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

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public

A F	or the	2021 calendar year, or tax year beginning $JUL 1$, 2021 and end	ال gnib	UN 30, 2022					
B (Check if pplicable	C Name of organization		D Employer identifie	cation number				
	Addres	S ELK HILL FARM FOUNDATION							
Ē	Name change			**-***70	53				
	Initial return		om/suite	E Telephone number	r				
	Final return/	P.O. BOX 99		804-457-					
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	817,541.				
	Amend return	GOOCHLAND, VA 23063		H(a) Is this a group re	eturn				
	Application	F Name and address of principal officer: NON SPEARS		for subordinates? Yes X No					
	pending	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No				
		mpt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) or □	527	If "No," attach a	list. See instructions				
		e: ► WWW.ELKHILLFARM.ORG		H(c) Group exemptio					
			L Year o	of formation: 1970 N	1 State of legal domicile: VA				
Pa		Summary							
Ģ	1 [Briefly describe the organization's mission or most significant activities: ELK HII	<u> </u>	ARM FOUNDAT	LON'S				
auc		MISSION IS TO EXCLUSIVELY BENEFIT, PERFORM,							
Activities & Governance	l	Check this box if the organization discontinued its operations or disposed of			sets.				
<u>3</u> 0		Number of voting members of the governing body (Part VI, line 1a)		3	4				
<u>«</u>		Number of independent voting members of the governing body (Part VI, line 1b)		5	0				
ties		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			0				
ξ.	6 7	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			0.				
A		Net unrelated business taxable income from Form 990-T, Part I, line 11		7a 7b	0.				
		vet difference business taxable moonto from our firm our		Prior Year	Current Year				
	8 (Contributions and grants (Part VIII, line 1h)		2,057.	669,863.				
evenue	l	Program service revenue (Part VIII, line 2g)		0.	0.				
e ve	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		150,813.	147,678.				
č		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		152,870.	817,541.				
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		338,452.	401,293.				
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
S	15 3	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.				
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
x	b ī	Total fundraising expenses (Part IX, column (D), line 25) 5,766	<u>•</u>						
Ш	'' '	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		133,600.					
	ı	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		472,052.	416,594.				
	19	Revenue less expenses. Subtract line 18 from line 12		-319,182.					
Net Assets or Find Balances			Beg	ginning of Current Year	End of Year				
Sset	20	Total assets (Part X, line 16)		8,841,654.	7,830,680.				
let A	21	Total liabilities (Part X, line 26)		8,841,654.	7,830,680.				
	22 i	Net assets or fund balances. Subtract line 21 from line 20		0,041,034.	7,030,000.				
		ties of perjury, I declare that I have examined this return, including accompanying schedules and	d statemer	nts, and to the best of my	knowledge and belief it is				
		, and complete. Declaration of preparer (other than officer) is based on all information of which p		•	into though and botton, it is				
Sig	n	Signature of officer		Date					
Her	1	NON SPEARS, CHIEF EXECUTIVE OFFICER							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature		ate Check C	PTIN				
Paid	ı	OLIVIA A. HUTTON, CPA OLIVIA A. HUTTON,	CP 1		P00964688				
-	- F	Firm's name VOUNT, HYDE & BARBOUR, P.C.		Firm's EIN ▶	**-***9263				
Use	Only	Firm's address P.O. BOX 2560							
		WINCHESTER, VA 22604-1760		Phone no. 5 4	0-662-3417				
Maγ	the IR	S discuss this return with the preparer shown above? See instructions			X Yes No				

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	ELK HILL FARM FOUNDATION'S MISSION IS TO EXCLUSIVELY BENEFIT, PERFORM,
	AND CARRY OUT THE CHARITABLE, EDUCATIONAL AND SCIENTIFIC PURPOSES OF
	ELK HILL FARM, INC. ELK HILL FARM, INC. ENABLES CHILDREN AND FAMILIES
	TO TRANSFORM OVERWHELMING CHALLENGES INTO SUCCESSFUL FUTURES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
 4а	(Code:) (Expenses \$ 401,293 • including grants of \$ 401,293 •) (Revenue \$)
	ELK HILL FARM FOUNDATION'S MISSION IS TO EXCLUSIVELY BENEFIT AND
	PERFORM THE CHARITABLE, EDUCATIONAL AND SCIENTIFIC PURPOSES OF OR TO
	CARRY OUT THOSE PURPOSES OF ELK HILL FARM, INC. ELK HILL FARM, INC.
	ENABLES CHILDREN AND FAMILIES TO TRANSFORM OVERWHELMING CHALLENGES INTO
	SUCCESSFUL FUTURES. THROUGH SPECIALIZED EDUCATION, COMMUNITY-BASED
	SERVICES AND RESIDENTIAL TREATMENT PROGRAMS, THESE CHILDREN AND THEIR
	FAMILIES DISCOVER THE ACADEMIC, VOCATIONAL, BEHAVIORAL, AND RELATIONAL
	SKILLS NEEDED TO BE SUCCESSFUL.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 401,293.
	Form 990 (2021)

09461114 781823 41020750.1

Form 990 (2021) ELK HILL FARM FOUNDATION
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes." complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or 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		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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	l		v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
Ť	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			х
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	400		Х
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
b		12b	х	
13	If "Yes," and if the organization answered "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	21	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	174		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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Form **990** (2021)

Form 990 (2021) ELK HILL FARM FOUNDATION
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		100	110
	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			1
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			1
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			1
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			1
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			1
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			37
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
00	"Yes," complete Schedule L, Part IV	28c	Х	<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Λ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
24	contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	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			
5 4	Part V, line 1	34	х	1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
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		х
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	<u> </u>	х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		<u> </u>
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ELK HILL FARM FOUNDATION **-***7053 Page 5 Form 990 (2021) Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. X 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 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 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? 6a 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 d If "Yes," indicate the number of Forms 8282 filed during the year X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f 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

g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?

8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?

9 Sponsoring organizations maintaining donor advised funds.

a Did the sponsoring organization make any taxable distributions under section 4966?

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?

9b Section 501(c)(7) organizations. Enter:

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

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b

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

a Gross income from members or shareholders 11a

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b

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

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

c Enter the amount of reserves on hand

13c

4a Did the organization receive any payments for indoor tanning services during the tax year?

14a X

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?

If "Yes," see the 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.

Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

16

X

5 Form **990** (2021)

ELK HILL FARM FOUNDATION Form 990 (2021) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section 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 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a Х **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х on Schedule O how this was done 12c Х Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? Х 14 14 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? X The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b

Section C. Disclosure

exempt status with respect to such arrangements?

1975 ELK HILL ROAD, GOOCHLAND,

<u> </u>	11.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.	NONE
17	List the states with which a copy of this Form 990 is required to be filed	N()NH:

If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available 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)

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

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

taxable entity during the year?

State the name, address, and telephone number of the person who possesses the organization's books and records RON SPEARS - (804) 457-4866

Form **990** (2021)

Х

16a

23063

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

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

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

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

See the instructions for the order in which to list the persons above.

X Check this box if neither the organization	n nor any related	orga	niza	tion	con	nper	nsate	ed any current officer, d	rector, or trustee.	
(A)	(B)	(C) Position						(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	itior more	1 than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot or/trus	h an	compensation	compensation	amount of
	week				I	T	T	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	or d	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	trus		ee	npeu		1099-NEC)	1099-14EC)	and related
	below	dual t	rtio na	L	oldu	st cor		1000 (120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			5.ga <u>_</u> a
(1) M. BAGLEY REID	1.00	_	Ι-	Ĭ	Ť	1				
CHAIRMAN OF THE BOARD		Х		x		l ,		0.	0.	0.
(2) JOHN G. JORDAN, III	1.00	 					,			
TRUSTEE	1,00	х				+ 7		0.	0.	0.
(3) CHARLES E. BRADSHAW, III	1.00			•	6			1	J •	<u> </u>
TRUSTEE	1.00	X			N.			0.	0.	0.
(4) WILLIAM T. CLARKE, JR.	1.00	*	\vdash	7				1	0.	
TRUSTEE	1.00	x			1			0.	0.	0.
INOUTED		ZX				\vdash	<u> </u>	•	0.	<u> </u>
		1								
	111					\vdash				
	V									
						\vdash				
						-				
						-				
						_				
						-				
		1			1	1	i .	l	l	

Form 990 (2021)

-*7053

ı aı	Section A. Officers, Directors, Trus	tees, Key Emp	<u> loy</u>	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per	rage s per (do n			son i	than dis both	n an	(D) Reportable compensation	(E) Reportable compensation from related	n	(F) Estimated amount of		
		week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer Officer	Key employee	Highest compensated complexed since some solutions.		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MIS 1099-NEC)		com fr organo	other pensa om the anizati d relate anizatio	e on ed
	-		-											
			-						.0	7)				
			-											
									5					
			_				,		0					
							(
	Subtotal	<u> </u>	<u> </u>			6	5		0.		0.			0.
q	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A						>	0.		0.			0.
2	Total number of individuals (including but n			liste	d ab	ove	e) wh	o re		000 of reportable				0
-	compensation from the organization	111	ナ										Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			-	-	-		_	hest compensated emp	•		3		Х
4	For any individual listed on line 1a, is the stand related organizations greater than \$150			-					•	-		4		Х
5	Did any person listed on line 1a receive or a	accrue comper	nsatio	on fr	om a	any	unre	elate	ed organization or individ	dual for services		-		
Sec	rendered to the organization? If "Yes, " cometion B. Independent Contractors											5		X
1	Complete this table for your five highest co the organization. Report compensation for	•	-							· · · · · · · · · · · · · · · · · · ·	ensat	ion fro	om	
	(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	С	(C omper		า
	-													
2	Total number of independent contractors (ii		ot lin	nited	d to t	_		ted	above) who received mo	ore than				
	\$100,000 of compensation from the organization	zation				(J					Form ⁹	990 (2	2021)

132008 12-09-21

Total revenue Related or e function rev	exempt Unrelated business revenue	Revenue excluded
the state of the s		
1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 1a		
Business Code		
ψ 2 a		
, , , , , , , , , , , , , , , , , , ,		
о по		
Bev P		
b c d e All other program service revenue		
1 7 in our of program our vor last		
g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and		
other similar amounts) 147,678		147,678.
4 Income from investment of tax-exempt bond proceeds		
5 Royalties		
(i) Real (ii) Personal		
6 a Gross rents 6a		
b Less: rental expenses 6b		
c Rental income or (loss) 6c		
d Net rental income or (loss)		
7 a Gross amount from sales of (i) Securities (ii) Other		
assets other than inventory 7a		
b Less: cost or other basis		
and sales expenses		
and sales expenses 7b c Gain or (loss) 7c d Net gain or (loss)		
8 a Gross income from fundraising events (not including \$ of		
contributions reported on line 1c). See		
Part IV, line 18 8a 8b		
c Net income or (loss) from fundraising events		
9 a Gross income from gaming activities. See		
Part IV, line 199a		
b Less: direct expenses 9b		
c Net income or (loss) from gaming activities		
10 a Gross sales of inventory, less returns		
and allowances 10a		
b Less: cost of goods sold10b		
c Net income or (loss) from sales of inventory		
Business Code		
Bekenne d All other revenue		
de d		
d All other revenue e Total. Add lines 11a-11d		
e Total. Add lines 11a-11d 12 Total revenue. See instructions • 817,541.	0. 0.	147,678.

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) Do not include amounts reported on lines 6b. Total expenses Program service expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 401,293. 401,293. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 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) Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management а Legal 9,500 9,500. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 766. 5,766. 12 Advertising and promotion 35. 35. 13 Office expenses Information technology 14 Royalties 15 16 Occupancy 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization 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.) All other expenses 416,594. 401,293. 9,535. 5,766. 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)

Form 990 (2021)
Part X | Balance Sheet

t X	Balance Sheet				
	Check if Schedule O contains a response or no	ote to any line in this Part X			
			(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		451,306.	1	557,621
2				2	
3	Pledges and grants receivable, net	234,207.	3	94,122	
4			4		
5					
	trustee, key employee, creator or founder, sub	stantial contributor, or 35%			
	controlled entity or family member of any of the	ese persons		5	
6	Loans and other receivables from other disqua				
	under section 4958(f)(1)), and persons describe	ed in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net		450.	7	450
8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges			9	
10a					
	basis. Complete Part VI of Schedule D	10a			
b				10c	
11			8,058,454.		7,162,916
12			12		
13	Investments - program-related. See Part IV, line		13		
14					
15					15,571
16			8,841,654.		7,830,680
	Grants payable				
	•			21	
22					
		· ·		24	
25					
				٥- ا	
06			<u> </u>		0
26			0.	26	
		leck liefe 11			
27			5,826,456.	27	4,283,160
					3,547,520
			0,020,200		0,01,701
		oco, check here			
29	•	S		29	
٠.	Total net assets or fund balances		8,841,654.	32	7,830,680
32	Lotal net assets or fund balances		0,0#1.0J#*	.3/	7.050.000
	2 3 4 5 6 7 8 9 10a b 11 12 13 14 15	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current of trustee, key employee, creator or founder, subscontrolled entity or family member of any of the 6 Loans and other receivables from other disquate under section 4958(f)(1)), and persons describe 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 13 Investments - program-related. See Part IV, line 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must eq 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete 22 Loans and other payables to any current or for trustee, key employee, creator or founder, subscontrolled entity or family member of any of the 23 Secured mortgages and notes payable to unrelate 24 Unsecured notes and loans payable to unrelate 25 Other liabilities (including federal income tax, parties, and other liabilities not included on line of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, chand complete lines 27, 28, 32, and 33. 27 Net assets with donor restrictions Organizations that do not follow FASB ASC and complete lines 29 through 33. 28 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or early and the paid in or capital surplus, or land, building, or early and the paid in or capital surplus, or land, building, or early and the paid in or capital surplus, or land, building, or early and the paid in or capital surplus, or land, building, or early and the paid in or capital surplus, or land, b	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 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 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) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 11 Less: accumulated depreciation 12 Investments - publicity traded securities 13 Investments - other securities. See Part IV, line 11 14 Intangible assets 15 Other assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other 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 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Add lines 17 fhrough 25 Organizations that follow FASB ASC 958, check here 26 Total liabilities. Add lines 17 fhrough 25 Organizations that follow FASB ASC 958, check here 30 Paid-in or capital surplus, or land, building, or equipment fund	Cash - non-interest-bearing	1 Cash - non-interest-bearing 451, 306. 1 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 234, 207. 3 4 Accounts receivable, net 4 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 6 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(f)), and persons described in section 4958(c)(3)(B) 6 6 Notes and loans receivable, net 8 7 Notes and loans receivable, net 9 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 9 9 Prepaid expenses and deferred charges 9 9 Prepaid expenses and deferred charges 9 9 Investments - publicity traded securities 100a 100b 100b 100c 100c 100c 100c 100c 100c

Form **990** (2021)

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			7,5			
2	Total expenses (must equal Part IX, column (A), line 25)			5,5				
3	Revenue less expenses. Subtract line 2 from line 1				<u>47.</u> 54.			
4								
5	Net unrealized gains (losses) on investments	5	-1,	-1,411,921.				
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	7,	830	0,6	80.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII					X		
			_		Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	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?		L	2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	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?		L	2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	it					
	Act and OMB Circular A-133?		L	За		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audi	t					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				
				Form	990	(2021)		

132012 12-09-21

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

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

-*7053

Name of the organization Employer identification number ELK HILL FARM FOUNDATION

Pa	ırt I	Reason for Public (Charity Status. ((All organizations must o	omplete th	nis part.) S	ee instructions.				
The	organ	ization is not a private found	lation because it is: (F	or lines 1 through 12, c	heck only	one box.)					
1	\Box	A church, convention of ch	,	o ,	,	,	1YAYi).				
2	H	•	,				· //· · //·				
3	H	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	H	A medical research organiz						the hespital's name			
4		· ·	ation operated in cor	ijunction with a nospital	described	iii secilo	III I70(D)(I)(A)(III). EITE	the nospital s name,			
_		city, and state:						1.			
5		An organization operated for		lege or university owned	or operat	ed by a go	overnmental unit describe	ed in			
		section 170(b)(1)(A)(iv).	Complete Part II.)								
6	Щ	A federal, state, or local government	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7		An organization that norma	ılly receives a substar	ntial part of its support fr	rom a gove	ernmental	unit or from the general	oublic described in			
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)		. (7)				
9		An agricultural research org				ed in conju	unction with a land-grant	college			
		or university or a non-land-g									
		university:		,							
10		An organization that norma	Illy receives (1) more t	than 33 1/3% of its supp	ort from c	ontribution	ns, membership fees, an	d gross receipts from			
		activities related to its exen									
		income and unrelated busin	•	•				-			
		See section 509(a)(2). (Co		(1033 300tion of Fitax) inc	om busines	soco acqui	red by the organization a	inter durie do, 1373.			
44				volv to toot for public of	Fatur Sax	acation E(20(=)(4)				
11	T	An organization organized									
12	X	An organization organized a									
		more publicly supported or	-					check the box on			
	77	lines 12a through 12d that									
а	ı LX										
		the supported organization		· ·	majority o	of the direc	ctors or trustees of the su	upporting			
	_	organization. You must o	complete Part IV, Se	ctions A and B.							
b	, L		anization supervised	or controlled in connect	tion with its	s supporte	ed organization(s), by hav	ving			
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the sup	oorted			
		organization(s). You mus	t complete Part IV,	Sections A and C.							
c	;	Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,			
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ections A,	D, and E.				
c		Type III non-functionally						zation(s)			
		that is not functionally int									
		requirement (see instruct			•		•				
e		Check this box if the orga	•	•	•						
	· <u> </u>	functionally integrated, or					Type i, Type ii, Type iii				
	Ent	er the number of supported of	* *	ially liftegrated supporting	ng organiz	ation.		1			
		vide the following information	-	d organization(a)							
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of monetary	(vi) Amount of other			
	,	organization	(,	(described on lines 1-10	in your governi	No No	support (see instructions)	support (see instructions)			
				above (see instructions))	162	NO	,	,			
	TZ TT	TIT DADM THO	**-***1154	7			401 002				
<u> E.L.</u>	<u>к</u> н	ILL FARM, INC	^^-^^1154	7	X		401,293.				
	-1						101 203	0			

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u> </u>	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included				.0		
	on line 1 that exceeds 2% of the				30		
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨 📗	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, e	tc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for the	organization's fir	rst, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						>
Sec	ction C. Computation of Public	Support Per	centage				
14	Public support percentage for 2021 (lin	ie 6, column (f), d	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2020 S	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2021. If the or	ganization did no	t check the box or	n line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies a	s a publicly supp	orted organization				
b	33 1/3% support test - 2020. If the or	ganization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qualifi	ies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test -						
	and if the organization meets the facts-	and-circumstance	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances tes	t. The organizatio	n qualifies as a pu	blicly supported or	ganization		▶□
b	10% -facts-and-circumstances test -	2020. If the org	anization did not d	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	facts-and-circum	nstances test, chec	ck this box and st	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circur	nstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	>
18	Private foundation. If the organization	did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<u> </u>
						Calaaduda A	(Farm 000) 0001

Schedule A (Form 990) 2021

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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				10		
	the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and				h		
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	1			T	T	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on	* . (
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						_
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is	P .					
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					04()(0)	<u> </u>
14	First 5 years. If the Form 990 is for the	•		•			
Sec	check this box and stop here ction C. Computation of Publi						P
	Public support percentage for 2021 (I			column (fl)		15	%
	Public support percentage from 2020		•			16	<u> </u>
	ction D. Computation of Inves			•••••			70
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from					18	<u> </u>
	33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	Na
	res	NO
1	Х	
2		X
3a		_X_
3b		
3c		
		Х
4a		
4b		
40		
4c		
5a		_X_
5b		
5c		
		Х
6		77
7		Х
8		Х
9a		X
9b		X
9c		X
		v
10a		X
401-		
10b	- 000\	

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Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		Х
b	A fam	nily member of a person described on line 11a above?	11b		Х
С	A 359	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		Х
Sect	ion I	B. Type I Supporting Organizations			
				Yes	No
1	Did th	he governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Х	
		he organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes." explain in			
		VI how providing such benefit carried out the purposes of the supported organization(s) that operated.			
		rvised, or controlled the supporting organization.	2		Х
		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			
		istees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sect	ion l	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	he organization provide to each of its supported organizations, by the last day of the fifth month of the			
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization'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			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
	the oi	rganization maintained a close and continuous working relationship with the supported organization(s).	2		
		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	signif	ficant voice in the organization's investment policies and in directing the use of the organization's			
	incon	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	3		
Sect	ion l	E. Type III Functionally Integrated Supporting Organizations			
1	Chec	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).	•		
а	Щ	The organization satisfied the Activities Test. Complete line 2 below.			
b	Щ	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instance)	struction	s).	
		ities Test. Answer lines 2a and 2b below.		Yes	No
		substantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		these activities constituted substantially all of its activities.	2a		
		he activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		VI the reasons for the organization's position that its supported organization(s) would have engaged in	A 1.		
		e activities but for the organization's involvement.	2b		
		nt of Supported Organizations. Answer lines 3a and 3b below.			
		he organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
D	טוט נו	he organization exercise a substantial degree of direction over the policies, programs, and activities of each			

ule A (Form 990) 2021 ELK HILL FARM FOUNDATION			**-***7053 Page 6
V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga		r ago c
			Part VI). See instructions.
		'	·
n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
let short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
dd lines 1 through 3.	4		
Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or			
ollection of gross income or for management, conservation, or			
naintenance of property held for production of income (see instructions)	6		
Other expenses (see instructions)	7		
djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
ggregate fair market value of all non-exempt-use assets (see			
nstructions for short tax year or assets held for part of year):		.01	
verage monthly value of securities	1a	10	
verage monthly cash balances	1b		
air market value of other non-exempt-use assets	1c		
otal (add lines 1a, 1b, and 1c)	1d (
Discount claimed for blockage or other factors			
explain in detail in Part VI):			
acquisition indebtedness applicable to non-exempt-use assets	2		
	3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	Check here if the organization satisfied the Integral Part Test as a qualifying t	Check here if the organization satisfied the Integral Part Test as a qualifying trust of All other Type III non-functionally integrated supporting organizations must completed in A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions 2 Dither gross income (see instructions) 3 Add lines 1 through 3 Depreciation and depletion 5 Depreciation 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 Dither expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 In B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities 1a Average monthly cash balances 1b Fair market value of other non-exempt-use assets 1c Total (add lines 1a, 1b, and 1c) 1d Discount claimed for blockage or other factors explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d.	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in All other Type III non-functionally integrated supporting organizations must complete Sections A through E. In A - Adjusted Net Income Cet short-term capital gain Cecoveries of prior-year distributions Cetter gross income (see instructions) Add lines 1 through 3. Cepreciation and depletion Cortion 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) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) Be an B - Minimum Asset Amount (A) Prior Year Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d.

1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		
	emergency temporary reduction (see instructions).	6	

5

6 7

8

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

Schedule A (Form 990) 2021

Current Year

Net value of non-exempt-use assets (subtract line 4 from line 3)

Multiply line 5 by 0.035.

Section C - Distributable Amount

Recoveries of prior-year distributions

Minimum Asset Amount (add line 7 to line 6)

Schedule A (Form 990) 2021

Part VI	Supplemental Information Device the advantage of the Date State Country and
1 alt VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
	(See instructions.)
	$oldsymbol{\Omega}$.
	·V)
	• (•

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

Schedule I (Form 990) 2021

ELK HILL	FARM FOUN	DATION					**-***7053
Part I General Information on Grants	and Assistance					•	
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or assi	stance, and the selection	
criteria used to award the grants or ass	stance?						Yes X No
2 Describe in Part IV the organization's pr	ocedures for monit	oring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistance to recipient that received more than					ganization answered "\	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ELK HILL FARM, INC					2		
P.O. BOX 99							ASSIST ELK HILL FARM WITH
GOOCHLAND, VA 23063	••*:***-	**1154	401,293.	0.			ITS MISSION.
		70,					
2 Enter total number of section 501(c)(3) a3 Enter total number of other organization	-	=					<u>1.</u>

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
				.01	
			C	5	
			10		
			2		
		()	>		
Supplemental Information. Provide the information	ation required in Part I, lin	e 2; Part III, colum	n (b); and any other ac	Iditional information.	
		\cup			
	.0)	•			
4					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

Name of the organization ELK HILL FARM FOUNDATION Employer identification number **-***7053

Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	termini	_	5
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	10	71,775.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other)				
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (
26	Other (
27	Other (
28	Other (
29	Number of Forms 8283 received by the organiz	zation during	the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29				
						$ \bot $	Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period?	?				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	policy that re	equires the review	of any nonstandard contribut	ions?	31		Х
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is chec	ked,			
	describe in Part II.							
	For Denominant Dedication Act Notice and			_				

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

Schedule M (Form 990) 2021

132142 11-17-21 Schedule M (Form 990) 2021

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ELK HILL FARM FOUNDATION

Employer identification number **-***7053

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CHARITABLE, EDUCATIONAL AND SCIENTIFIC PURPOSES OF ELK HILL FARM, INC.
ELK HILL FARM, INC. ENABLES CHILDREN AND FAMILIES TO TRANSFORM
OVERWHELMING CHALLENGES INTO SUCCESSFUL FUTURES.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS PRESENTED TO THE BOARD OF TRUSTEES FOR REVIEW BEFORE
FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED EACH YEAR AS PART OF THE
BOARD MANUAL. IN ADDITION, EACH NEW BOARD MEMBER ATTENDS AN ORIENTATION
SESSION AND DISCUSSES, AMONGST OTHER ISSUES, CONFLICTS OF INTEREST. EACH
YEAR BOARD MEMBERS ARE PROVIDED WITH THE ANNUAL BOARD MANUAL WHICH
HIGHLIGHTS THIS AREA.
FORM 990, PART VI, SECTION C, LINE 19:
ELK HILL PUBLISHES AN ANNUAL REPORT WHICH PROVIDES CONTACT INFORMATION
THROUGH WHICH THE PUBLIC CAN GAIN ACCESS TO AUDITED FINANCIAL STATEMENTS,
AS WELL AS OTHER GOVERNING DOCUMENTS. ELK HILL FARM, INC. MAINTAINS A
WEBSITE WHICH PROVIDES ACCESS TO THE 990.
FORM XII LINE 1
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

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

Schedule O (Form 990) 2021

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number **-***7053

(a)	(b)	(c)	(d)	(e)			(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state o foreign country)	r Total inco					9
			10					
		S						
		-0/0						
		19						
Part II Identification of Related Tax-Exempt O organizations during the tax year.	rganizations. Complete if the organization	answered "Yes" on Form 990	, Part IV, line 34, t	pecause it had one	or more r	elated tax-exer	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) t controlling entity	conti	g) 512(b)(13) rolled tity?
		,,		501(c)(3))			Yes	No
LK HILL FARM, INC 23-7071154	SPECIALIZED							
O BOX 99	ED, COMMUNITY-BASED							
OOCHLAND, VA 23063	SERVICES AND RESIDENTIAL	VIRGINIA		501(C)(3)				X

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

SEE PART VII FOR CONTINUATIONS

ELK HILL FARM FOUNDATION

Schedule R (Form 990) 2021

		0 11 1611 1 11	W/ " F 000	D . D . C		
Part III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 34, t	ecause it had one o	r more related
	organizations treated as a partnership during the tax year.	·				
	organizations insured as a partitional partition and and and and and and and and and an					

(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 assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	Percentage ownership		
		foreign country)		sections 512-514)		assets	Yes		Yes		K-1 (Form 1065)	Yes No	
						2.							
						0							
	-												
											_		
	-												
	1												
	1												
				* 60									

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)	(i	i) tion
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	CITA	o)(13) colled ity?
								res	NO_

1a

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

b Gift, grant, or capital contribution to related organization(s)								
Gift, grant, or capital contribution from related organization(s)								
d Loans or loan guarantees to or for related organization(s)								
e Loans or loan guarantees by related organization(s)				1e		X		
f Dividends from related organization(s)				1f		X		
g Sale of assets to related organization(s)		, (V)		1g		X		
h Purchase of assets from related organization(s)				1h		X		
Exchange of assets with related organization(s)								
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 orga				11	Х			
m Performance of services or membership or fundraising solicitations by related orga	nization(s)			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				1p	Х			
q Reimbursement paid by related organization(s) for expenses				1q	Х			
r Other transfer of cash or property to related organization(s)	1			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 w	vho must complete th	nis line, including covered relation	ships and transaction thresholds.					
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	volved				
(1) ELK HILL FARM, INC.	В	401,293.						
(2) ELK HILL FARM, INC.	D	15,571.						
(3) ELK HILL FARM, INC.	P	5,766.						
(4)								
(5)								
(6)			0.1.1.1	D /F-	- 000'	0004		
l32163 11-17-21			Schedule	r (Forr	11 99U)	2 027		

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

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

(a)	(b)	(c)	(d)	(e) Are all	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec	1	Share of	Dispropor- tionate		General o	Percentage
of entity		(state or foreign	related, unrelated,	partners sec 501(c)(3) orgs.?	total	end-of-year	allocations	amount in box 20) managing partner?	ownership
		country)	sections 512-514)	Yes No		assets	Yes No	(Form 1065)	Yes No	1
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Schedule R (Form 990) 2021