,
	AND CARRY OUT THE CHARITABLE, EDUCATIONAL AND SCIENTIFIC PURPOSES OF
	ELK HILL FARM, INC. ELK HILL FARM, INC. ENABLES CHILDREN AND FAMILIES
	TO TRANSFORM OVERWHELMING CHALLENGES INTO SUCCESSFUL FUTURES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4-	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 392,775. including grants of \$ 392,775. ) (Revenue \$) ELK HILL FARM FOUNDATION'S MISSION IS TO EXCLUSIVELY BENEFIT AND
	PERFORM THE CHARITABLE, EDUCATIONAL AND SCIENTIFIC PURPOSES OF OR TO
	CARRY OUT THOSE PURPOSES OF ELK HILL FARM, INC. ELK HILL FARM, INC.
	ENABLES CHILDREN AND FAMILIES TO TRANSFORM OVERWHELMING CHALLENGES INTO
	SUCCESSFUL FUTURES. THROUGH SPECIALIZED EDUCATION, COMMUNITY-BASED
	SERVICES AND RESIDENTIAL TREATMENT PROGRAMS, THESE CHILDREN AND THEIR
	FAMILIES DISCOVER THE ACADEMIC, VOCATIONAL, BEHAVIORAL, AND RELATIONAL
	SKILLS NEEDED TO BE SUCCESSFUL.
4b	(Code:) (Expenses \$
	, , , , , , , , , , , , , , , , , , , ,
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 392,775.
	Form <b>990</b> (2023)

# 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		<del></del>
′	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b>		1
8	, ,			x
•	Schedule D, Part III	8		
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?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
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,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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)? If "Yes," complete Schedule D, Part X	11f		x
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<b></b> -		<del></del>
124	Schedule D, Parts XI and XII	12a		X
h		IZa		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401-	х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	21	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			3,7
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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		<u> X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			l
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
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		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
		_		-

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Par	t IV Checklist of Required Schedules (continued)	055		age ¬
	· (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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year 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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the 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>			
u	"Yes," complete Schedule L, Part IV	28a		X
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
·		28c		x
29	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
29 30	•	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
24	contributions? If "Yes," complete Schedule M	31		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
	Schedule N, Part II	32		_^
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			- v
	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	l	37	
	Part V, line 1	34	X	37
	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?			
<u> </u>	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			Щ.
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	<u>၂</u>		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	<u>)</u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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Form 990					FOUNDATION			54-17170	53	Pa	ige 5
Part V	Staten	nents Regar	ding Oth	er IRS F	ilings and Tax Co	mpliance	(continued)				
								_	Υ	es	No

			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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
За	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
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			.,
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	١		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		77
a	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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		х
	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  7d	7c		Α.
d e		7e		Х
f		7 <del>6</del>		X
g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
Ŭ	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			77
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? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4.5		х
	excess parachute payment(s) during the year?	15		
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
17	If "Yes," complete Form 4720, Schedule O.  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.			
	ii 100, Complete i Offii 0000.			

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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			X
Sec	tion A. Governing Body and Management		ı	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	4		
	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	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	l _		v
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	l		v
_	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			Х
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Λ
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	162	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		- 21
b		10b		
112	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	T T C		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	120		
Ū	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	RON SPEARS - (804) 457-4866			
	1975 ELK HILL ROAD, GOOCHLAND, VA 23063			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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.

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

- 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.

(A) Name and title	(B) Average hours per week	box	not c , unle:	Pos heck i ss per	more rson i	than of strus	n an	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations		
(1) M. BAGLEY REID CHAIRMAN OF THE BOARD	1.00	Х		х				0.	0.	0		
(2) JOHN G. JORDAN, III	1.00	Λ		^				0.	0.	0.		
TRUSTEE	1.00	Х						0.	0.	0.		
(3) CHARLES E. BRADSHAW, III TRUSTEE	1.00	Х						0.	0.	0.		
(4) WILLIAM T. CLARKE, JR.	1.00								-			
TRUSTEE		Х						0.	0.	0.		
(5) GERALD HAGEN, JR.	1.00											
TRUSTEE		Х						0.	0.	0.		

Pa	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	ΙHiς	ghes	t Co	ompensated Employee	s (continued)				
	(A)	(B)			(C				(D)	(E)			(F)	
	Name and title	Average	(do	not cl	Posi neck r			one	Reportable	Reportable		Est	imate	d
		hours per	box	, unles	ss per	son is	s both	an	compensation	compensation	า		ount (	of
		week			u a u	10010	1711 43		from	from related			ther	
		(list any hours for	irecto						the	organizations	- 1	comp		
		related	ord	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)	<sup>U</sup> /		m the	
		organizations	ruste	l trus		99	ubeu		1099-NEC)	1099-1120)		•	nizati relate	
		below	Individual trustee or director	rtiona	_	nploy	st col	-	1000 1120)			orgar		
		line)	Indivi	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				3		
			-											
											_			
	Subtotal								0.		0.			0.
С	Total from continuation sheets to Part VI	, Section A							0.		0.			0.
<u>d</u>	Total (add lines 1b and 1c)					<u>.</u>			0.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	) wh	o re	ceived more than \$100,	000 of reportable				_
	compensation from the organization													0
												,	Yes	No
3	Did the organization list any former officer,	director, truste	ee, k	кеу е	mpl	oye	e, or	higl	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	m of reportabl	е со	mpe	nsa	tion	and	oth	er compensation from the	ne organization				
	and related organizations greater than \$150	,000? If "Yes,	" co	mple	ete S	Sche	dule	Jf	or such individual			4		X
5	Did any person listed on line 1a receive or a	ccrue compen	sati	on fr	om a	any	unre	elate	ed organization or individ	lual for services				
	rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ich r	ers	on .					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest con	mpensated ind	lepe	nder	nt cc	ontra	actor	s th	at received more than \$	100,000 of comp	ensat	ion fror	n	
	the organization. Report compensation for t	he calendar ye	ear e	ndin	g w	ith c	r wi	thin	the organization's tax y	ear.				
	(A)								(B)			(C)	)	
	Name and business	address	NO	ONE	3				Description of s	ervices	С	ompen		n
								$\dashv$						
								$\dashv$						
_	Tatal assault as affin day and day a saturation in the	and continues to the		_:4 -	14	LIL		<u> </u>	ah aa\haa	un tin au				
2	Total number of independent contractors (in	· ·	ot IIn	ıııtec	101	nos) ا		rea	above) who received mo	ore than				

54-1717053

Form 990 (2023) ELK HIL
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
		·		(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
<b>'0</b> '0	_	- Fodewated commaines					00000010 0 12 0 11
Contributions, Gifts, Grants and Other Similar Amounts	1 6	a Federated campaigns 1a					
Sra Jou		b Membership dues 1b					
S, An	•	c Fundraising events1c					
a Si	(	d Related organizations 1d					
is,	•	e Government grants (contributions)					
rigin	1	f All other contributions, gifts, grants, and					
the the		similar amounts not included above <b>1f</b>					
ΈÓ	,	g Noncash contributions included in lines 1a-1f					
Sol	-	h Total. Add lines 1a-1f					
			Business Code				
	2 :	a					
ķ							
er ue							
m S		C					
Jra Be		d					
Program Service Revenue		e					
_		f All other program service revenue					
	!	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)		129,439.			129,439.
	4	Income from investment of tax-exempt bond pr	oceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6	a Gross rents 6a	İ				
		b Less: rental expenses 6b	 [				
		c Rental income or (loss) 6c					
		d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
	•	assets other than inventory <b>7a</b> 4,569,805.	(-,/				
		b Less: cost or other basis					
a)		I	I				
ž							
ther Revenue		· · · · · · · · · · · · · · · · · · ·		15 715			15 715
Ř		d Net gain or (loss)		15,715.			15,715.
ig H	8	a Gross income from fundraising events (not	I				
ō		including \$ of	I				
		contributions reported on line 1c). See	I				
		Part IV, line 18	<u> </u>				
	- 1	b Less: direct expenses8b	<u> </u>				
		c Net income or (loss) from fundraising events					
	9 :	a Gross income from gaming activities. See	 				
		Part IV, line 199a	I				
	1	b Less: direct expenses 9b	 [				
		c Net income or (loss) from gaming activities					
		a Gross sales of inventory, less returns					
		and allowances 10a	I				
		b Less: cost of goods sold 10b					
		c Net income or (loss) from sales of inventory					
-	'	Net income of (loss) from sales of inventory	Business Code				
sn	44		Business oode				
Miscellaneous Revenue	11 :						
llar		b					
Sce	•	C					
Ž	'	d All other revenue					
		Total revenue See instructions		145,154.	0.	0.	145,154.
	12	Total revenue. See instructions		1 140,104.	ı	ı •••	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

332009 12-21-23

ı a	Tt IX Otatement of I unotional Expense				
Sect	ion 501(c)(3) and 501(c)(4) organizations must compl	ete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) 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	392,775.	392,775.		
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				
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				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b					
С	Accounting	9,550.		9,550.	
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest Payments to affiliates				
21 22	Depreciation, depletion, and amortization				
23	Insurance				
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.)				
а					
b					
С					
d					
	All other expenses	400 305	200 555	0 550	•
25	Total functional expenses. Add lines 1 through 24e	402,325.	392,775.	9,550.	0.
26	<b>Joint costs.</b> Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.  Check here if following SOP 98-2 (ASC 958-720)				
	[ ]lossuming doi: 30-2 (A00 300-720)				<u> </u>

Form 990 (2023)

Part X | Balance Sheet

Pa	rt X	Balance Sheet							
		Check if Schedule O contains a response or note	to any line in this Part X						
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year			
	1	Cash - non-interest-bearing		300,011.	1	75,676.			
	2	Savings and temporary cash investments			2				
	3	Pledges and grants receivable, net		81,533.	3	81,533.			
	4	Accounts receivable, net			4				
	5	Loans and other receivables from any current or for							
		trustee, key employee, creator or founder, substar	ntial contributor, or 35%						
		controlled entity or family member of any of these	persons		5				
	6	Loans and other receivables from other disqualifie	d persons (as defined						
		under section 4958(f)(1)), and persons described in	n section 4958(c)(3)(B)		6				
Ŋ	7	Notes and loans receivable, net		450.	7	450			
Assets	8	Inventories for sale or use			8				
As	9	Prepaid expenses and deferred charges		9					
	10a	Land, buildings, and equipment: cost or other							
		basis. Complete Part VI of Schedule D	10a						
	b	Less: accumulated depreciation	s: accumulated depreciation 10b						
	11	Investments - publicly traded securities	7,901,926.	11	7,383,745.				
	12	Investments - other securities. See Part IV, line 11		12					
	13	Investments - program-related. See Part IV, line 11		13					
	14	Intangible assets		14					
	15	Other assets. See Part IV, line 11		7,571.	15	7,571.			
	16	Total assets. Add lines 1 through 15 (must equal		8,291,491.	16	7,548,975.			
	17	Accounts payable and accrued expenses			17				
	18	Grants payable			18				
	19	Deferred revenue		19					
	20	Tax-exempt bond liabilities			20				
	21	Escrow or custodial account liability. Complete Pa			21				
Ø	22	Loans and other payables to any current or former	r officer, director,						
Liabilities		trustee, key employee, creator or founder, substar	ntial contributor, or 35%						
abi		controlled entity or family member of any of these	persons		22				
=	23	Secured mortgages and notes payable to unrelate	d third parties		23				
	24	Unsecured notes and loans payable to unrelated t	hird parties		24				
	25	Other liabilities (including federal income tax, paya	bles to related third						
		parties, and other liabilities not included on lines 1	7-24). Complete Part X						
		of Schedule D			25				
	26	Total liabilities. Add lines 17 through 25		0.	26	0.			
		Organizations that follow FASB ASC 958, check	k here X						
Ses		and complete lines 27, 28, 32, and 33.							
<u>la</u>	27	Net assets without donor restrictions		4,708,459.	27	3,917,223. 3,631,752.			
Ba	28			3,583,032.	28	3,631,752.			
P I		Organizations that do not follow FASB ASC 958	3, check here						
Ē		and complete lines 29 through 33.							
S.	29	Capital stock or trust principal, or current funds			29				
se	30	Paid-in or capital surplus, or land, building, or equi			30				
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inco		0.001.101	31	B 540 055			
Š	32	Total net assets or fund balances		8,291,491.	32	7,548,975.			
	33	Total liabilities and net assets/fund balances		8,291,491.	33	7,548,975.			

Pai	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1 2 3	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1	1 2 3	14 40 -25	5,15 2,32	25.		
4 5 6	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities	5 5 6	8,29		91.		
7 8 9	Investment expenses  Prior period adjustments  Other changes in net assets or fund balances (explain on Schedule O)	7 8 9	-1,31	3,50	05.		
10 Pai	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  rt XII Financial Statements and Reporting	10	7,54	8,97			
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	X 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	_	res	NO		
2a							
b	separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:		2b	X			
	Separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.						
	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?  If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits		3a		<u>X</u>		

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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.

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

ELK HILL FARM FOUNDATION Employer identification number 54-1717053

Pa	rt I	Reason for Public	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.							
The	organ	ization is not a private found												
1		A church, convention of ch	,	9 ,	,	,	IVAVi).							
2	Ħ	A school described in <b>sect</b>	•			11 17 0(15)(	· //~//·							
	H			·		V6V4VAV:	::\							
3	H	A hospital or a cooperative						the beenitel's name						
4	Ш	A medical research organiz	ation operated in cor	ijunction with a nospital	described	III Sectio	n 170(b)(1)(A)(III). Enter	the nospital's name,						
		city, and state:												
5		An organization operated for		lege or university owner	d or operat	ed by a go	overnmental unit describe	ed in						
		section 170(b)(1)(A)(iv). (Complete Part II.)												
6	Ш	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7		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				ed in conju	inction with a land-grant	college						
		or university or a non-land-	-			-	-	-						
		university:	ggg			···-,	,							
10		An organization that norma	ally receives (1) more	than 33 1/3% of its supr	ort from c	ontribution	ns membership fees and	d gross receipts from						
		activities related to its exer												
		income and unrelated busin		· · · · · · · · · · · · · · · · · · ·				•						
				(less section of reak) inc	on busines	sses acqui	red by the organization a	aitei Julie 30, 1973.						
	$\Box$	See section 509(a)(2). (Co	•		f-4 O	<del>!</del> F(	20/-1/4)							
11	₩	An organization organized	•	•	•									
12	X	An organization organized	•		-		•							
		more publicly supported or	-					Check the box on						
		lines 12a through 12d that	• •											
а	X		anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), typically by	giving						
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	upporting						
		organization. You must o	complete Part IV, Se	ections A and B.										
b			ganization supervised	or controlled in connect	tion with its	s supporte	ed organization(s), by hav	/ing						
		control or management of	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported						
		organization(s). You mus	st complete Part IV,	Sections A and C.										
С		Type III functionally inte	egrated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,						
		its supported organizatio	n(s) (see instructions)	You must complete l	Part IV, Se	ctions A,	D, and E.							
d		Type III non-functionally						zation(s)						
		that is not functionally in					• • • • •							
		requirement (see instruct	-		•			V611000						
е		Check this box if the organic	•	-										
C		functionally integrated, o					Type i, Type ii, Type iii							
		er the number of supported	• •	ially liftegrated supporti	ng organiz	ation.		1						
f		vide the following information		d organization(a)										
9		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other						
		organization	(,	(described on lines 1-10	in your governi	ng document?	support (see instructions)	support (see instructions)						
				above (see instructions))	Yes	No								
		TI T T T T T T T T T T T T T T T T T T	00 7071154	-			200 775							
<u> 1511.</u>	к н	ILL FARM, INC	23-7071154	7	X		392,775.							
T-4-							302 775	n						

#### Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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.")						
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						_
4	Total. Add lines 1 through 3						
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.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						_
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3)	
	organization, check this box and stop						
	ction C. Computation of Publi					Г	
	Public support percentage for 2023 (I			column (f))		14	<u>%</u>
	Public support percentage from 2022					15	%
16a	33 1/3% support test - 2023. If the c	-			14 is 33 1/3% or m	ore, check this box	k and
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2022. If the contract the state of the contract the state of						
47.	and <b>stop here.</b> The organization qual						
1/a	10% -facts-and-circumstances test						
	and if the organization meets the fact		•	-		· ·	
	meets the facts-and-circumstances te	-				7	
b	10% -facts-and-circumstances test						10% Or
	more, and if the organization meets the						
10	organization meets the facts-and-circu		-		• • •		H
18	Private foundation. If the organization	п ии пот спеск а	DUX OH IIITE 13, 16	a, 100, 17a, 0r 17b	o, check this box al		(Form 990) 2023
						Julieuule A	い いいい シンひ) とひとろ

# 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.)

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.")						
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						
3	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						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	Т	T	T	1	T	1
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)				-		
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	04(-)(0) - : ::	
14	First 5 years. If the Form 990 is for the	•		•	•		
Se	check this box and stop here ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (fl)		15	%
	Public support percentage from 2022	, (,,	,			16	<u>%</u> %
	ction D. Computation of Inves					, 10	70
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from					18	<u> </u>
	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

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Schedule A (Form 990) 2023

# 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")? *If* "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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 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 disqualified 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.)

		Yes	No
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		Х	
ł	1	Λ	
			7.7
ł	2		X
I	3a		Х
ŀ	3b		
ı	2-		
ł	3c		
I	4a		Х
	4b		
}	4c		
-	5a		X
1	5b		
Ì	5c		
-	6		X
	7		Х
	8		Х
	0		71
	9a		Х
			37
}	9b		Х
	9с		Х
	10a		Х
	10b		
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Pai	Tiv Supporting Organizations (continued)			
			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		X
	· · · · · · · · · · · · · · · · · · ·	11b		Х
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		11c		X
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	_	х	
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	^	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	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,	2		Х
Sec	supervised, or controlled the supporting organization. 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		163	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	•		
			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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	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 instri	uction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
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	OI-		
•	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
h	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in <b>Part VI.</b>	3a		
D	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 <b>Part VI</b> the role played by the organization in this regard.	3b		
	or its supported organizations: If test describe in Fait VI the role diaved by the organization in this regard.	S		

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	lov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		•	
Sect	on 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		
	on 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):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	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	on 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		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	nization (see
	instructions)	, ,	3 3	•

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

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#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations, Governments, and Individuals in the United States** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2023

Open to Public Inspection

Employer identification number

ELK HILL	FARM FOUNI	DATION					54-1717053
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	
criteria used to award the grants or assis	stance?						Yes X No
2 Describe in Part IV the organization's pro	ocedures for monito	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to recipient that received more than to					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ELK HILL FARM, INC							
P.O. BOX 99							ASSIST ELK HILL FARM WITH
GOOCHLAND, VA 23063	23-7071154		392,775.	0.			ITS MISSION.
2 Enter total number of section 501(c)(3) a	-		e line 1 table			1	1.
3 Enter total number of other organization	s listed in the line 1	table					

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Supplemental Information. Provide the informa	tion required in Part I, line	e 2; Part III, columi	n (b); and any other ad	ditional information.	

### SCHEDULE O (Form 990)

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

ELK HILL FARM FOUNDATION

Employer identification number 54-1717053

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CHARITABLE, EDUCATIONAL AND SCIENTIFIC PURPOSES OF ELK HILL FARM, INC.
ELK HILL FARM, INC. ENABLES CHILDREN AND FAMILIES TO TRANSFORM
OVERWHELMING CHALLENGES INTO SUCCESSFUL FUTURES.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS PRESENTED TO THE BOARD OF TRUSTEES FOR REVIEW BEFORE
FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED EACH YEAR AS PART OF THE
BOARD MANUAL. IN ADDITION, 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 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 FARM, INC. MAINTAINS A
WEBSITE WHICH PROVIDES ACCESS TO THE 990.
FORM XII LINE 1
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

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

Schedule O (Form 990) 2023

#### SCHEDULE R (Form 990)

Part I

# **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.

Attach to Form 990.

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

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

2023

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

### ELK HILL FARM FOUNDATION

Employer identification number 54-1717053

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	ome End-of-year	assets Direct	(f) controlling entity	g 
Part II Identification of Related Tax-Exempt Organizations during the tax year.	zations. Complete if the organization	answered "Yes" on Form 990	), Part IV, line 34,	because it had one	or more related tax-exe	mpt	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	contr	g) 512(b)(13) rolled tity?
ELK HILL FARM, INC 23-7071154 PO BOX 99 GOOCHLAND, VA 23063	SPECIALIZED  ED,COMMUNITY-BASED  SERVICES AND RESIDENTIAL	VIRGINIA		501(C)(3)			х

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2023

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.

		,	ı	•			_				
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	1	ortionate	Code V-UBI	General	Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		itions?	amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
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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.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	ction b)(13) rolled tity?
		,						Yes	No

Schedule R (Form 990) 2023

Page 3

Yes No

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

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

1	During the tax year, did the organization engage in any of the following transactions	s with one or more re	elated organizations listed in F	Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity								
b	<b>b</b> Gift, grant, or capital contribution to related organization(s)							
c Gift, grant, or capital contribution from related organization(s)								
d Loans or loan guarantees to or for related organization(s)								
e Loans or loan guarantees by related organization(s)								
							Х	
f Dividends from related organization(s)								
g	Sale of assets to related organization(s)				1g		X	
	Purchase of assets from related organization(s)				1h		X	
i	Exchange of assets with related organization(s)				1i		X	
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Х	X	
- 1	I Performance of services or membership or fundraising solicitations for related organization(s)							
m	m Performance of services or membership or fundraising solicitations by related organization(s)							
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n	X		
0	Sharing of paid employees with related organization(s)				10	X		
						Х		
p Reimbursement paid to related organization(s) for expenses								
q Reimbursement paid by related organization(s) for expenses								
							Х	
r Other transfer of cash or property to related organization(s)								
s Other transfer of cash or property from related organization(s)								
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	nis line, including covered rela	tionships and transaction thresholds.				
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d)  Method of determining amount invo	olved			
1) ]	ELK HILL FARM, INC.	В	392,775.					
2) ]	ELK HILL FARM, INC.	D	7,571.					
3)								
4)								
5)								

Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
	_								000) 0000