# (Rev. January 2020)

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection TIIN 30 .тттт. 1 2019

<u> </u>	01 111	e 2019 Calendar year, or tax year beginning 000 1, 2019 and	enumy U	ON 30, 2020				
	heck if pplicabl	C Name of organization		D Employer identifie	cation number			
	Addre	ELK HILL FARM, INC						
	Name chang	e Doing business as		**-***11	54			
F	Initial return		Room/suite	E Telephone number	r			
	Final return	D O BOX 99		(804)457				
	termir ated			<b>G</b> Gross receipts \$ 10,781,676.				
	Amen return	ded COOCHIAND 17A 22062		H(a) Is this a group re	eturn			
	Application	F Name and address of principal officer: NON SELANS		for subordinates				
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in				
ΙŢ	ax-ex	empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) $4947(a)(1)(3)$	or 527	If "No," attach a	list. (see instructions)			
J۷	Vebsi	te: ► WWW.ELKHILLFARM.ORG		H(c) Group exemption	n number			
<b>K</b> F	orm of	forganization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1970 N	1 State of legal domicile: VA			
	art I	Summary						
	1	Briefly describe the organization's mission or most significant activities: ELK	HILL F	ARM, INC. EN	NABLES			
Governance		CHILDREN AND FAMILIES TO TRANSFORM OVERWH						
rna	2	Check this box  if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	sets.			
) Ve	3	Number of voting members of the governing body (Part VI, line 1a)		3	32			
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	32			
8	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	258			
Vitie	6	Total number of volunteers (estimate if necessary)		6	189			
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
	b	Net unrelated business taxable income from Form 990-T, line 39		7b	0.			
				Prior Year	Current Year			
Ф	8	Contributions and grants (Part VIII, line 1h)		1,709,958.	1,504,503.			
'n	9	Program service revenue (Part VIII, line 2g)		10,195,696.	9,264,944.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,804.	12,229.			
<u> </u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		63.	0.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		11,910,521.	10,781,676.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		9,510,728.	9,453,255.			
ŠUŠ	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)   428,24		0 450 544	0 400 406			
ш	١''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,453,511.	2,400,106.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		11,964,239.	11,853,361.			
	19	Revenue less expenses. Subtract line 18 from line 12		-53,718.	-1,071,685.			
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year			
Sset	20	Total assets (Part X, line 16)		7,255,369.	7,744,306.			
et A	21	Total liabilities (Part X, line 26)		613,918.	2,636,923. 5,107,383.			
Z	22 1rt II	Net assets or fund balances. Subtract line 21 from line 20		0,041,431.	5,107,303.			
		alties of perjury, I declare that I have examined this return, including accompanying schedules	and etatom	ante and to the heet of my	knowledge and helief it is			
		thes of perjury, i declare that i have examined this return, including accompanying schedules at, and complete. Declaration of preparer (other than officer) is based on all information of wh			Kilowieuge allu bellet, it is			
uu,	COLLEC		iicii proparoi	ilas ally kilowicage.				
Sigi	n	Signature of officer		Date				
Her		RON SPEARS, CHIEF OPERATING OFFICER						
1101	•	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	N, CP 1	.1/13/20 if self-employ	P00964688			
	arer	Firm's name YOUNT, HYDE & BARBOUR, P.C.	,		**-***9263			
	Only	Firm's address P.O. BOX 2560		5 Em				
	•	WINCHESTER, VA 22604-1760		Phone no. 54	0-662-3417			
Mav	the II	RS discuss this return with the preparer shown above? (see instructions)		1	X Yes No			
					= 000 (22.42)			

Form **990** (2019)

Form 990 (2019) 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_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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 Revenue Procedure 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	L,		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b> '-	- 21	
0	, ,			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?			
	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			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
h	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 asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
14a	Did the approximation projection on office approximation of the Helbert Obstace	14a		Х
	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1 <del>1</del> a		<del>  ^`</del>
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		446		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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	4-		_ v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<b>.</b>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			\ <sub>37</sub>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	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,"			l _
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Form 990 (2019) 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		_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			v
	Schedule K. If "No," go to line 25a	24a		_X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
d	any tax-exempt bonds?  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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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		<u> </u>
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			37
	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 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? If	28a		Х
h	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	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	34	х	
35.0	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	77	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	JJa		
J	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 in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
4	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 15  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ū	(gambling) winnings to prize winners?	1c		
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ELK HILL FARM, INC \*\*-\*\*\*1154 Page 5 Form 990 (2019) Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 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 Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **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)? Х 4a **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). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х 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). Х 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 7d X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X 7f 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 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b

a 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?
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b

a Is the organization licensed to issue qualified health plans in more than one state?
 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

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
 c Enter the amount of reserves on hand
 a Did the organization receive any payments for indoor tanning services during the tax year?

a Initiation fees and capital contributions included on Part VIII, line 12

Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O
 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?
 If "Yes," see instructions and file Form 4720, Schedule N.

Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

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13a

14b

10

11

Section 501(c)(7) organizations. Enter:

Section 501(c)(12) organizations. Enter:

Section 501(c)(29) qualified nonprofit health insurance issuers.

10a

X

X

Х

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 Q. See instructions

	to mile da, da, di 100 bolow, decembe the chedinatariose, proceeded, di dhanges chi contedute c. ecc metadetere.									
	Check if Schedule O contains a response or note 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									
	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 32									
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		Х						
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		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5										
6	Did the organization have members or stockholders?	5 6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_ <u> </u>								
		7a		Х						
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	- 'a								
b	and the other than the annual and the design that of	7b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	75		25						
		0.	Х							
a		8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b	21							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			Х						
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Λ						
366	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V							
			Yes	No X						
	Did the organization have local chapters, branches, or affiliates?	10a								
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	40.								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v							
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		37							
12a	, , , , , , , , , , , , , , , , , , , ,	12a	X							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	in Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	X							
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	X							
b	Other officers or key employees of the organization	15b	Х							
	If "Yes" to line 15a or 15b, describe the process in 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		X						
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))	only)	availa	ble						
	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, and	financ	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									
			222							

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

(A)	(B)	ed organization compensate (C) Position						(D)	(E)	(F)
Name and title	Average	(do				1 than (	one	Reportable	Reportable	Estimated
	hours per		box, unless person is both an officer and a director/trustee)					compensation	compensation	amount of
	week (list any					T	,	from the	from related organizations	other
	hours for	director				Ļ		organization	(W-2/1099-MISC)	compensation from the
	related	ee or	trustee			nsate		(W-2/1099-MISC)	(** 2, 1000 111100)	organization
	organizations	trust	nal tru		oyee	om pe		,		and related
	below	Individual trustee or	Institutional	er	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Inst	Officer	Key	High	Former			
(1) GERALD L. HAGEN, JR.	1.00									
DIRECTOR		Х				_		0.	0.	0
(2) WILLIAM J. G. BARNES	1.00								_	_
VICE CHAIR		Х		Х		_		0.	0.	0
(3) PETER H. BOWLES	1.00									
DIRECTOR		Х				<u> </u>		0.	0.	0
(4) CHARLES E. BRADSHAW III	1.00									
BOARD CHAIR		Х		Х				0.	0.	0
(5) WILLIAM T. CLARKE, JR.	1.00									
DIRECTOR		Х						0.	0.	0
(6) DAVID P. CORRIGAN	1.00									
DIRECTOR		Х						0.	0.	0
(7) SUSAN H. DAVENPORT	1.00									
IMMED BOARD PAST CHAIR		Х		Х				0.	0.	0
(8) MR. MICHAEL E KLEIN	1.00									
DIRECTOR		Х						0.	0.	0
(9) MS. SARAH LANE	1.00									
DIRECTOR		Х						0.	0.	0
(10) WILLIAM H. HARRIS, III	1.00									
DIRECTOR		Х						0.	0.	0
(11) MAXINE L. JONES	1.00									
DIRECTOR		Х						0.	0.	0
(12) JOHN G. JORDAN, III	1.00									
DIRECTOR		Х						0.	0.	0
(13) DR. JOSEPH A. JAMES	1.00									
DIRECTOR		Х						0.	0.	0
(14) M. BAGLEY REID	1.00									
FOUNDATION CHAIR		Х			L	L		0.	0.	0
(15) MR PHILIP SAUL	1.00									
DIRECTOR		Х			L	L		0.	0.	0
(16) MS. ELISHA WILKINS CONTNER	1.00									
DIRECTOR		Х						0.	0.	0
(17) NELSON S. TEAGUE, JR.	1.00									
DIRECTOR		Х	l			1	1	0.	0.	0

Form **990** (2019)

Form 990 (2019) ELK HII	LL FARM, I	INC	•						**-**1	154	Page	<b>3</b> (
Part VII Section A. Officers, Directors, T	rustees, Key Em	oloy	ees,	and	d Hig	ghes	st Co	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	(do			ition	<b>າ</b> than	one	Reportable	Reportable	Est	timated	
	hours per	box	, unle	ss pe	rson i	is bot	n an	compensation	compensation	am	ount of	
	week	-	cer ar	nd a d	T	or/trus	tee)	from	from related		other	
	(list any hours for	director						the	organizations		pensation	n
	related	or di	ee			sated		organization	(W-2/1099-MISC)		om the	
	organizations	ruste	l trus		99	ubeu		(W-2/1099-MISC)		ı -	anization I related	
	below	dual t	rtio na		nploy	st cor					nizations	3
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					
(18) HENRY L. VALENTINE, III	1.00				-							
DIRECTOR		Х						0.	0.		0	) .
(19) CHRISTOPHER H. WILLIAMS	1.00											
DIRECTOR		Х						0.	0.		0	) .
(20) SARA M. GRATTAN	1.00											
DIRECTOR		Х						0.	0.		0	) <b>.</b>
(21) C. HUNTER STOKES	1.00	1										
DIRECTOR		Х				_		0.	0.		0	<b>)</b> .
(22) STEPHANIE T. JEFFERSON	1.00	1						_				
SECRETARY		Х		X		_		0.	0.		0	<b>)</b> .
(23) MICHAEL C. MORRELL	1.00	1						_	_		_	
DIRECTOR		Х				_		0.	0.		0	<u>.</u>
(24) REV DR. JOHN E. MILLER	1.00	1						_	_		_	
DIRECTOR		Х						0.	0.		0	<b>.</b>
(25) R.L. TERRELL WILLIAMS	1.00	J							_			
DIRECTOR	1 22	Х			_	_		0.	0.		0	<b>.</b>
(26) FRANK H. REICHEL,III	1.00	l		l							_	
TREASURER		X		X				0.	0.			<u>.</u>
1b Subtotal								0.	0.			<u>.</u>
c Total from continuation sheets to Par	rt VII, Section A							327,021.	0.			<u>.</u>
								327,021.	0.		0	) .
2 Total number of individuals (including b		ose	liste	ed at	oove	e) wh	o re	ceived more than \$100,	000 of reportable			_
compensation from the organization	<b>&gt;</b>										<del>, , , , , , , , , , , , , , , , , , , </del>	3
											Yes N	lo
3 Did the organization list any former offi			•	•	•	-	•		•			7
line 1a? If "Yes," complete Schedule J f										3	<u> </u>	_
4 For any individual listed on line 1a, is th	•							•	•			,
and related organizations greater than \$										4		ζ_
5 Did any person listed on line 1a receive	•				•			•			-	7
rendered to the organization? If "Yes," (	complete Schedule	e J f	or su	ıch ,	pers	on				5	Σ	_
Section B. Independent Contractors												_

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

(A) Name and business address	(B) Description of services	(C) Compensation
VA SCHOOL FOR DEAF AND BLIND PO BOX 2069, STANTON, VA 24402	SUPPORT	137,274.

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 
SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2019)

Form 990 ELK HILL	FARM, I	NC	:						**_**	1154			
Part VII   Section A. Officers, Directors, Tru	ıstees, Key En	nplo	yee	s, aı	nd H	ligh	est (	Compensated Employe	es (continued)				
(A)	(B)				C)			(D) (E) (F)					
Name and title	Average			Pos		ı		Reportable	Reportable	Estimated			
	hours	(cl		ck all that apply)			ly)	compensation	compensation	amount of			
	per week (list any hours for related	or director	tee			sated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related			
	organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations			
(27) JEFFREY L. WILT DIRECTOR	1.00	Х						0.	0.	0.			
(28) JAMES W. GORDON	1.00												
DIRECTOR		Х						0.	0.	0.			
(29) ALEXANDRA DAHLGREN	1.00												
DIRECTOR		Х						0.	0.	0.			
(30) E. TELLER STALFORT	1.00							-	-	-			
DIRECTOR		Х						0.	0.	0.			
(31) PAUL MORETON	1.00												
DIRECTOR		х						0.	0.	0.			
(32) GREG NEEL	1.00	<del></del>							0.1				
DIRECTOR		Х						0.	0.	0.			
(33) MICHAEL C. FARLEY	40.00								•				
CHIEF EXECUTIVE OFFICER		1		x				142,833.	0.	0.			
(34) DANIEL FITZSIMMONS	40.00			<del> </del> -					•				
CHIEF FINANCIAL OFFICER		1		x				66,037.	0.	0.			
(35) RONALD K. SPEARS	40.00							00,007.0	0.1				
CHIEF OPERATING OFFICER	1000	1		x				118,151.	0.	0.			
								110,1011	0.1				
		1											
		_											
		_											
Total to Dort VIII. Continue A. Bronde	•							327,021.					
Total to Part VII, Section A, line 1c		<u></u>						J4/,U41.					

		Check if Schedule O conta	aine a reenonee	or note to any line	e in this Part VIII			
		Check in Conedate C Conta	ино и теоропос	or riote to arry iiir	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
			T. T					Sections 512 - 514
nts nts	1 :	Federated campaigns						
ira oui	ı	Membership dues						
s, C	•	Fundraising events	1c					
# a		d Related organizations	1d	333,022.				
s, C		Government grants (contributi	ions) <b>1e</b>					
Sign	1	All other contributions, gifts, grant	ts, and					
her		similar amounts not included above		1,171,481.				
Contributions, Gifts, Grants and Other Similar Amounts		Noncash contributions included in lines		229,652.				
Sol	i	Total. Add lines 1a-1f			1,504,503.			
<u> </u>		Total / los la li		Business Code				
_	•	TUITION ASSISTANCE AND	FEEG	611710	5,934,189.	5,934,189.		
ice	2 6			623990	3,330,755.	3,330,755.		
erv ue				023990	3,330,733.	3,330,733.		
n S	•	·						
ran }ev	•	d						
Program Service Revenue	•	•						
<u>-</u>	1	All other program service reve	nue					
		Total. Add lines 2a-2f			9,264,944.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)			12,229.			12,229.
	4	Income from investment of tax						
	5	Royalties						
	Ŭ	Tioyanico	(i) Real	(ii) Personal				
	6	Cross rents		()				
		Gross rents 6a	1					
		Less: rental expenses 6b	i					
		Rental income or (loss) 6c						
		Net rental income or (loss)		(") OH-				
	7 :	a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory 7a						
	ı	Less: cost or other basis						
ne		and sales expenses <b>7b</b>						
Revenue	•	Gain or (loss)7c						
Be		d Net gain or (loss)	<u></u>	<u></u>				
ē	8 8	a Gross income from fundraising ev	vents (not					
₹		including \$	of					
		contributions reported on line	1c). See					
		Part IV, line 18						
		Less: direct expenses	I					
		Net income or (loss) from fund						
		Gross income from gaming ac						
	9 (	Part IV, line 19						
		Less: direct expenses		<u>'</u>				
		Net income or (loss) from gam		······				
	10 a	Gross sales of inventory, less						
		and allowances		a				
	-	Less: cost of goods sold	101	)				
	(	Net income or (loss) from sales	s of inventory .	<b></b>				
				Business Code				
ons (	11 a	a						
Miscellaneous Revenue	ı	)						
ella								
SS		All other revenue						
Σ	Ì	Total. Add lines 11a-11d						
	12	Total revenue. See instructions			10,781,676.	9,264,944.	0.	12,229.
	14	i stat tovoliae. Occ ilisti uctivils		·····	=	, = ,	<u> </u>	,

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ...... Benefits paid to or for members ..... Compensation of current officers, directors, 358,607. 115,757. 194,608. 48,242. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7,388,200. 6,886,171. 260,223. 241,806. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 1,099,796. 975,613. 103,197. 20,986. Other employee benefits 9 606,652. 536,559. 48,650. 21,443. 10 Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 288,344. 24,507. 332,851. 20,000. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 75,035. 54,596. 18,831. 1,608. Office expenses 13 Information technology 14 15 Royalties 560,546. 539,692. 16,082. 4,772. 16 Occupancy 107,891. 79.248. 25,429. 3.214. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Payments to affiliates 21 382,067. 364,026. 676. 17,365. Depreciation, depletion, and amortization 22 135,649. 135,649. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 255,649. 40,547. 213,415. 1,687. FOOD MAINTENANCE 237,477. 226,296. 5,783. 5,398. 90,840. 90,840. EDUCATIONAL SUPPLIES AN 73,815. 17,151. 46,390. 10,274. STAFF DEVELOPMENT 148,286.127,630. 595. 20,061. e All other expenses 11,853,361. 10,544,577. 880,544. 428,240. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Pai	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	1,835,469.	1	3,272,215
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	42,751.	3	22,601
	4	Accounts receivable, net	1,446,615.	4	914,677
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	219,391.	9	141,826
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 9,282,586.			
	b	Less: accumulated depreciation 10b 6,189,972.	3,441,487.	10c	3,092,614
	11	Investments - publicly traded securities		11	
	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	269,656.	15	300,373
	16	Total assets. Add lines 1 through 15 (must equal line 33)	7,255,369.	16	7,744,306
	17	Accounts payable and accrued expenses	350,172.	17	482,582
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
11		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	1,753,129
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	263,746.		401,212
	26	Total liabilities. Add lines 17 through 25	613,918.	26	2,636,923
		Organizations that follow FASB ASC 958, check here 🕨 🗓			
ces		and complete lines 27, 28, 32, and 33.	F 40F F60		4 404 504
ılan	27	Net assets without donor restrictions	5,195,562.	27	4,194,524
Ra	28	Net assets with donor restrictions	1,445,889.	28	912,859
nuc		Organizations that do not follow FASB ASC 958, check here			
ī		and complete lines 29 through 33.			
ts c	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	C C 4 1 4 E 1	31	E 10E 202
Se	32	Total net assets or fund balances	6,641,451.	32	5,107,383
	33	Total liabilities and net assets/fund balances	7,255,369.	33	7,744,306

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		<u>,</u> 78		
2	Total expenses (must equal Part IX, column (A), line 25)	2	11	, 85	3,3	61.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1	<b>,</b> 07	1,6	85.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6	,64	1,4	51.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8		-46	2,3	83.
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	5	,10	7,3	83.
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 in Schedule	Э.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	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	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin		I			
	Act and OMB Circular A-133?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	it			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3h		

Form **990** (2019)

#### SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**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

Open to Public Inspection

Name of the organization

ELK HILL FARM, INC **Employer identification number** 

\*\*-\*\*\*1154 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

### 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.)

Sec	ction A. Public Support											
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total					
1	Gifts, grants, contributions, and											
	membership fees received. (Do not											
	include any "unusual grants.")	1953700.	1535704.	1734817.	1709958.	1504503.	8438682.					
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	1953700.	1535704.	1734817.	1709958.	1504503.	8438682.					
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)											
	Public support. Subtract line 5 from line 4.						8438682.					
Sec	Section B. Total Support											
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total					
7	Amounts from line 4	1953700.	1535704.	1734817.	1709958.	1504503.	8438682.					
8	Gross income from interest,											
	dividends, payments received on											
	securities loans, rents, royalties,											
	and income from similar sources				4,804.	12,229.	17,033.					
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.)				63.		63.					
11	<b>Total support.</b> Add lines 7 through 10						8455778.					
12	Gross receipts from related activities,	etc. (see instruction	ns)			12 45	,866,040.					
13	First five years. If the Form 990 is for	-			-							
<u>C</u>	organization, check this box and stop	here										
Sec	ction C. Computation of Publi						00 00					
14	Public support percentage for 2019 (li					14	99.80 %					
15	Public support percentage from 2018						100.00 %					
16a	33 1/3% support test - 2019. If the c											
	<b>stop here.</b> The organization qualifies											
р	33 1/3% support test - 2018. If the c											
4-	and <b>stop here.</b> The organization qual											
1/a	10% -facts-and-circumstances test	_										
	and if the organization meets the "fac			-	•	-						
	meets the "facts-and-circumstances"											
b	10% -facts-and-circumstances test	_										
	more, and if the organization meets the											
40	organization meets the "facts-and-circ			•	,							
18	Private foundation. If the organization	n aid not check a l	box on line 13, 16a	a, 16b, 1/a, or 17b	, cneck this box a	na see instructions	<u> </u>					

Schedule A (Form 990 or 990-EZ) 2019

#### 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)	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(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						
7a Amounts included on lines 1, 2, and						
3 received from disqualified 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)  Section B. Total Support						<u> </u>
	/s) 001 <i>5</i>	(h) 0010	(-) 0017	(4) 0010	(=) 0010	(s) Tatal
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6  10a 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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in 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 five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
check this box and stop here						<b>&gt;</b>
Section C. Computation of Publi	c Support Per	centage				
15 Public support percentage for 2019 (li	ine 8, column (f), d	ivided by line 13, o	column (f))		15	%
16 Public support percentage from 2018					16	%
Section D. Computation of Inves	tment Income	Percentage				
17 Investment income percentage for 20	19 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2019. If the					33 1/3%, and line 1	
more than 33 1/3%, check this box ar						<b>.</b> .
b 33 1/3% support tests - 2018. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organizatio						

#### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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 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
1		
2		
За		
3b		
3с		
4a		
Tu		
4b		
40		
4c		
_		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
5.5		
9c		
30		
40-		
10a		
10b		

Par	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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b		11b		
		11c		
	tion B. Type I Supporting Organizations	1.0		
			Yes	No
4	Did the diverters twisters as membership of any as mare connected experientians have the newester		163	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI 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 directors or trustees were allocated among the 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,			
	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).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
4	Did the expenization provide to each of its supported expenizations, by the last day of the fifth month of the		163	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 in (2), 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		İ
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 government entity (see instruc	ctions)		
2	Activities Test. Answer (a) and (b) below.	31.01.0/	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	2a		
h	that these activities constituted substantially all of its activities.	Za		
b	Did the activities described in (a) 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
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.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ıg Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in F	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	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 1-1/2% 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 .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 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	lly integrate	ed Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	<sup>ব</sup> V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations <sub>(continued)</sub>	
Secti	ion D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemple	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	8	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2010			

Schedule A (Form 990 or 990-EZ) 2019

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Organization type (check one):

## **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

Name of the organization

ELK HILL FARM, INC

\*\*-\*\*\*1154

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

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

**Employer identification number** 

#### ELK HILL FARM, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CAPITAL ONE SERVICES, LLC  15000 CAPITAL ONE DRIVE #12073-0400  RICHMOND, VA 23238-1119	\$\$	Person X Payroll
(a) No.	(b)  Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	VIRGINIA NON-PROFIT HOUSING COALITION (BOB AND ANNA LOU SCHABERG FOUNDATION)  1111 E MAIN STREET SUITE 1100  RICHMOND, VA 23219	\$85,000.	Person X Payroll
(a)	(b)	(c) Total contributions	(d)
	Name, address, and ZIP + 4  COMMUNITY FOUNDATION SERVING RICHMOND AND CENTRAL VIRGINIA  7501 BOULDERS VIEW DRIVE, SUITE 110  RICHMOND, VA 23225	\$140,334.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	HERNDON FOUNDATION  9030 STONY POINT PARKWAY, SUITE 505  RICHMOND, VA 23235	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	ELK HILL FARM FOUNDATION  P.O. BOX 99  GOOCHLAND, VA 23063	\$333,022.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	TOM EILERSON  10 COUNTRY SQUIRE LN  HENRICO, VA 23229	\$ <u>123,063.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
923/52 11-06	240	Cohodula B /Farm	990 990-F7 or 990-PF) (2019)

Name of organization Employer identification number

ELK	$\mathtt{HILL}$	FARM,	INC
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	CABELL FOUNDATION  PO BOX 85678  RICHMOND, VA 23285	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, address, and ZIP + 4	\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

#### ELK HILL FARM, INC

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	69 SHARES AMAZON		
6			
		<u> </u>	12/23/19
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
rom	Description of noncash property given	(See instructions.)	Date received
Part I			
		\$	
(a)		(c)	
No. from	(b)	FMV (or estimate)	(d)
Part I	Description of noncash property given	(See instructions.)	Date received
		\ \$	
(a)		(-)	
No.	(b)	(c) FMV (or estimate)	(d)
rom	Description of noncash property given	(See instructions.)	Date received
Part I		, ,	
		<sub>e</sub>	
			-
(a)	<b>"</b> "	(c)	<i>(</i> 1)
No. from	(b)	FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(See instructions.)	Date received
<del></del>			
		\$	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
rom Part I	Description of noncash property given	(See instructions.)	Date received
<del></del>			
		\$	

Name of organization **Employer identification number** \*\*-\*\*\*1154 ELK HILL FARM, Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ELK HILL FARM, INC

**Employer identification number** \*\*-\*\*\*1154

Pa			r Similar Funds	or Accou	Ints. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6. (a) Donor ac	vised funds	<b>(b)</b> Fu	inds and other accounts
1	Total number at end of year	(1)			
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in w	riting that the asset	s held in donor advis	ed funds	
Ū	are the organization's property, subject to the organization's e	~			Yes No
6	Did the organization inform all grantees, donors, and donor ad				
Ū	for charitable purposes and not for the benefit of the donor or				
	impermissible private benefit?	·		ū	Yes No
Pai					
1	Purpose(s) of conservation easements held by the organization			are iv, iiiio	
•	Preservation of land for public use (for example, recreating the organization)			a historical	y important land area
	Protection of natural habitat	ion of education)	X Preservation of		
	Preservation of open space		1 reservation of	a certified i	iistorie structure
2	Complete lines 2a through 2d if the organization held a qualifie	nd consorvation cor	tribution in the form	of a concord	ration assement on the last
2	day of the tax year.	ed conservation cor	tribution in the form	JI a COLISCIV	Held at the End of the Tax Year
_				2a	-
_	Total number of conservation easements				<del>-</del>
b	•				
	Number of conservation easements on a certified historic stru-				+
a	Number of conservation easements included in (c) acquired af	·			
•	listed in the National Register				
3	Number of conservation easements modified, transferred, rele	ased, extinguished,	or terminated by the	organizatio	n during the tax
_	year		1		
4	Number of states where property subject to conservation ease	· ·	<u>_</u>		
5	Does the organization have a written policy regarding the period	•	pection, handling of		
	violations, and enforcement of the conservation easements it				
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations	s, and enforcing cons	ervation eas	sements during the year
	<b>&gt;</b>				
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and	d enforcing conservat	ion easeme	nts during the year
	<b>&gt;</b> \$				
8	Does each conservation easement reported on line 2(d) above	*	-		
	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its r	evenue and expense	statement a	nd
	balance sheet, and include, if applicable, the text of the footnot	ote to the organizati	on's financial stateme	ents that des	scribes the
_	organization's accounting for conservation easements.	<u> </u>		<u> </u>	
Pai	t III Organizations Maintaining Collections of		reasures, or Ot	ner Simil	ar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its	revenue statement a	nd balance	sheet works
	of art, historical treasures, or other similar assets held for publ	ic exhibition, educa	tion, or research in fu	rtherance of	fpublic
	service, provide in Part XIII the text of the footnote to its finance	cial statements that	describes these item	S.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its rev	enue statement and b	alance shee	et works of
	art, historical treasures, or other similar assets held for public	exhibition, educatio	n, or research in furth	erance of p	ublic service,
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				\$
	(m)			<b>&gt;</b>	\$
2	If the organization received or held works of art, historical trea	sures, or other simil	ar assets for financia	gain, provid	de
	the following amounts required to be reported under FASB AS				
а	Revenue included on Form 990, Part VIII, line 1	-		<b>&gt;</b>	\$
	Assets included in Form 990, Part X				\$
	For Paperwork Reduction Act Notice, see the Instructions				Schedule D (Form 990) 2019

932051 10-02-19

Pai	t III	Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	r Other	Simil	ar Asse	ts <sub>(contii</sub>	nued)	
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its											
	collect	tion items (check all that apply):										
а		Public exhibition	d	ı 🗌	Loan or exc	hange progr	am					
b		Scholarly research	е		Other							
С		Preservation for future generations										
4	Provid	le a description of the organization's co	llections and explair	n how th	ey further th	ne organizatio	on's exen	npt purp	ose in Pa	ırt XIII.		
5	During	the year, did the organization solicit o	r receive donations o	of art, his	storical treas	sures, or oth	er similar	assets				
		sold to raise funds rather than to be ma								Yes		No
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or											
		reported an amount on Form 990, Par	t X, line 21.									
1a		organization an agent, trustee, custodi								_		_
		m 990, Part X?							L	Yes		No
b	If "Yes	s," explain the arrangement in Part XIII	and complete the fol	llowing t	able:				1			
								-		Amoun	t	
С	-	ning balance										
d		ons during the year										
е		outions during the year						- 1				
f		g balance						<u>_1f</u>		<del></del>		٦
		e organization include an amount on Fo						ty?	L	Yes	F	_ No
Par		s," explain the arrangement in Part XIII.  Endowment Funds. Complete i										
ı aı	LV	Complete										h a al .
4.	Danim	sing of coordinates	(a) Current year	(b) P	rior year	(c) Two yea	irs dack	(a) Thre	e years bac	k (e) Fou	r years	раск
		ning of year balance										
b		butions										
C		vestment earnings, gains, and losses										
a		s or scholarships										
е		expenditures for facilities										
_	-	rograms										
f		istrative expenses										
g 2		f year balance le the estimated percentage of the curr	ont year and halance	L (lipo 1c	r column (a)	) hold as:						
		designated or quasi-endowment		% %	j, coluitiii (a)	i) Helu as.						
a b		anent endowment										
C			^0 %									
·		ercentages on lines 2a, 2b, and 2c sho	, -									
За	•	ere endowment funds not in the posse	•	ation tha	t are held ar	nd administe	red for th	e organ	ization			
-	by:	ore endemnent rande net in the peece	oolon or the organiza		t are mora ar	ia aariiiiioto	100 101 111	o organ	Lation		Yes	No
		nrelated organizations								3a(i)		
		elated organizations										
b		s" on line 3a(ii), are the related organiza										
4		be in Part XIII the intended uses of the	· ·									
Par	t VI	Land, Buildings, and Equipm										
		Complete if the organization answered	d "Yes" on Form 990	), Part IV	, line 11a. S	ee Form 990	), Part X,	line 10.				
		Description of property	(a) Cost or o			or other		ccumula	ated	(d) Boo	k valu	e
			basis (investr			(other)	, , ,	oreciatio				
1a	Land				26	5,229.				26	5,2	29.
b		ngs			7,12	9,598.	4,6	507,	840.	2,52	1,7	58.
С		hold improvements										
d		ment	<b>I</b>			0,405.		996,				80.
	Other		687,354. 585,407.						407.			47.
Total	I. Add li	nes 1a through 1e. <i>(Column (d) must</i> e	qual Form 990, Part	X. colun	nn (B), line 1	0c.)			▶	3,09	2,6	14.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 ELK HILL FA	RM, INC	* *	-***1154 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	11b. See Form 990, Part X, line 12.  (c) Method of valuation: Cost or end	d-of-vear market value
	(b) Book value	(c) Method of Valuation. Cost of one	a or year market value
(8) 01 1 1 1 1 2 2 2 2			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X. col. (B) line  Part X Other Liabilities.	e 15.)	<b>&gt;</b>	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DEFERRED COMPENSATION			285,108
(3) DUE TO FOUNDATION			116,104
(4)			

401,212. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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) 2019

(5) (6) (7) (8)

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Schools**

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.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization ELK HILL FARM, INC Employer identification number \*\*-\*\*\*1154

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? 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, Х catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Has the organization publicized its racially nondiscriminatory policy 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. Х If you need more space, use Part II 3 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. Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a X 4b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Х 4d Х d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: X a Students' rights or privileges? 5a X Admissions policies? X c Employment of faculty or administrative staff? 5c Scholarships or other financial assistance? Educational policies? 5e Х X g Athletic programs? 5g

Other extracurricular activities?

**b** Has the organization's right to such aid ever been revoked or suspended?

Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of

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

Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II

**6a** Does the organization receive any financial aid or assistance from a governmental agency?

If you answered "Yes" on either line 6a or line 6b, explain on Part II.

If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.

Schedule E (Form 990 or 990-EZ) 2019

6a

X

Х

X

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ 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.

Employer identification number \*\*-\*\*\*1154 ELK HILL FARM, INC

Par	t I Types of Property						
		(a)	(b)	(c)	(d)		
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of det	•	
		applicable		Form 990, Part VIII, line 1g	noncash contribu	tion amount	ts
1	Art - Works of art			, ,			
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intelligent and accomments						
9	Securities - Publicly traded	Х	33	229,652.			
10	Securities - Closely held stock		33	223,0321			
11	Securities - Closely field stock Securities - Partnership, LLC, or						
••	• • • •						
12	trust interests Securities - Miscellaneous						
13	Qualified conservation contribution -						
13							
14	Historic structures  Qualified conservation contribution - Other						
1 <del>4</del> 15	<u> </u>						
16	Real estate - Residential  Real estate - Commercial						
17							
	Real estate - Other						
18 10	Collectibles						
19 20	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22 23	Historical artifacts						
23 24	Scientific specimens						
24 25	Archeological artifacts						
26 27	Other ()						
27 20	Other ()						
<u>28</u> 29	Other ( )   Number of Forms 8283 received by the organiza	ation during	the tay year for a	ntributions			
29	for which the organization completed Form 828	•	•				
	for which the organization completed Form 626	o, Fait IV, L	Jonee Acknowledg	ement [29]		Yes	T NI a
20-	During the year did the examination receive by	a antributio		autad in Daut I linna 1 through	00 that it	res	No
30a	During the year, did the organization receive by						
	must hold for at least three years from the date		,	•		20-	Х
	exempt purposes for the entire holding period?					30a	A
	If "Yes," describe the arrangement in Part II.	alicy that ==	auiros the reviews	of any nanetandard contributi	one?	24	х
31	Does the organization have a gift acceptance po				UII3!	31	$+^{\Delta}$
3∠a	Does the organization hire or use third parties o		-	•		200	y
1.	contributions?					32a	X
	If "Yes," describe in Part II.	luman /=\ f= ::	o himo of access	for which columns (a) is also	land		
33	If the organization didn't report an amount in co	iumn (c) for	a type of property	Tor which column (a) is chec	keu,		
	describe in Part II.						

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

Schedule M (Form 990) 2019

932142 09-27-19

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

#### Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

**Employer identification number** 

\*\*-\*\*\*1154 ELK HILL FARM, INC FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SUCCESSFUL FUTURES. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS PRESENTED TO THE EXECUTIVE COMMITTEE AND BUDGET AND AUDIT COMMITTEE FOR REVIEW BEFORE FILING. 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 AREA. FORM 990, PART VI, SECTION B, LINE 15: INC. USES INFORMATION GENERATED FROM REGIONAL AS WELL AS ELK HILL FARM, RELATED INDUSTRY DATA SOURCES TO COMPARE SALARY RANGES FOR EXECUTIVE LEVEL BOARD MEMBERS BRING THEIR EXPERIENCES FROM COMPENSATION. IN ADDITION, 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

WELL AS OTHER GOVERNING DOCUMENTS. ELK HILL HIGHLIGHTS THE FACT THAT THE

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

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

Schedule O (Form 990 or 990-EZ) (2019)

ELK HILL FARM, INC	**-***1154
PUBLIC CAN ACCESS THEIR 990 FORM AT GUIDESTAR.ORG. AND THE	BETTER BUSINESS
BUREAU. ELK HILL FARM, INC. MAINTAINS A WEBSITE WHICH PRO	VIDED ACCESS TO
THIS SAME CONTACT INFORMATION.	
PART XII, LINE 1	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR	

#### **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships

• Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

ELK HILL FARM, INC

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

(a)	(b)	(c)	(d)	(e)		(f)		
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state of	or Total inco	ome End-of-year	assets Direc	Direct controlling		
of disregarded entity		foreign country)				entity		
Part II Identification of Related Tax-Exempt Organizations during the tax year.	anizations. Complete if the organization	answered "Yes" on Form 990	O, Part IV, line 34,	because it had one	or more related tax-e.	kempt		
(a)	(b)	(c)	(d)	(e)	(f)	0	<b>g)</b> 512(b)(13)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity	con	trolled	
-		,y,		501(c)(3))		Yes	No	
ELK HILL FARM FOUNDATION - 54-1717053								
РО ВОХ 99	TO CARRY OUT THE PURPOSES							
GOOCHLAND, VA 23063	OF ELK HILL FARM, INC.	VIRGINIA	501(C)(3)	501(C)(3)			X	

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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year	1	ortionate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managir	Percentage ownership
3		foreign	,	excluded from tax under		assets	allocations?		20 of Schedule	partner	<u>'</u>
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	
							ļ				
										$\vdash$	ļ

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

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

Yes No

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 with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				_1a				
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b		X		
c Gift, grant, or capital contribution from related organization(s)				1c	Х			
d Loans or loan guarantees to or for related organization(s)				1d		X		
e Loans or loan guarantees by related organization(s)				1e	Х			
f Dividends from related organization(s)				1f		X		
g Sale of assets to related organization(s)				1g		Х		
h 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		X		
I Performance of services or membership or fundraising solicitations for related organ				11	Х			
m Performance of services or membership or fundraising solicitations by related organ				1m		X		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
Sharing of paid employees with related organization(s)				10	Х			
p Reimbursement paid to related organization(s) for expenses				<b>1</b> p		X		
q Reimbursement paid by related organization(s) for expenses				1q	X			
r Other transfer of cash or property to related organization(s)				1r		X		
s Other transfer of cash or property from related organization(s)				1s		X		
2 If the answer to any of the above is "Yes," see the instructions for information on wh								
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount inv	rolved				
(1) ELK HILL FOUNDATION	С	333,022.						
2) ELK HILL FOUNDATION	E	116,104.						
(3) ELK HILL FOUNDATION	Q	38,974.						
(4)								

<u>(5)</u>

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
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