## 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

Department of the Treasury

▶ 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** 

2022 A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, Check if applicable: C Name of organization D Employer identification number Address change ELK HILL FARM, INC Name change \*\*-\*\*\*1154 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated P. O. BOX 99 (804)457-486611,816,534. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 23063 GOOCHLAND, VA H(a) Is this a group return Applica-tion pending F Name and address of principal officer: RON SPEARS for subordinates? ..... Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status:  $\mathbf{X}$  501(c)(3)  $\mathbf{\Box}$  501(c) ( ) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: ► WWW.ELKHILLFARM.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Other > L Year of formation: 1970 M State of legal domicile: VA Association Part I Summary Briefly describe the organization's mission or most significant activities: ELK HILL FARM, INC. ENABLES **Activities & Governance** CHILDREN AND FAMILIES TO TRANSFORM OVERWHELMING CHALLENGES INTO if the organization discontinued its operations or disposed of more than 25% of its net assets. 29 Number of voting members of the governing body (Part VI, line 1a) 3 3 Number of independent voting members of the governing body (Part VI, line 1b) 29 4 261 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Current Year Prior Year** 4,925,597. 2,438,193. Contributions and grants (Part VIII, line 1h) 8 8,502,600. 9,353,946. Program service revenue (Part VIII, line 2g) 1,103. 2,179. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 22,216. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 11 13,429,300. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 11,816,534. 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 14 8,585,585. 9,611,949. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,363,822. 2,599,403. 10,949,407. 12,211,352. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,479,893. -394,818. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 8,585,874. 8,024,424. 20 Total assets (Part X, line 16) 998,598. 831,966. 21 Total liabilities (Part X, line 26) 三年 587,276. 192,458 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign RON SPEARS, CHIEF EXECUTIVE OFFICER Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name OLIVIA A. HUTTON, CP 11/14/22 self-employed P00964688 OLIVIA A. HUTTON, CPA Paid Firm's name YOUNT, HYDE & BARBOUR, P.C. Firm's EIN > \*\*- \*\*\*9263 Preparer Firm's address P.O. BOX 2560 Use Only Phone no. 540 - 662 - 3417 WINCHESTER, VA 22604-1760

May the IRS discuss this return with the preparer shown above? See instructions

X Yes

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	ELK HILL FARM, 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
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$4,010,442. including grants of \$) (Revenue \$3,557,754.)
	ELK HILL FARM HAS THREE SCHOOLS THAT PROVIDE STUDENTS WITH AN
	INDIVIDUALIZED EDUCATION, VOCATIONAL TRAINING, AND A CONTINUUM OF
	COUNSELING AND THERAPEUTIC SERVICES. ELK HILL'S TRAINED PROFESSIONAL
	TEACHERS, COUNSELORS AND LICENSED THERAPISTS WORK WITH CHILDREN AND
	THEIR PARENTS IN SCHOOL AND AT HOME, HELPING THEM TO DEVELOP POSITIVE
	COPING AND COMMUNICATION SKILLS.
4b	(Code: ) (Expenses \$ 3,880,876 · including grants of \$ ) (Revenue \$ 3,381,828 · )
	ELK HILL'S RESIDENTIAL PROGRAMS OFFER A SAFE AND CARING ENVIRONMENT IN
	WHICH YOUNG PEOPLE CAN LEARN TO IDENTIFY, ANALYZE AND ACQUIRE SKILLS TO
	COPE WITH THEIR PROBLEMS, IMPROVE ACADEMIC AND SOCIAL SKILLS AND
	DEVELOP SELF-CONFIDENCE AND RESPONSIBILITY. ELK HILL OPERATES FIVE
	RESIDENTIAL GROUP HOMES. SET IN SUPPORTIVE COMMUNITY ENVIRONMENTS,
	DAILY ROUTINES ARE STRUCTURED AROUND LEARNING BEHAVIORAL AND
	INDEPENDENT-LIVING SKILLS WHICH WILL ALLOW THEM TO TRANSITION INTO THE
	COMMUNITY TO BECOME PRODUCTIVE CITIZENS.
4c	(Code: ) (Expenses \$ 2,881,170 . including grants of \$ ) (Revenue \$ 2,436,480 . )
	ELK HILL OFFERS A VARIETY OF COMMUNITY-BASED SERVICES TO YOUTH AND
	THEIR FAMILIES THROUGH ITS PROFESSIONALLY TRAINED AND LICENSED
	COUNSELORS. THESE SERVICES INCLUDE SCHOOL-BASED THERAPEUTIC DAY
	TREATMENT, OUTPATIENT COUNSELING AND COMMUNITY-BASED THERAPEUTIC
	MENTORING AND INTENSIVE IN-HOME SERVICES. ELK HILL OPERATES SUMMER
	PROGRAMS WHERE AT-RISK CHILDREN CAN LEARN CORRECTIVE BEHAVIORS, WHILE
	AT THE SAME TIME ENJOYING A TRADITIONAL SUMMER CAMP EXPERIENCE.
	AT THE DAME TIME ENOUTING A TRADITIONAL DOMMER CAME EXTERIENCE.
4-1	Other program comings (Describe on Schodule O.)
4d	Other program services (Describe on Schedule O.)
46	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 10,772,488.
4e	Total program service expenses ► 10 , 772 , 488 . Form 990 (2021)
	FOIII 330 (2021)

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# Form 990 (2021) ELK HILL FARM, INC Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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		Х
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	Х	
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	Х	
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			٠,,
	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	l		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	X
e	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			<sub>v</sub>
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		X
<b>L</b>	Schedule D, Parts XI and XII	12a		Α
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	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	X	
14a		14a	21	х
b	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,	170		
J	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		x
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		Х
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X
			~~~	

Form 990 (2021) 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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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		Х
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		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 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	Х	
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			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O  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			$\square$
	1 1 -		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
	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	X	(2021)

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			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 261			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
Va		60		x
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		122
b		Ch		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7-		v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			, .
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			.,
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	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?	17		L
	If "Yes," complete Form 6069.			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 29			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 29			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
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?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule 0	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
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	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on 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	X	
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	
	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		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)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.	-		
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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 FIR HILL DOND COOCHLAND VA 23063			

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

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

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

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

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

Check this box if neither the organization n	or any related	orga	niza	tion	con	nper	sate	ed any current officer, di	irector, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not cl	Posi			one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	a a a	recto	r/trus	tee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	ıl trus		/ee	m pen		1099-NEC)	1099-NEO)	and related
	below	ndividual trustee or director	Institutional trustee	Į.	Key employee	st co	-E			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			· ·
(1) RONALD K. SPEARS	40.00									
CHIEF EXECUTIVE OFFICER				Х				148,998.	0.	0.
(2) LAURA EASTER	40.00						1			
CHIEF OPERATING OFFICER				Х				118,162.	0.	0.
(3) DANIEL FITZSIMMONS	40.00	1								
CHIEF FINANCIAL OFFICER	<b></b>			X				105,132.	0.	0.
(4) KATHLEEN LEFCOURT	40.00							60 501		
CPO	1 00			X				69,701.	0.	0.
(5) GERALD L. HAGEN, JR.	1.00									
DIRECTOR		x						0.	0.	0.
(6) WILLIAM J. G. BARNES	1.00	ļ							•	•
BOARD CHAIR	1 00	Х		Х				0.	0.	0.
(7) ELIZABETH CECH	1.00	٠,,							0	0
DIRECTOR	1 00	Х						0.	0.	0.
(8) CHARLES E. BRADSHAW III	1.00	х		х				0.	0.	0
IMMED BOARD PAST CHAIR  (9) WILLIAM T. CLARKE, JR.	1.00	Α	$\vdash$	Λ				0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(10) DAVID P. CORRIGAN	1.00							•	0.	<u>_                               </u>
DIRECTOR	1.00	х						0.	0.	0.
(11) SUSAN H. DAVENPORT	1.00	<del></del>							0.1	
DIRECTOR		х						0.	0.	0.
(12) MR. MICHAEL E KLEIN	1.00									
DIRECTOR		Х						0.	0.	0.
(13) MS. SARAH LANE	1.00									
DIRECTOR		Х						0.	0.	0.
(14) WILLIAM H. HARRIS, III	1.00									
DIRECTOR		Х						0.	0.	0.
(15) JOHN G JORDAN, III	1.00									
DIRECTOR		Х						0.	0.	0.
(16) PAMELA HARRIS	1.00	]								
DIRECTOR		Х						0.	0.	0.
(17) DR. JOSEPH A. JAMES	1.00	1						_	_	_
DIRECTOR		Х						0.	0.	<b>0.</b>

132007 12-09-21

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)		,		C)	<b>J</b>		(D)	(E)	(F)
Name and title	Average hours per week	box	not c	Pos heck i ss per	ition more son i	than o s both or/trus	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) M. BAGLEY REID	1.00									
FOUNDATION CHAIR		Х						0.	0.	0.
(19) MR PHILIP SAUL DIRECTOR	1.00	х						0.	0.	0.
(20) MS. ELISHA WILKINS CONTNER	1.00									
DIRECTOR		Х						0.	0.	0.
(21) NELSON S. TEAGUE, JR.	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(22) HENRY L. VALENTINE, III DIRECTOR	1.00	Х						0.	0.	0.
(23) CHUCK WADDELL	1.00									
DIRECTOR		Х						0.	0.	0.
(24) C. HUNTER STOKES DIRECTOR	1.00	Х						0.	0.	0.
(25) STEPHANIE T. JEFFERSON	1.00									
SECRETARY		х		х				0.	0.	0.
(26) REV DR. JOHN E. MILLER	1.00						4			
DIRECTOR		Х						0.	0.	0.
1b Subtotal								441,993.	0.	0.
c Total from continuation sheets to Part V							<b></b>	0.	0.	0.
d Total (add lines 1b and 1c)				<u>)</u>	<u></u>		<u> </u>	441,993.	0.	0.
2 Total number of individuals (including but r	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100.	.000 of reportable	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

#### Section B. Independent Contractors

1 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
COMCAST COMMUNICATIONS 918 N ARTHUR ASHE BLVD, RICHMOND, VA 23230	HIGH SPEED INTERNET CONNECTION	274,349.
VA SCHOOL FOR DEAF AND BLIND PO BOX 2069, STANTON, VA 24402	LESSOR - STAUNTON SCHOOL	151,737.
EMMET STREET, LLC, 1640 STATE FARM BLVD, CHARLOTTESVILLE, VA 22911	LESSOR - CHARLOTTESVILLE SCHO	112,724.

2 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 (2021)

09451114 781823 41020750.0

Form 990_ ELK HILL	FARM, I	NC	•						**_**	1 1 J 1
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, aı	nd H	lighe	est (	Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(c	heck	call t	that	арр	ly)	compensation	compensation	amount of
	per week (list any hours for	irector				employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization
	related organizations below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ıer	(W-2/1099-WI3C)		and related organizations
	line)	Indiv	Instit	Officer	Key 6	High	Former			
(27) R.L. TERRELL WILLIAMS B&A CHAIR	1.00	х						0.	0.	0.
(28) JEFFREY L. WILT	1.00									
DEV CO-CHAIR		Х						0.	0.	0.
(29) ALEXANDRA DAHLGREN	1.00									
DIRECTOR		Х						0.	0.	0.
(30) E. TELLER STALFORT	1.00	.,								0
DIRECTOR (31) PAUL MORETON	1.00	Х		-				0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(32) CARL WOODSON	1.00									
DIRECTOR		Х						0.	0.	0.
								0		
				•	C	5				
		<		7						
		•								
	111	J								
	10									
		7	1	1	1	ı	i	I	1	

Form 990 (2021) ELK HIL
Part VIII Statement of Revenue

			Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
			Officer if Schedule O contains a response	or note to any iin	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
								Sections 512 - 514
nts nts	1		Federated campaigns 1a					
ira our		b	Membership dues1b					
s, C		С	Fundraising events 1c					
ar,		d	Related organizations 1d	401,293.				
Contributions, Gifts, Grants and Other Similar Amounts		е	Government grants (contributions) 1e	1,106,555.				
Sign		f	All other contributions, gifts, grants, and					
bel			similar amounts not included above 1f	930,345.				
ᅙ럁		a	Noncash contributions included in lines 1a-1f	71,775.				
Sor		_	Total. Add lines 1a-1f	<u> </u>	2,438,193.			
<u> </u>		•	Totall / Ida ii i i i i i i i i i i i i i i i i i	Business Code	, ,			
_	2	_	TUITION ASSISTANCE AND FEES	611710	7,254,565.	7,254,565.		
ice	2		MEDICAID AND INSURANCE	623990	2,099,381.	2,099,381.		
er ne		~	MEDICAID AND INSURANCE	023330	2,055,501.	2,055,301.		
n S		С						
Jrar Se		d				- (/)		
Program Service Revenue		е				1		
Δ.			All other program service revenue					
		g	Total. Add lines 2a-2f		9,353,946.			
	3		Investment income (including dividends, inter					
			other similar amounts)	<b>&gt;</b>	2,179.			2,179.
	4		Income from investment of tax-exempt bond	oroceeds <b>&gt;</b>				
	5		Royalties	<b>&gt;</b>				
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
			Gross amount from sales of (i) Securities	(ii) Other				
	•	<b>u</b>	assets other than inventory 7a					
		h	Less: cost or other basis					
Φ		D						
ň		_						
eve			. ,					
her Revenue			Net gain or (loss)	<b>&gt;</b>				
the	8	а	Gross income from fundraising events (not					
ŏ			including \$of					
			contributions reported on line 1c). See					
			Part IV, line 18					
			Less: direct expenses8t	)				
		С	Net income or (loss) from fundraising events	<b>&gt;</b>				
	9	а	Gross income from gaming activities. See					
			Part IV, line 19	1				
		b	Less: direct expenses9t	)				
		С	Net income or (loss) from gaming activities	<b></b>				
	10	а	Gross sales of inventory, less returns					
			and allowances10	a				
		b	Less: cost of goods sold 10	b				
			Net income or (loss) from sales of inventory	<b></b>				
				Business Code				
snc	11	а	MISCELLANOUS	611710	22,216.	22,116.		100.
nec		b			,	,		
əlla		c						
Miscellaneous Revenue			All other revenue					
Σ			Total. Add lines 11a-11d		22,216.			
	12	<u></u>	Total revenue. See instructions		11,816,534.	9,376,062.	0.	2,279.
	14		TOTAL TOTOLINO. OUG INSTRUCTIONS	·····	,,	, , , , , , , , , , , , , , , , , , , ,	<u> </u>	=,=

Secti	on 501(c)(3) and 501(c)(4) organizations must com	nlete all columns. All othe	er organizations must cor	molete column (A)	
<u> </u>	Check if Schedule O contains a respon			npiete column (A).	
	•	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		ехрепзез	general expenses	ехрепзез
'	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	in divisionals. One Deut IV Dec. 00				
3	Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5					
3	Compensation of current officers, directors, trustees, and key employees	535,649.	172,904.	290,686.	72,059.
6	Compensation not included above to disqualified	333,043.	1/2,504.	250,000	12,033.
0	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)  Other salaries and wages	7,275,073.	6,844,694.	236,140.	194,239.
<i>1</i> 8	Pension plan accruals and contributions (include	1,213,013•	0,044,004•	430,140.	1)1,4JJ•
o	section 401(k) and 403(b) employer contributions				
9	Other employee benefits	1,215,081.	1,072,205.	118,893.	23 983
10		586,146.	511,068.	55,464.	23,983. 19,614.
11	Payroll taxes  Fees for services (nonemployees):	300,140.	311,000.	33,303.	10,014·
	Management				
	Legal				
	Accounting				
	Lobbying	. /			
e	Professional fundraising services. See Part IV, line 17	1			
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	348,365.	310,684.	20,762.	16,919.
12	Advertising and promotion				
13	Office expenses	116,689.	62,363.	48,028.	6,298.
14	Information technology				
15	Royalties				
16	Occupancy	637,746.	604,833.	26,358.	6,555.
17	Travel	79,330.	65,091.	13,216.	1,023.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	245 240	206 702	2 506	16 110
22	Depreciation, depletion, and amortization	345,348.	326,723.	2,506.	16,119.
23	Insurance	137,500.		137,500.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule 0.) FOOD	265,758.	206,054.	59,215.	489.
a	MAINTENANCE	245,303.	229,886.	8,858.	6,559.
b c	EDUCATIONAL SUPPLIES AN	108,067.	108,067.	0,030•	0,339•
d	RECREATION	96,263.	95,711.		552.
	All other expenses	219,034.	162,205.	24,446.	32,383.
25 25	Total functional expenses. Add lines 1 through 24e	12,211,352.	10,772,488.	1,042,072.	396,792.
26	Joint costs. Complete this line only if the organization	,,		_, -, -, -, -, -, -, -, -, -, -, -, -, -,	
_5	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Pa	rt X	Balance Sneet				
		Check if Schedule O contains a response or note to a	ny line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		3,090,034.	1	2,067,514
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net	8,102.	3	60,317	
	4	Accounts receivable, net	2,097,309.	4	1,877,405	
	5	Loans and other receivables from any current or form				
		trustee, key employee, creator or founder, substantial				
		controlled entity or family member of any of these per		5		
	6	Loans and other receivables from other disqualified p				
		under section 4958(f)(1)), and persons described in se	ection 4958(c)(3)(B)		6	
Ŋ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	5		227,013.	9	496,454
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D10a	9,943,099.			
	b	Less: accumulated depreciation10k	6,773,873.	2,841,773.	10c	3,169,226
	11	Investments - publicly traded securities		10	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		321,643.	15	353,508
	16	Total assets. Add lines 1 through 15 (must equal line		8,585,874.	16	8,024,424
	17	Accounts payable and accrued expenses	625,945.	17	561,349	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part I		21		
S	22	Loans and other payables to any current or former of	ficer, director,			
Liabilities		trustee, key employee, creator or founder, substantial	contributor, or 35%			
iabi		controlled entity or family member of any of these per	sons		22	
_	23	Secured mortgages and notes payable to unrelated the			23	
	24	Unsecured notes and loans payable to unrelated third			24	
	25	Other liabilities (including federal income tax, payable				
		parties, and other liabilities not included on lines 17-2		250 652		000 640
		of Schedule D		372,653.		270,617
	26	Total liabilities. Add lines 17 through 25		998,598.	26	831,966
"		Organizations that follow FASB ASC 958, check he	ere X			
Š		and complete lines 27, 28, 32, and 33.		6 500 150		6 530 000
<u>la</u>	27			6,799,159.	27	6,730,980
Ä	28	Net assets with donor restrictions		788,117.	28	461,478
Ĭ		Organizations that do not follow FASB ASC 958, cl	neck here  L			
F		and complete lines 29 through 33.				
ţ	29	Capital stock or trust principal, or current funds			29	
sse	30	Paid-in or capital surplus, or land, building, or equipm			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income		7 507 076	31	7 100 450
Š	32	Total net assets or fund balances		7,587,276.	32	7,192,458
	33	Total liabilities and net assets/fund balances		8,585,874.	33	8,024,424

#### **SCHEDULE A**

(Form 990)

Total

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

2021

Open to Public Inspection

Name of the organization **Employer identification number** \*\*-\*\*\*1154 ELK HILL FARM, INC 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).) 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 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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))

# 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) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	1734817.	1709958.	1504503.	4925597.	2438193.	12313068.			
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	1734817.	1709958.	1504503.	4925597.	2438193.	12313068.			
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.						12313068.			
Sec	Section B. Total Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total			
7	Amounts from line 4	1734817.	1709958.	1504503.	4925597.	2438193.	12313068.			
8	Gross income from interest,									
	dividends, payments received on		. (							
	securities loans, rents, royalties,									
	and income from similar sources		4,804.	12,229.	1,852.	2,179.	21,064.			
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.			22,116.				
11	<b>Total support.</b> Add lines 7 through 10						12356311.			
	Gross receipts from related activities,						<u>,874,095.</u>			
13	First 5 years. If the Form 990 is for th	-	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)				
0	organization, check this box and stop						<b></b>			
	ction C. Computation of Publi						00 65			
	Public support percentage for 2021 (li					14	99.65 %			
	Public support percentage from 2020					15	99.83 %			
16a	33 1/3% support test - 2021. If the c									
	stop here. The organization qualifies									
D	33 1/3% support test - 2020. If the condition have The organization quality	•		•		•				
17-	and <b>stop here.</b> The organization quali									
ı/a	10% -facts-and-circumstances test	ū					•			
	and if the organization meets the facts						▶ □			
L	meets the facts-and-circumstances te	ū	•	,		70 and line 15 is				
O	10% -facts-and-circumstances test	_					1070 UI			
	more, and if the organization meets the				•		ightharpoonup			
19	organization meets the facts-and-circu Private foundation. If the organizatio		-							
10	i invate roundation. Il the organizatio	n ala not crieck a l	JUN UIT III IE 13, 102	ı, 100, 11a, 01 110	, or look it its box at	ia see ilistructions	·			

Schedule A (Form 990) 2021

# Schedule A (Form 990) 2021 ELK HILL FARM, INC | Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
•	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2017	<b>(b)</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						
ŀ	Unrelated business taxable income						
•	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
••	activities not included on line 10b,	[					
	whether or not the business is	<u>'</u>					
40	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	-		•			
0-	check this box and stop here	- O					<b>&gt;</b>
	ction C. Computation of Publi						
	Public support percentage for 2021 (I			olumn (f))		15	<u>%</u>
	Public support percentage from 2020					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20	<b>)21</b> (line 10c, colun	nn (f), divided by lii	ne 13, column (f))		17	%
	Investment income percentage from					18	%
198	a 33 1/3% support tests - 2021. If the	organization did n	ot check the box of	on line 14, and line	15 is more than 3	3 1/3%, and line 17	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qualit	fies as a publicly s	upported organizat	tion	▶□
k	33 1/3% support tests - 2020. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and st	<b>op here.</b> The orga	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organization						<b>&gt;</b>

# 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

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

_		Yes	No
L	1		
L	2		
L	3a		
	3b		
	3c		
	4a		
	4b		
	4-		
	4c		
	5a		
	Ja		
	5b		
	5c		
	6		
L	7		
	8		
	9a		
	9b		
	0.		
	9с		
	10-		
	10a		
	10h		
	10b		<del></del>

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Pai	Tiv Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
	tion of Type in Supporting Organizations		Vaa	Na
4	Were a majority of the erganization's directors or trustees during the tay year also a majority of the directors		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	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
<u>Sec</u>	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	_		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	6.		
^	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
h	trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>	3a		
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust or	n Nov. 20, 1970 ( explain in <b>F</b>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must co		·	
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):		.01	
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors		79	
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally in	integra	ted Type III supporting organ	nization (see

Schedule A (Form 990) 2021

instructions).

Schedule A (Form 990) 2021

Part 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.)
	.07

### **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

Inspection

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

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ds or Accou	unts. Complete if the
	organization answered 100 or 100m 000, 1 are iv, inite	(a) Donor advised funds	(b) Fu	unds and other accounts
1	Total number at end of year			
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	vriting that the assets held in donor ac	lvised funds	
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpo	se conferring	
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 99	0, Part IV, line	7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	. (7)	
	Preservation of land for public use (for example, recreat	ion or education) Preservation	n of a historical	ly important land area
	Protection of natural habitat	X Preservation	n of a certified I	historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution in the fo	rm of a conser	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	1
	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c	1
d	Number of conservation easements included in (c) acquired at	fter 7/25/06, and not on a historic stru	ıcture	
	listed in the National Register			
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by	the organizatio	n during the tax
	year >			
4	Number of states where property subject to conservation ease			
5	Does the organization have a written policy regarding the peri			<b>T</b>
_	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing c	onservation ea	sements during the year
_				and a share of the same of
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conse	rvation easeme	ents during the year
8	Does each conservation easement reported on line 2(d) above	a action, the requirements of section 1	70/b\/4\/D\/i\	
0				Yes No
9	In Part XIII, describe how the organization reports conservatio	on easements in its revenue and evner		
•	balance sheet, and include, if applicable, the text of the footnot	•		
	organization's accounting for conservation easements.	oto to the organization o imanolal stat	omento triat de	
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or	Other Simil	ar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statemen	nt and balance	sheet works
	of art, historical treasures, or other similar assets held for public	•		
	service, provide in Part XIII the text of the footnote to its finance	· ·		
b	If the organization elected, as permitted under FASB ASC 958			et works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in f	urtherance of p	public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			· \$
				\$
2	If the organization received or held works of art, historical trea			
	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		<u></u>	Schedule D (Form 990) 2021

132051 10-28-21

chedule D (Form 990) 2021 ELK HILL FARM					
	chedule D (Form 990) 2021	ELK	$_{ m HILL}$	FARM.	IN

. u	Cin   Organizations Maintaining C	Ollections of Al	t, materice	TTCasarc	3, 01 Othic	Ji Siiiiiai	ASSELS	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any o	f the followin	g that make	significant ι	ise of its			
	collection items (check all that apply):									
а	Public exhibition	d	I Loan	or exchange <sub>l</sub>	orogram					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how they fur	ther the organ	nization's exe	empt purpos	se in Part	XIII.		
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets									
_	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran		ete if the orga	nization answ	ered "Yes" o	n Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custodi						_	_	_	,
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:							
								Amount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					. 1f				
<b>2</b> a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrov	or custodial	account liab	ility?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete									
		(a) Current year	<b>(b)</b> Prior y	ear <b>(c)</b> Tv	vo years back	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses			. \						
d	Grants or scholarships			1						
е	Other expenditures for facilities		• Ca							
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end balance	line 1g, colu	mn (a)) held a	IS:					
а	Board designated or quasi-endowment	$\rightarrow$ $C$	_%							
b	Permanent endowment	%								
С		%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3а	Are there endowment funds not in the posse	ssion of the organiza	tion that are I	eld and admi	nistered for t	he organiza	ition	_		
	by:								Yes	No_
	(i) Unrelated organizations	<b>/</b>						3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	itions listed as requir	ed on Schedu	le R?				3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Pai	t VI Land, Buildings, and Equipm		. D D I		000 5 13					
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line	11a. See Forr			<u> </u>			
	Description of property	(a) Cost or o	•	Cost or othe		Accumulate	ed	(d) Book	value	Э
		basis (investr	nent)	basis (other)		epreciation		0.65		
1a	Land			265,22		0.7.5.44		265		
b	Buildings			<u>,618,38</u>	57. 5,	075,40	18.	2,542	, 9	<u>/9.</u>
С	Leasehold improvements			225 23	\1 1	150 (1		4 4 4 4		
d	Equipment		1	,335,32		150,43		184		
	Other	•		724,16	•	548,02				36.
Total	l. Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part	X, column (B),	line 10c.)				3,169	, 22	<u> </u>

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 ELK HILL FA	ARM, INC	**	-***1154 Page 3
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(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"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
<u>(1)</u>		- (/)	
(2)			
(3)			
(4)			
(5)		6	
(6)			
(7)		NO .	
(8)			
Table (Oal (b) reveal agreed Forms 2000 Booth V and (B) line 10.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.	1,65		
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	) Description	11d. 300 1 3111 300, 1 art X, iii 6 10.	(b) Book value
(1)	, Description		(2) 2001. 10.00
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	ne 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			255,046.
(3) DUE TO FOUNDATION			15,571.

(1) Federal income taxes
(2) DEFERRED COMPENSATION 255,046.
(3) DUE TO FOUNDATION 15,571.
(4)
(5)
(6)
(7)
(8)
(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 270,617.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021

#### **SCHEDULE E**

(Form 990)

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

2021

Open to Public Inspection

Name of the organization ELK HILL FARM, INC

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

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

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

Schedule E (Form 990) 2021

## **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

Pai	rt I Types of Property						
		(a)	(b)	(c)	(d)		
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of determ noncash contribution	•	re
		арріїсавіс		Form 990, Part VIII, line 1g	Tiorioasii contribution	arriodini	
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	X	6	78,308.	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			<u> </u>			
16	Real estate - Commercial		+ C				
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy	. * . (	1				
22	Historical artifacts	++-					
23	Scientific specimens						
24	Archeological artifacts	<del>) `</del>					
25 26	Other ()						
20 27	Other Other						
28	Other (						
<u>20</u> 29	Number of Forms 8283 received by the organiz	ation during	the tay year for co	ontributions			
25	for which the organization completed Form 828	-	•				
	To which the organization completed form see	,,, a,, v, b	once / tott lewicag	ement <b>29</b>		Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it	100	110
	must hold for at least three years from the date						
	exempt purposes for the entire holding period?		•			,	Х
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	olicy that re	equires the review o	of any nonstandard contribut	ions? 31		х
	Does the organization hire or use third parties of						
	contributions?		_	•	322	a	Х
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	for which column (a) is chec	ked,		
	describe in Part II.						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

Schedule M (Form 990) 2021

132142 11-17-21

## **SCHEDULE 0** (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.

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

**Employer identification number** 

Name of the organization \*\*-\*\*\*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: EACH THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED YEAR AS A PARTBOARD MANUAL. EACH NEW BOARD MEMBER ATTENDS AN ORIENTATION SESSION AND OF INTEREST. AMONGST OTHER ISSUES CONFLICTS EACH YEAR MEMBERS ARE PROVIDED WITH THE ANNUAL BOARD MANUAL WHICH HIGHLIGHTS AREA. SECTION B, PART VI, LINE 15: FORM 990, ELK HILL FARM, INC. USES INFORMATION GENERATED FROM REGIONAL AS WELL AS RELATED INDUSTRY DATA SOURCES TO COMPARE SALARY RANGES FOR EXECUTIVE LEVEL IN ADDITION, BOARD MEMBERS BRING THEIR EXPERIENCES FROM COMPENSATION. ACROSS SIMILAR NON-PROFIT ORGANIZATIONS TO DEVELOP CRITERIA FOR KEY EMPLOYEE COMPENSATION. ELK HILL'S PROGRAM AND PERSONNEL COMMITTEE APPROVES ALL SALARY RANGES ON AN ANNUAL BASIS. FORM 990, PART VI, SECTION C, LINE 19: ELK HILL PUBLISHES AN ANNUAL REPORT WHICH PROVIDES CONTACT INFORMATION

THROUGH WHICH THE PUBLIC CAN GAIN ACCESS TO AUDITED FINANCIAL STATEMENTS

WELL AS OTHER GOVERNING DOCUMENTS.

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

ELK HILL HIGHLIGHTS THE FACT THAT

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Schedule O (Form 990) 2021

09451114 781823 41020750.0

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

Department of the Treasury Internal Revenue Service

Name of the organization

ELK HILL FARM, INC

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.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule R (Form 990) 2021

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

Part I Identification of Disregarded Entities. Com	nplete if the organization answered "Yes"	on Form 990, Part IV, line 33	3.								
(a)	(b)	(c)	(d)	(e)			mpt				
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Primary activity  Legal domicile (state or Total income End-of-yet foreign country)					controlling ntity	g			
			10								
		S									
		-0									
		19									
Part II Identification of Related Tax-Exempt Organorganizations during the tax year.	nizations. Complete if the organization	answered "Yes" on Form 990	), Part IV, line 34, t	pecause it had one	or more r	related tax-exe	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	cont	<b>g)</b> 512(b)(13) rolled tity?			
	NO Y			501(c)(3))			Yes	No			
ELK HILL FARM FOUNDATION - 54-1717053 PO BOX 99	TO CARRY OUT THE PURPOSES										
GOOCHLAND, VA 23063	OF ELK HILL FARM, INC.	VIRGINIA	501(C)(3)	501(C)(3)				Х			
	_										

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

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.

	·	<del>,                                      </del>	T	Г		1	_		1		
(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,	Share of total income	Share of end-of-year	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General o	Percentage ownership
		foreign country)		(related, unrelated, excluded from tax under sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes No	
											<u> </u>
	_										
	-					0					
	-										
							<u> </u>				
	-										
	-										
	-										
	1										
	1			+ 62							
	<u> </u>										

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)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	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 contr	b)(13) rolled ity?
		country)		or tracty		400010		Yes	No

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>b</b> Gift, grant, or capital contribution to related organization(s)				1b		X			
c Gift, grant, or capital contribution from related organization(s)					Х				
d Loans or loan guarantees to or for related organization(s)						X			
e Loans or loan guarantees by related organization(s)									
f Dividends from related organization(s)									
f Dividends from related organization(s) g Sale of assets to related organization(s)									
h Purchase of assets from related organization(s)				1h		X			
i Exchange of assets with related organization(s)									
j Lease of facilities, equipment, or other assets to related organization(s)									
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	Х	_X_			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
Sharing of paid employees with related organization(s)					X				
p Reimbursement paid to related organization(s) for expenses									
q Reimbursement paid by related organization(s) for expenses									
r Other transfer of cash or property to related organization(s)				1r		_X_			
s Other transfer of cash or property from related organization(s)	<u></u>			. 1s		_X_			
2 If the answer to any of the above is "Yes," see the instructions for information on w	vho must complete th	is 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	involved					
(1) ELK HILL FOUNDATION	С	401,293.							
(2) ELK HILL FOUNDATION	E	15,571.							
(3) ELK HILL FOUNDATION	Q	5,766.							
(4)									
(5)									
(6)									
132163 11-17-21			Schedu	le R (Forr	n 990)	2021			

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)	(b)	(c)	(d)	(e) Are all partners sec 501(c)(3) orgs.?	(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)	partners sec 501(c)(3)	Share of	Share of	Dispropo tionate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General o	Percentage
of entity		(state or foreign country)	excluded from tax under	orgs.?		end-of-year assets	allocations	of Schedule K-1	partner?	ownership
		Country)	sections 512-514)	Yes No	income	assets	Yes N	(FORM 1065)	Yes No	)
					16					
									++	-
					Co					
										<u> </u>
			+ Co							
		<b>*</b> . (								
		$(X, Y)^{\perp}$								
	•									