

MITCHELL, BURNS & CO., P.C.
110 E MARKET ST STE 200
LEESBURG, VA 20176

WINDY HILL FOUNDATION, INC
PO BOX 1593
MIDDLEBURG, VA 20118

Form 8879-TE

IRS E-file Signature Authorization
for a Tax Exempt Entity

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

For calendar year 2024, or fiscal year beginning, 2024, and ending, 20

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

2024

Name of filer

WINDY HILL FOUNDATION, INC

EIN or SSN

54-1244012

Name and title of officer or person subject to tax ELOISE REPECZKY

EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	☒	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	2,039,995
2a Form 990-EZ check here	☐	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	☐	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	☐	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a Form 8868 check here	☐	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	☐	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	☐	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	☐	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	☐	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	☐	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize MITCHELL, BURNS & CO., P.C. to enter my PIN 15985 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

11/07/25

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

54186315685

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date

11/07/25

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form 8879-TE (2024)

DAA

Form 8879-TE

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For calendar year 2024, or fiscal year beginning, 2024, and ending, 20

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2024

Name of filer

WINDY HILL FOUNDATION, INC

EIN or SSN

54-1244012

Name and title of officer or person subject to tax ELOISE REPECZKY

EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

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7a Form 4720 check here	☐	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here	☐	b FMV of assets at end of tax year (Form 5227, Item D)	8b
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10a Form 8038-CP check here	☐	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize MITCHELL, BURNS & CO., P.C. to enter my PIN 97987 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

11/07/25

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

54186364893

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date

11/07/25

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form 8879-TE (2024)

DAA

A For the 2024 calendar year, or tax year beginning , and ending

B Check if applicable:

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

WINDY HILL FOUNDATION, INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

PO BOX 1593

City or town, state or province, country, and ZIP or foreign postal code

MIDDLEBURG VA 20118

D Employer identification number

54-1244012

E Telephone number

540-687-3997

F Name and address of principal officer:

ELOISE REPECZKY
P.O. BOX 1593
MIDDLEBURG VA 20118

G Gross receipts \$

2,159,881

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.WINDYHILLFOUNDATION.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1983

M State of legal domicile: VA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:

SEE SCHEDULE O

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, Part I, line 11

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 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)

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

Prior Year

Current Year

127

0

1,217,844

1,313,367

402,510

592,571

-12,638

116,738

208,910

17,319

1,816,626

2,039,995

82,386

86,219

0

377,422

555,129

0

1,048,558

1,460,724

1,508,366

2,102,072

308,260

-62,077

Beginning of Current Year

End of Year

12,709,086

12,473,826

4,217,016

3,951,527

8,492,070

8,522,299

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.

Sign Here

Signature of officer

ELOISE REPECZKY

EXECUTIVE DIRECTOR

Type or print name and title

Date

Paid Preparer Use Only

Preparer's name

KARA J. DOYLE

Preparer's signature

Date

11/07/25

Check ☐ if self-employed ☐ PTIN

P01663423

Firm's name

MITCHELL, BURNS & CO., P.C.

Firm's EIN

54-1853459

Firm's address

110 E MARKET ST STE 200
LEESBURG, VA 20176

Phone no.

703-777-4900

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA Form 990 (2024)

Part 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:**SEE SCHEDULE O****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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 ☒ No

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 \$ **1,704,263** including grants of \$ **86,219**) (Revenue \$ **592,571**)**THE ORGANIZATION PROVIDES SUBSIDIZED AND AFFORDABLE HOUSING TO LOW- AND LOWER- INCOME INDIVIDUALS AND FAMILIES, INCLUDING OLDER ADULTS AS WELL AS ENRICHMENT ACTIVITIES THAT FOSTER STABILITY, FINANCIAL INDEPENDENCE, AND COMMUNITY WELL-BEING.****4b** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**N/A****4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**N/A****4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **1,704,263**

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		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		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		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		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	X	
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		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		X
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		X
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		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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		X

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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 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? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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).		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33 X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38 X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 21	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Yes No

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X	
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
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		X		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	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	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
a	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:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
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	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a				
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	13b				
c	Enter the amount of reserves on hand	13c				
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? If "Yes," see instructions and file Form 4720, Schedule N.	15			X	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X	
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17				

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

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a	15		
b Enter the number of voting members included on line 1a, above, who are independent	1b	15		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6 Did the organization have members or stockholders?		6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?		8a	X	
b Each committee with authority to act on behalf of the governing body?		8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X

Section 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		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		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	
c 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?				
a The organization's CEO, Executive Director, or top management official		15a		X
b 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		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **VA**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☐ 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 financial 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.

ELOISE REPECZKY**P.O. BOX 1593****MIDDLEBURG****VA 20118****540-687-3997**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ELOISE REPECZKY EXECUTIVE DIRECTOR	90.00 0.00			X				136,500	0	8,885
(2) GABRIELLE GALLEGOS PRESIDENT	4.00 0.00	X		X				0	0	0
(3) SHANNON DAVIS VICE PRESIDENT	4.00 0.00	X		X				0	0	0
(4) CHRISTOPHER PATUSKY TREASURER	2.00 0.00	X		X				0	0	0
(5) BONNIE PIPER SECRETARY	1.00 0.00	X		X				0	0	0
(6) AMY ACORS DIRECTOR	1.00 0.00	X						0	0	0
(7) ROBERT L. BANSE DIRECTOR	1.00 0.00	X						0	0	0
(8) MATTHEW FOOSANER DIRECTOR	1.00 0.00	X						0	0	0
(9) CAROLYN HYLTON DIRECTOR	1.00 0.00	X						0	0	0
(10) AMANDA LUHOWIAK DIRECTOR	1.00 0.00	X						0	0	0
(11) THOMAS NORTHRUP DIRECTOR	1.00 0.00	X						0	0	0

Part VII

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) MARK OHRSTROM										
(12) DIRECTOR	1.00 0.00	X						0	0	0
(13) DENNIS STOUT										
(13) DIRECTOR	1.00 0.00	X						0	0	0
(14) KENNETH TERRY										
(14) DIRECTOR	1.00 0.00	X						0	0	0
(15) MITCHELL VOSS										
(15) DIRECTOR	1.00 0.00	X						0	0	0
(16) THOMAS WISEMAN										
(16) DIRECTOR	1.00 0.00	X						0	0	0
(17)										
(18)										
(19)										
1b Subtotal								136,500		8,885
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								136,500		8,885

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

1

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
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? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	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
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	0

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	234,005			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	6,500			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,072,862			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 42,462			
	h	Total. Add lines 1a-1f		1,313,367			
Program Service Revenue	2a	AFFORDABLE HOUSING PROGRAM	Business Code	531110	592,571	592,571	
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		592,571			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		67,398			67,398
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real				
	b	Less: rental expenses	(ii) Personal				
	c	Rental inc. or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	110,903			
	b	Less: cost or other basis and sales exps.	(ii) Other				
	c	Gain or (loss)					
	d	Net gain or (loss)		49,340			49,340
	8a	Gross income from fundraising events (not including \$ 234,005 of contributions reported on line 1c). See Part IV, line 18		58,323			
	b	Less: direct expenses		58,323			
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses					
	c	Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a	MISCELLANEOUS	Business Code	230000	17,192		17,192
	b	DEVELOPMENT FEES		900002	127	127	
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		17,319			
12	Total revenue. See instructions		2,039,995	592,571	127	133,930	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	86,219	86,219		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	145,386	72,693	43,616	29,077
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	351,226	296,959	27,859	26,408
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	18,161	15,810	1,150	1,201
10 Payroll taxes	40,356	30,218	5,694	4,444
11 Fees for services (nonemployees):				
a Management	41,804	41,804		
b Legal	15,854	3,171	12,683	
c Accounting	67,675	13,535	54,140	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	4,881	4,881		
12 Advertising and promotion				
13 Office expenses	46,987	35,184	6,629	5,174
14 Information technology				
15 Royalties				
16 Occupancy	420,268	407,590	10,643	2,035
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	192,179	155,284	36,895	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	336,628	333,262	3,366	
23 Insurance	74,237	61,327	12,910	
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 O.)				
a PROGRAM – FINANCIAL EDU.	53,961	53,961		
b DEVELOPMENT	52,685			52,685
c PROGRAM – RESIDENT SERV.	50,298	50,298		
d MISCELLANEOUS EXPENSE	44,669	34,703	5,597	4,369
e All other expenses	58,598	7,364	50,475	759
25 Total functional expenses. Add lines 1 through 24e	2,102,072	1,704,263	271,657	126,152
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,215,545	1	1,233,577
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	281,099	3	270,998
	4 Accounts receivable, net	2,282	4	13,449
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	2,387,869	7	2,340,312
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	38,405	9	22,518
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 12,852,853		
	b Less: accumulated depreciation	10b 7,150,520	10c	5,702,333
	11 Investments—publicly traded securities	1,127,161	11	1,272,481
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11	1,300,405	13	1,300,405
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	321,596	15	317,753
16 Total assets. Add lines 1 through 15 (must equal line 33)	12,709,086	16	12,473,826	
Liabilities	17 Accounts payable and accrued expenses	162,489	17	164,228
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	3,989,387	23	3,744,938
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	65,140	25	42,361
	26 Total liabilities. Add lines 17 through 25	4,217,016	26	3,951,527
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.		
27 Net assets without donor restrictions		6,640,813	27	6,623,328
28 Net assets with donor restrictions		1,851,257	28	1,898,971
Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds			29	
30 Paid-in or capital surplus, or land, building, or equipment fund			30	
31 Retained earnings, endowment, accumulated income, or other funds			31	
32 Total net assets or fund balances		8,492,070	32	8,522,299
33 Total liabilities and net assets/fund balances	12,709,086	33	12,473,826	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,039,995
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,102,072
3	Revenue less expenses. Subtract line 2 from line 1	3	-62,077
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,492,070
5	Net unrealized gains (losses) on investments	5	92,306
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	8,522,299

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		☒
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	☒	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	☒	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		☒
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization

WINDY HILL FOUNDATION, INC

Employer identification number

54-1244012

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 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).
- 4 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:
- 5 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).
- 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research 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 university:
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a 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.
 - 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.
 - 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.
 - d 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.
 - e 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.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,152,736	661,070	1,488,691	1,217,844	1,313,367	5,833,708
2 Tax revenues levied for the organization'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	1,152,736	661,070	1,488,691	1,217,844	1,313,367	5,833,708
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)						773,097
6 Public support. Subtract line 5 from line 4						5,060,611

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	1,152,736	661,070	1,488,691	1,217,844	1,313,367	5,833,708
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	9,325	11,545	38,214	23,727	67,398	150,209
9 Net income from unrelated business activities, whether or not the business is regularly carried on	43,175	101,058	26,469	205,094		375,796
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,543	68,738	1,600	2,816	17,192	91,889
11 Total support. Add lines 7 through 10						6,451,602
12 Gross receipts from related activities, etc. (see instructions)					12	997,897

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	78.44%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	70.13%
16a 33 1/3% support test — 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☒		
b 33 1/3% support test — 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
17a 10%-facts-and-circumstances test — 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐		
b 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests — 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests — 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on 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

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c 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		

Section 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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

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

Section 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).			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to each of its 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 these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

Section 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 integrated Type III supporting organization (see instructions).		

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

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.)

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME	\$ 91,889
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Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

Employer identification number

WINDY HILL FOUNDATION, INC

54-1244012

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

54-1244012

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Schedule B (Form 990) (Rev. 12-2024)

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization: WINDY HILL FOUNDATION, INC
Employer identification number: 54-1244012

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds and private benefit.

Part II Conservation Easements
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Questions 1-9 regarding conservation easements. Includes a table for 'Held at the End of the Tax Year' with lines 2a, 2b, 2c, and 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Questions 1a, 1b, and 2 regarding collections of art, historical treasures, or other similar assets. Includes revenue and asset reporting lines.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a** ☐ Public exhibition **d** ☐ Loan or exchange program
b ☐ Scholarly research **e** ☐ Other
c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose 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 maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1, 367, 539	1, 234, 725	1, 499, 299	1, 419, 622	1, 365, 796
b Contributions		1, 725			
c Net investment earnings, gains, and losses	162, 662	180, 978	-217, 148	193, 057	78, 209
d Grants or scholarships					
e Other expenditures for facilities and programs	13, 510	49, 889	39, 130	105, 004	17, 212
f Administrative expenses			8, 296	8, 376	7, 171
g End of year balance	1, 516, 691	1, 367, 539	1, 234, 725	1, 499, 299	1, 419, 622

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment **5.00 %**
b Permanent endowment **95.00 %**
c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations?
(ii) Related organizations?

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2, 076, 559		2, 076, 559
b Buildings		10, 251, 162	6, 713, 829	3, 537, 333
c Leasehold improvements				
d Equipment		377, 556	349, 616	27, 940
e Other		147, 576	87, 075	60, 501
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				5, 702, 333

Part VII Investments – Other Securities

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-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments – Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) INVESTMENT IN WHF-V, INC.	864,445	COST
(2) INVESTMENT IN WHF-II, INC.	300,000	COST
(3) INVESTMENT IN WHF-I, INC.	135,960	COST
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))		1,300,405

Part IX Other Assets

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	SECURITY DEPOSITS	33,943
(3)	PREPAID RENTS	6,918
(4)	LEASE LIABILITY	1,500
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))		42,361

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 ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	2,132,421
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	92,306
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	120
e	Add lines 2a through 2d	2e	92,426
3	Subtract line 2e from line 1	3	2,039,995
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,039,995

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	2,102,192
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	120
e	Add lines 2a through 2d	2e	120
3	Subtract line 2e from line 1	3	2,102,072
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,102,072

Part XIII Supplemental Information

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

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

THE FUNDS ARE INTENDED AS PERPETUAL ENDOWMENTS FROM WHICH THE ORGANIZATION CAN DRAW THE INCOME FROM TIME TO TIME AS CALCULATED UNDER THE FOUNDATIONS DISTRIBUTION POLICY.

PART X - FIN 48 FOOTNOTE

WINDY HILL ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE WITH ACCOUNTING STANDARDS CODIFICATION ("ASC") 740 INCOME TAXES. THIS INTERPRETATION PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THIS INTERPRETATION ALSO PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURES AND TRANSITION. WINDY HILL DETERMINED THAT ALL INCOME TAX FILING POSITIONS WOULD BE SUSTAINED UPON EXAMINATION AND ACCORDINLY, HAS NOT RECORDED ANY RESERVES, OR RELATED ACCRUALS FOR INTEREST AND PENALTIES FOR UNCERTAIN INCOME TAX FILING POSITIONS WOULD BE SUSTAINED UPON EXAMINATION AND ACCORDINLY, HAS NOT RECORDED ANY RESERVES, OR RELATED ACCRUALS FOR INTEREST AND PENALTIES FOR UNCERTAIN INCOME TAX POSITIONS PURSUANT TO ASC 740 INCOME TAXES AS OF DECEMBER 31, 2024. WINDY HILL'S INCOME TAX RETURNS FOR THE TAX YEARS 2021, 2022, 2023, AND 2024 REMAIN SUBJECT TO EXAMINATION BY A TAXING AUTHORITY.

Name of the organization WINDY HILL FOUNDATION, INC
Employer identification number 54-1244012

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
a Mail solicitations
b Internet and email solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of nongovernment grants
f Solicitation of government grants
g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Table with 6 main columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Rows 1-10 and Total.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GALA (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	292,328			292,328
	2 Less: Contributions	234,005			234,005
	3 Gross income (line 1 minus line 2)	58,323			58,323
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	58,323			58,323
	10 Direct expense summary. Add lines 4 through 9 in column (d)				58,323
	11 Net income summary. Subtract line 10 from line 3, column (d)				

Part III

Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No %	☐ Yes ☐ No %	☐ Yes ☐ No %	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

- 9 Enter the state(s) in which the organization conducts gaming activities:
- a Is the organization licensed to conduct gaming activities in each of these states?

☐ Yes ☐ No
- b If "No," explain:
- 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

☐ Yes ☐ No
- b If "Yes," explain:

11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity conducted in:

a

The organization's facility

13a

%

b

An outside facility

13b

%

14

Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter the name and address of the third party:

Name

Address

16

Gaming manager information:

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions:

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE I
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

WINDY HILL FOUNDATION, INC

Employer identification number

54-1244012

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (Rev. 12-2024)

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

Noncash Contributions

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.

OMB No. 1545-0047

2024

Open To Public
Inspection

WINDY HILL FOUNDATION, INC

Employer identification number
54-1244012

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (DONATED GOODS)	X	1	42,462	FMV
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II

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

Name of the organization	Employer identification number
WINDY HILL FOUNDATION, INC	54-1244012

FORM 990 - ORGANIZATION'S MISSION
THE ORGANIZATION PROVIDES SUBSIDIZED AND AFFORDABLE HOUSING TO LOW- AND LOWER- INCOME INDIVIDUALS AND FAMILIES, INCLUDING OLDER ADULTSAS WELL AS ENRICHMENT ACTIVITIES THAT FOSTER STABILITY, FINANCIAL INDEPENDENCE, AND COMMUNITY WELL-BEING.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
A COPY OF THE RETURN IS SENT TO THE EXECUTIVE DIRECTOR WHO FORWARDS IT TO THE BOARD MEMBERS FOR REVIEW BEFORE IT IS FILED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
BOARD MEMBERS AND THE EXECUTIVE DIRECTOR ARE REQUIRED TO SUBMIT A CONFLICT OF INTEREST FORM EACH YEAR WITH THE PRESIDENT OF THE BOARD. ANY POTENTIAL CONFLICTS ARE DISCUSSED WITH THE AUDITORS AND EXECUTIVE COMMITTEE.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
DOCUMENTS ARE PROVIDED UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION	
WHDC COSTS NETTED	\$ 120
WHDC COSTS NETTED	\$ -120

FORM 990, PART XII, LINE 2C - CHANGE IN FINANCIAL REVIEW PROCESS
PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE R
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

WINDY HILL FOUNDATION, INC

Employer identification number

54-1244012

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

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)	WINDY HILL DEVELOPMENT COMPANY, LLC P.O. BOX 1593 MIDDLEBURG VA 20118 86-1160810		VA	247	521,323	WHF
(2)	WHF-VIII LLC P.O. BOX 1593 MIDDLEBURG VA 20118 92-3927526		VA			WHF
(3)	WHF LEVIS HILL LLC P.O. BOX 1593 MIDDLEBURG VA 20118 93-2789619		VA			WHF
(4)	WHF FOREST LANE LLC P.O. BOX 1593 MIDDLEBURG VA 20118 99-0560636		VA			WHF
(5)	WHF VIRGINIA LANE LLC P.O. BOX 1593 MIDDLEBURG VA 20118 99-0669376		VA			WHF

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)								
(2)								
(3)								
(4)								
(5)								

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.

Open to Public
Inspection

Name of the organization

WINDY HILL FOUNDATION, INC

Employer identification number

54-1244012

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

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)	WHF THE COTTAGES AND PARTON PLACE P.O. BOX 1593 MIDDLEBURG VA 20118 99-0713492		VA			WHF
(2)						
(3)						
(4)						
(5)						

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)								
(2)								
(3)								
(4)								
(5)								

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Dispro- portionate alloc.? Yes No		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes No		(k) Percentage ownership
(1)												
(2)												
(3)												
(4)												

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes No	
(1) WHF-I, INC. P.O. BOX 1593 MIDDLEBURG VA 20118 30-3454755		VA	N/A	C		135,960	100.000000		X
(2) WHF-II, INC. P.O. BOX 1593 MIDDLEBURG VA 20118 27-1991071		VA	N/A	C		300,000	100.000000		X
(3) WHF-III, INC. P.O. BOX 1593 MIDDLEBURG VA 20118 46-0623542		VA	N/A	C					X
(4) WHF-V, INC. P.O. BOX 1593 MIDDLEBURG VA 20118 47-5588465		VA	N/A	C		864,445	100.000000		X

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Dispro- portionate alloc.? Yes No		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes No		(k) Percentage ownership
(1)												
(2)												
(3)												
(4)												

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes No	
(1) WHF-VII, INC. P.O. BOX 1593 MIDDLEBURG VA 20118		VA	N/A	C			100.000000		X
(2)									
(3)									
(4)									

Part V

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

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

1During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

aReceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

bGift, grant, or capital contribution to related organization(s)

cGift, grant, or capital contribution from related organization(s)

dLoans or loan guarantees to or for related organization(s)

eLoans or loan guarantees by related organization(s)

fDividends from related organization(s)

gSale of assets to related organization(s)

hPurchase of assets from related organization(s)

iExchange of assets with related organization(s)

jLease of facilities, equipment, or other assets to related organization(s)

kLease of facilities, equipment, or other assets from related organization(s)

lPerformance of services or membership or fundraising solicitations for related organization(s)

mPerformance of services or membership or fundraising solicitations by related organization(s)

nSharing of facilities, equipment, mailing lists, or other assets with related organization(s)

oSharing of paid employees with related organization(s)

pReimbursement paid to related organization(s) for expenses

qReimbursement paid by related organization(s) for expenses

rOther transfer of cash or property to related organization(s)

sOther transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

		(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			
(2)					
(3)					
(4)					
(5)					
(6)					

Schedule R (Form 990) (Rev. 12-2024)

DAA

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Part VII

Supplemental Information.

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

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0047

2024

Department of the Treasury
Internal Revenue Service

For calendar year 2024 or other tax year beginning , and ending

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection
for 501(c)(3)
Organizations Only

A ☐ Check box if address changed.	Print or Type	Name of organization (☐ Check box if name changed and see instructions.)	D Employer identification number
B Exempt under section		WINDY HILL FOUNDATION, INC	54-1244012
☒ 501(C) (3)		Number, street, and room or suite no. If a P.O. box, see instructions.	E Group exemption number (see instructions)
☐ 408(e) ☐ 220(e)		PO BOX 1593	
☐ 408A ☐ 530(a)	City or town, state or province, country, and ZIP or foreign postal code	F ☐ Check box if an amended return.	
☐ 529(a) ☐ 529A	MIDDLEBURG VA 20118		
C Book value of all assets at end of year	12,473,826		
G Check organization type	☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ State college/university		
	☐ 6417(d)(1)(A) Applicable entity		
H Check if filing only to claim	☐ Credit from Form 8941 ☐ Refund shown on Form 2439 ☐ Elective payment amount from Form 3800		
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation		☐	
J Enter the number of attached Schedules A (Form 990-T)		1	
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation	☒ Yes ☐ No		
	WINDY HILL DEVELOPMENT 86-1160810		
L The books are in care of	ELOISE REPECZKY	Telephone number 540-687-3997	

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	127
2 Reserved	2	
3 Add lines 1 and 2	3	127
4 Charitable contributions (see instructions for limitation rules)	4	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	127
6 Deduction for net operating loss. See instructions	6	0
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	127
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11, by 21% (0.21)	1	0
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11, from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)	2	0
3 Proxy tax. See instructions	3	
4a Amount from Form 4255, Part I, line 3, column (q)	4a	
b Other tax amounts. See instructions	4b	
5 Alternative minimum tax	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d	1e		
2 Subtract line 1e from Part II, line 7	2		
3a Amount from Form 4255, Part I, line 3, column (r) (see instructions)	3a		
b Amount due from Form 8611	3b		
c Amount due from Form 8697	3c		
d Amount due from Form 8866	3d		
e Other amounts due (see instructions)	3e		
f Total amounts due. Add lines 3a through 3e	3f		
4 Total tax. Add lines 2 and 3f (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here	4	0	

Part III Tax and Payments (continued)

5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)		5	
6a	Payments: Preceding year's overpayment credited to the current year	6a		
b	Current year's estimated tax payments. Check if section 643(g) election applies ☐	6b		
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Elective payment election amount from Form 3800	6g		
h	Payment from Form 2439	6h		
i	Credit from Form 4136	6i		
j	Other (see instructions)	6j		
7	Total payments. Add lines 6a through 6j		7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐		8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		9	0
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid		10	
11	Enter the amount of line 10 you want: Credited to 2025 estimated tax Refunded		11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1	At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
			X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
		\$	
		\$	
		\$	
		\$	
6a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.				May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No	
	Signature of officer		Date	Title		
Paid Preparer Use Only	Print/Type preparer's name KARA J. DOYLE		Preparer's signature		Date 11/07/25	Check ☐ if self-employed PTIN P01663423
	Firm's name MITCHELL, BURNS & CO., P.C.					Firm's EIN 54-1853459
	Firm's address 110 E MARKET ST STE 200 LEESBURG, VA 20176					Phone no. 703-777-4900

SCHEDULE A
(Form 990-T)

Unrelated Business Taxable Income
From an Unrelated Trade or Business

OMB No. 1545-0047
2024
Open to Public Inspection for
501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

A Name of the organization WINDY HILL FOUNDATION, INC	B Employer identification number 54-1244012
C Unrelated business activity code (see instructions) 230000	D Sequence: 1 of 1

E Describe the unrelated trade or business **UNRELATED BUSINESS ACTIVITY**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales				
b Less returns and allowances	c Balance	1c		
2 Cost of goods sold (Part III, line 8)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions		4a		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Part IV)		6		
7 Unrelated debt-financed income (Part V)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)		8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		9		
10 Exploited exempt activity income (Part VIII)		10		
11 Advertising income (Part IX)		11		
12 Other income (see instructions; attach statement) SEE STMT 1		12 127		127
13 Total. Combine lines 3 through 12		13 127		127

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.			
1 Compensation of officers, directors, and trustees (Part X)		1	
2 Salaries and wages		2	
3 Repairs and maintenance		3	
4 Bad debts		4	
5 Interest (attach statement). See instructions		5	
6 Taxes and licenses		6	
7 Depreciation (attach Form 4562). See instructions	7		
8 Less depreciation claimed in Part III and elsewhere on return	8a	8b	0
9 Depletion		9	
10 Contributions to deferred compensation plans		10	
11 Employee benefit programs		11	
12 Excess exempt expenses (Part VIII)		12	
13 Excess readership costs (Part IX)		13	
14 Other deductions (attach statement)		14	
15 Total deductions. Add lines 1 through 14		15	
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		16	127
17 Deduction for net operating loss. See instructions		17	
18 Unrelated business taxable income. Subtract line 17 from line 16		18	127

Part III Cost of Goods Sold

Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		☐ Yes ☐ No

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	☐				
B	☐				
C	☐				
D	☐				
2	Rent received or accrued	A	B	C	D
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)				
4	Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)				

Part V Unrelated Debt-Financed Income (see instructions)

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	☐				
B	☐				
C	☐				
D	☐				
2	Gross income from or allocable to debt-financed property	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				
11	Total dividends — received deductions included in line 10				

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).

Totals**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A).			Add amounts in column 5. Enter here and on Part I, line 9, column (B).

Totals**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity:	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5 Gross income from activity that is not unrelated business income	5
6 Expenses attributable to income entered on line 5	6
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

Unrelated Business Activity
Statement 1 - Schedule A (990T), Part I, Line 12 - Other Income

Description	Amount
DEVELOPMENT FEES	\$ 127
TOTAL	\$ 127

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

WINDY HILL FOUNDATION, INC

Identifying number
54-1244012

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,220,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	3,050,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	193,478

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	193,478
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Other Depreciation:											
1	Robinson Property Structure/Systems Inspe	10/03/18	395				395	10	MO S/L	207	40
2	Windy Hill Sign for Office Building	1/30/18	1,050				1,050	10	MO S/L	621	105
4	Kaye House	1/01/00	112,641				112,641	27	MO S/L	94,208	4,096
5	Barton Place	1/01/96	334,124				334,124	27	MO S/L	334,124	0
6	Sewer Hookups	1/01/86	38,814				38,814	50	MO S/L	29,495	777
7	Single Houses	1/01/89	504,071				504,071	27	MO S/L	504,071	0
8	Single House Improvements	1/01/06	14,972				14,972	27	MO S/L	9,800	544
9	Single House Improvements	12/31/09	183,808				183,808	27	MO S/L	93,575	6,684
10	Windy Hill Cottage Rehab Project	5/13/10	467,172				467,172	27	MO S/L	232,170	16,988
11	Barton Place Stairs	4/12/10	6,890				6,890	27	MO S/L	3,449	250
12	Boiler	5/20/11	5,175				5,175	27	MO S/L	2,367	188
13	Barton Place Renovations	10/30/14	31,602				31,602	27	MO S/L	10,534	1,149
14	Rental Improvements	4/30/17	4,245				4,245	10	MO S/L	2,830	425
15	Affordable Housing Land	1/01/89	219,451				219,451	0	-- Land	0	0
17	Roads	7/01/95	147,576				147,576	50	MO S/L	84,124	2,951
18	Barton Place Retaining Wall	11/03/17	91,411				91,411	10	MO S/L	56,370	9,141
19	Barton Place - Railing for Retaining Wall	4/09/18	4,287				4,287	10	MO S/L	2,465	429
20	Virginia Lane Homes	7/01/04	2,140,457				2,140,457	27	MO S/L	1,517,782	77,835
21	Virginia Lane Improvements	1/01/06	163,275				163,275	27	MO S/L	106,868	5,938
22	Virginia Lane Improvements	1/01/07	21,085				21,085	27	MO S/L	13,037	766
23	Virginia Lane Improvements	1/01/08	5,753				5,753	27	MO S/L	3,345	209
24	Virginia Lane Improvements	1/01/09	11,236				11,236	27	MO S/L	6,133	408
25	Virginia Lane Improvements	6/30/17	10,246				10,246	10	MO S/L	6,660	1,025
26	Virginia Lane Improvements	7/31/18	6,656				6,656	10	MO S/L	3,605	666
27	Virginia Lane Land	7/01/04	902,000				902,000	0	-- Land	0	0
28	Forrest Lane	9/16/16	209,682				209,682	27	MO S/L	53,374	7,625
29	Forrest Lane	1/25/17	9,982				9,982	27	MO S/L	2,511	363
30	Chadwell Vacant Lot	12/20/01	18,463				18,463	0	-- Land	0	0
31	Washington Vacant Lot	7/18/03	46,911				46,911	0	-- Land	0	0
32	The Rectory	11/30/12	435,902				435,902	20	MO S/L	241,562	21,795
33	The Rectory Project	6/30/13	25,485				25,485	20	MO S/L	13,378	1,275
36	Office Furniture and Equipment	10/20/16	1,039				1,039	3	MO S/L	1,039	0
37	Office Furniture and Equipment	9/01/17	8,095				8,095	3	MO S/L	8,095	0
38	HP Envy x360	9/15/17	647				647	3	MO S/L	647	0
39	HP Laserjet Pro M277DW - Qty 5	8/21/17	1,994				1,994	3	MO S/L	1,994	0
40	Computers -Qty 12 HP 19.5. All In One	8/21/17	7,059				7,059	3	MO S/L	7,059	0
41	2010 Starcraft Allstar	3/15/17	34,412				34,412	5	MO S/L	34,412	0
42	2014 Starcraft Starquest	4/12/17	32,580				32,580	5	MO S/L	32,580	0
43	5 Ton Compressor	8/31/19	2,714				2,714	27	MO S/L	428	98
44	2014 Starcraft Allstar 20	1/22/19	34,051				34,051	5	MO S/L	33,484	567
45	VL Improve-Replace all flooring in 5A	2/28/19	3,385				3,385	27	MO S/L	595	123
46	VL Improv - Vinyl Railing Bldg 4	4/09/19	8,210				8,210	27	MO S/L	1,418	299
47	VL Improv-Replace Flooring 7A	7/31/19	4,317				4,317	27	MO S/L	693	157
48	Robinson House	2/04/19	243,689				243,689	0	-- Land	0	0
49	Message Center Sign	11/09/19	1,816				1,816	5	MO S/L	1,514	302
50	Paintings	10/24/19	10,000				10,000	5	MO S/L	8,333	1,667
51	Message Center Signs	10/07/20	3,433				3,433	5	MO S/L	2,232	686
52	Dell Latitude 5510	8/31/20	1,768				1,768	3	MO S/L	1,768	0
53	TV & Wall Mount for Levis	9/15/20	1,112				1,112	5	MO S/L	741	222
54	Virginia Lane Improvs-Vinyl Railing Bldg :	10/06/20	2,110				2,110	27	MO S/L	249	77
55	AH Improv - Evaporator Coil Unit 105	8/31/20	2,009				2,009	10	MO S/L	670	200
56	AH Improvements -Flooring	10/31/20	1,913				1,913	10	MO S/L	606	191
57	Deposit Signs Piedmont & Rectory	12/31/20	1,275				1,275	5	MO S/L	765	255
58	Virginia Lane-Rebuild Sewer Pumps	12/03/20	4,962				4,962	10	MO S/L	1,530	496
59	Signs Piedmont	4/02/21	1,275				1,275	5	MO S/L	701	255
60	Heat pump Barton Place	1/22/21	4,270				4,270	27	MO S/L	453	155
61	Fridge	6/07/21	1,114				1,114	27	MO S/L	105	40
62	Fridge	6/07/21	1,114				1,114	27	MO S/L	105	40
63	Fridge	6/07/21	1,114				1,114	27	MO S/L	105	40
64	3 Carts	6/07/21	1,336				1,336	27	MO S/L	126	48
65	Dell Latitude-Director Res. Serv	10/12/21	1,266				1,266	3	MO S/L	949	317
66	HVAC 105 Windy Hill	6/08/22	8,676				8,676	27	MO S/L	500	315
67	HVAC Barton Place	6/28/22	8,643				8,643	27	MO S/L	471	315
68	Cottage 9 Flip-DeckFlooring heater	6/30/22	9,245				9,245	27	MO S/L	504	336
69	Barton - Septic	8/09/22	11,768				11,768	27	MO S/L	606	428
70	Cottage 105-handrails. soil retaining	8/09/22	1,900				1,900	27	MO S/L	98	69
71	Barton - Windows Replacement	9/30/22	20,938				20,938	27	MO S/L	952	761
72	Barton - Wooden Staircase	10/25/22	2,519				2,519	27	MO S/L	107	92
73	Barton - Front Door Bldg 1101	10/25/22	2,069				2,069	27	MO S/L	88	75
74	The Plains PO- PO Bldg	4/30/22	238,042				238,042	39	MO S/L	10,173	6,103

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
75	Mitsubishi Ductless Hyper Heat Pump Bart	10/20/22	31,433				31,433	27 MO S/L	1,334	1,143
76	Fridge - 2A Virginia Lane	6/28/22	1,367				1,367	5 MO S/L	410	274
77	Fridge & Washer - 5A Virginia Lane	6/28/22	2,227				2,227	5 MO S/L	668	445
78	VA Lane Improv-ADA Ramp & Handrails	6/03/22	24,500				24,500	27 MO S/L	1,411	891
79	Fridge - 2A Virginia Lane	8/09/22	1,477				1,477	5 MO S/L	418	296
80	Fridge - 5B Virginia Lane	8/09/22	1,269				1,269	5 MO S/L	360	253
81	VA Lane Improv-Replace Stair Treds	8/09/22	5,139				5,139	27 MO S/L	265	187
82	Dell Latitude (Lisa)	4/11/22	1,311				1,311	3 MO S/L	765	437
83	Dell Latitude	9/28/22	1,155				1,155	3 MO S/L	481	385
84	Range- 7 Windy Hill	8/09/22	1,074				1,074	5 MO S/L	304	215
85	W&D- 7A Windy Hill	9/30/22	2,067				2,067	5 MO S/L	517	413
86	Video Conference Camera	7/19/22	1,058				1,058	3 MO S/L	500	352
87	Levis Hill Sign	6/16/22	1,725				1,725	5 MO S/L	518	345
88	Virginia Lane Sign	6/16/22	1,725				1,725	5 MO S/L	518	345
89	Walnut Dining Table & 6 Chairs	4/15/22	2,026				2,026	5 MO S/L	709	405
90	The Plains PO- Stucco Bldg	4/30/22	127,483				127,483	39 MO S/L	5,448	3,269
91	The Plains PO- Land	4/30/22	281,045				281,045	0 -- Land	0	0
92	Dell Latitude	5/11/23	1,100				1,100	10 MO S/L	73	110
93	VL - 14 HVAC Units	8/25/23	175,266				175,266	27 MO S/L	2,124	6,374
94	FY23 Barton Place Improvements	9/01/23	25,795				25,795	27 MO S/L	313	938
Total Other Depreciation			<u>7,592,938</u>				<u>7,592,938</u>		<u>3,602,696</u>	<u>193,478</u>
Total ACRS and Other Depreciation			<u>7,592,938</u>				<u>7,592,938</u>		<u>3,602,696</u>	<u>193,478</u>
Grand Totals			7,592,938				7,592,938		3,602,696	193,478
Less: Dispositions and Transfers			0				0		0	0
Less: Start-up/Org Expense			<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
Net Grand Totals			<u>7,592,938</u>				<u>7,592,938</u>		<u>3,602,696</u>	<u>193,478</u>

VA Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	VA Prior	VA Current	Federal Current	Difference Fed - VA
Other Depreciation:								
1	Robinson Property Structure/Systems Inspe	10/03/18	395	395	207	40	40	0
2	Windy Hill Sign for Office Building	1/30/18	1,050	1,050	621	105	105	0
4	Kaye House	1/01/00	112,641	112,641	98,305	4,096	4,096	0
5	Barton Place	1/01/96	334,124	334,124	334,124	0	0	0
6	Sewer Hookups	1/01/86	38,814	38,814	29,499	776	777	1
7	Single Houses	1/01/89	504,071	504,071	504,071	0	0	0
8	Single House Improvements	1/01/06	14,972	14,972	9,800	544	544	0
9	Single House Improvements	12/31/09	183,808	183,808	93,575	6,684	6,684	0
10	Windy Hill Cottage Rehab Project	5/13/10	467,172	467,172	232,170	16,988	16,988	0
11	Barton Place Stairs	4/12/10	6,890	6,890	3,445	251	250	-1
12	Boiler	5/20/11	5,175	5,175	2,368	188	188	0
13	Barton Place Renovations	10/30/14	31,602	31,602	10,534	1,149	1,149	0
14	Rental Improvements	4/30/17	4,245	4,245	2,830	425	425	0
15	Affordable Housing Land	1/01/89	219,451	219,451	0	0	0	0
17	Roads	7/01/95	147,576	147,576	84,118	2,952	2,951	-1
18	Barton Place Retaining Wall	11/03/17	91,411	91,411	56,370	9,141	9,141	0
19	Barton Place - Railing for Retaining Wall	4/09/18	4,287	4,287	2,465	429	429	0
20	Virginia Lane Homes	7/01/04	2,140,457	2,140,457	1,517,779	77,834	77,835	1
21	Virginia Lane Improvements	1/01/06	163,275	163,275	106,871	5,937	5,938	1
22	Virginia Lane Improvements	1/01/07	21,085	21,085	13,034	767	766	-1
23	Virginia Lane Improvements	1/01/08	5,753	5,753	3,347	209	209	0
24	Virginia Lane Improvements	1/01/09	11,236	11,236	6,129	408	408	0
25	Virginia Lane Improvements	6/30/17	10,246	10,246	6,660	1,025	1,025	0
26	Virginia Lane Improvements	7/31/18	6,656	6,656	3,605	666	666	0
27	Virginia Lane Land	7/01/04	902,000	902,000	0	0	0	0
28	Forrest Lane	9/16/16	209,682	209,682	55,280	7,625	7,625	0
29	Forrest Lane	1/25/17	9,982	9,982	2,511	363	363	0
30	Chadwell Vacant Lot	12/20/01	18,463	18,463	0	0	0	0
31	Washington Vacant Lot	7/18/03	46,911	46,911	0	0	0	0
32	The Rectory	11/30/12	435,902	435,902	241,562	21,795	21,795	0
33	The Rectory Project	6/30/13	25,485	25,485	13,380	1,274	1,275	1
36	Office Furniture and Equipment	10/20/16	1,039	1,039	1,039	0	0	0
37	Office Furniture and Equipment	9/01/17	8,095	8,095	8,095	0	0	0
38	HP Envy x360	9/15/17	647	647	647	0	0	0
39	HP Laserjet Pro M277DW - Qty 5	8/21/17	1,994	1,994	1,994	0	0	0
40	Computers -Qty 12 HP 19.5. All In One	8/21/17	7,059	7,059	7,059	0	0	0
41	2010 Starcraft Allstar	3/15/17	34,412	34,412	34,412	0	0	0
42	2014 Starcraft Starquest	4/12/17	32,580	32,580	32,580	0	0	0
43	5 Ton Compressor	8/31/19	2,714	2,714	428	98	98	0
44	2014 Starcraft Allstar 20	1/22/19	34,051	34,051	33,484	567	567	0
45	VL Improve-Replace all flooring in 5A	2/28/19	3,385	3,385	595	123	123	0
46	VL Improv - Vinyl Railing Bldg 4	4/09/19	8,210	8,210	1,418	299	299	0
47	VL Improv-Replace Flooring 7A	7/31/19	4,317	4,317	693	157	157	0
48	Robinson House	2/04/19	243,689	243,689	0	0	0	0
49	Message Center Sign	11/09/19	1,816	1,816	1,514	302	302	0
50	Paintings	10/24/19	10,000	10,000	8,333	1,667	1,667	0
51	Message Center Signs	10/07/20	3,433	3,433	2,232	686	686	0
52	Dell Latitude 5510	8/31/20	1,768	1,768	1,768	0	0	0
53	TV & Wall Mount for Levis	9/15/20	1,112	1,112	741	222	222	0
54	Virginia Lane Improvs-Vinyl Railing Bldg :	10/06/20	2,110	2,110	249	77	77	0
55	AH Improv - Evaporator Coil Unit 105	8/31/20	2,009	2,009	670	200	200	0
56	AH Improvements -Flooring	10/31/20	1,913	1,913	606	191	191	0
57	Deposit Signs Piedmont & Rectory	12/31/20	1,275	1,275	765	255	255	0
58	Virginia Lane-Rebuild Sewer Pumps	12/03/20	4,962	4,962	1,530	496	496	0
59	Signs Piedmont	4/02/21	1,275	1,275	701	255	255	0
60	Heat pump Barton Place	1/22/21	4,270	4,270	453	155	155	0
61	Fridge	6/07/21	1,114	1,114	105	40	40	0
62	Fridge	6/07/21	1,114	1,114	105	40	40	0
63	Fridge	6/07/21	1,114	1,114	105	40	40	0
64	3 Carts	6/07/21	1,336	1,336	126	48	48	0
65	Dell Latitude-Director Res. Serv	10/12/21	1,266	1,266	949	317	317	0
66	HVAC 105 Windy Hill	6/08/22	8,676	8,676	500	315	315	0
67	HVAC Barton Place	6/28/22	8,643	8,643	471	315	315	0
68	Cottage 9 Flip-DeckFlooring heater	6/30/22	9,245	9,245	504	336	336	0
69	Barton - Septic	8/09/22	11,768	11,768	606	428	428	0
70	Cottage 105-handrails. soil retaining	8/09/22	1,900	1,900	98	69	69	0
71	Barton - Windows Replacement	9/30/22	20,938	20,938	952	761	761	0
72	Barton - Wooden Staircase	10/25/22	2,519	2,519	107	92	92	0
73	Barton - Front Door Bldg 1101	10/25/22	2,069	2,069	88	75	75	0
74	The Plains PO- PO Bldg	4/30/22	238,042	238,042	10,173	6,103	6,103	0

VA Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	VA Prior	VA Current	Federal Current	Difference Fed - VA
75	Mitsubishi Ductless Hyper Heat Pump Bart	10/20/22	31,433	31,433	1,334	1,143	1,143	0
76	Fridge - 2A Virginia Lane	6/28/22	1,367	1,367	410	274	274	0
77	Fridge & Washer - 5A Virginia Lane	6/28/22	2,227	2,227	668	445	445	0
78	VA Lane Improv-ADA Ramp & Handrails	6/03/22	24,500	24,500	1,411	891	891	0
79	Fridge - 2A Virginia Lane	8/09/22	1,477	1,477	418	296	296	0
80	Fridge - 5B Virginia Lane	8/09/22	1,269	1,269	360	253	253	0
81	VA Lane Improv-Replace Stair Treds	8/09/22	5,139	5,139	265	187	187	0
82	Dell Latitude (Lisa)	4/11/22	1,311	1,311	765	437	437	0
83	Dell Latitude	9/28/22	1,155	1,155	481	385	385	0
84	Range- 7 Windy Hill	8/09/22	1,074	1,074	304	215	215	0
85	W&D- 7A Windy Hill	9/30/22	2,067	2,067	517	413	413	0
86	Video Conference Camera	7/19/22	1,058	1,058	500	352	352	0
87	Levis Hill Sign	6/16/22	1,725	1,725	518	345	345	0
88	Virginia Lane Sign	6/16/22	1,725	1,725	518	345	345	0
89	Walnut Dining Table & 6 Chairs	4/15/22	2,026	2,026	709	405	405	0
90	The Plains PO- Stucco Bldg	4/30/22	127,483	127,483	5,448	3,269	3,269	0
91	The Plains PO- Land	4/30/22	281,045	281,045	0	0	0	0
92	Dell Latitude	5/11/23	1,100	1,100	73	110	110	0
93	VL - 14 HVAC Units	8/25/23	175,266	175,266	2,124	6,374	6,374	0
94	FY23 Barton Place Improvements	9/01/23	25,795	25,795	313	938	938	0
Total Other Depreciation			<u>7,592,938</u>	<u>7,592,938</u>	<u>3,608,691</u>	<u>193,477</u>	<u>193,478</u>	<u>1</u>
Total ACRS and Other Depreciation			<u>7,592,938</u>	<u>7,592,938</u>	<u>3,608,691</u>	<u>193,477</u>	<u>193,478</u>	<u>1</u>
Grand Totals			7,592,938	7,592,938	3,608,691	193,477	193,478	1
Less: Dispositions			0	0	0	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			<u>7,592,938</u>	<u>7,592,938</u>	<u>3,608,691</u>	<u>193,477</u>	<u>193,478</u>	<u>1</u>

Depreciation Adjustment Report

All Business Activities

Form	Unit	Asset
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Description

Tax

AMT

There are no assets that meet the criteria of this report

Future Depreciation Report **FYE: 12/31/25**

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	Robinson Property Structure/Systems Inspect	10/03/18	395	39	0
2	Windy Hill Sign for Office Building	1/30/18	1,050	105	0
4	Kaye House	1/01/00	112,641	4,096	0
5	Barton Place	1/01/96	334,124	0	0
6	Sewer Hookups	1/01/86	38,814	776	0
7	Single Houses	1/01/89	504,071	0	0
8	Single House Improvements	1/01/06	14,972	545	0
9	Single House Improvements	12/31/09	183,808	6,684	0
10	Windy Hill Cottage Rehab Project	5/13/10	467,172	16,988	0
11	Barton Place Stairs	4/12/10	6,890	251	0
12	Boiler	5/20/11	5,175	188	0
13	Barton Place Renovations	10/30/14	31,602	1,149	0
14	Rental Improvements	4/30/17	4,245	424	0
15	Affordable Housing Land	1/01/89	219,451	0	0
17	Roads	7/01/95	147,576	2,952	0
18	Barton Place Retaining Wall	11/03/17	91,411	9,141	0
19	Barton Place - Railing for Retaining Wall	4/09/18	4,287	428	0
20	Virginia Lane Homes	7/01/04	2,140,457	77,835	0
21	Virginia Lane Improvements	1/01/06	163,275	5,937	0
22	Virginia Lane Improvements	1/01/07	21,085	767	0
23	Virginia Lane Improvements	1/01/08	5,753	209	0
24	Virginia Lane Improvements	1/01/09	11,236	409	0
25	Virginia Lane Improvements	6/30/17	10,246	1,024	0
26	Virginia Lane Improvements	7/31/18	6,656	666	0
27	Virginia Lane Land	7/01/04	902,000	0	0
28	Forrest Lane	9/16/16	209,682	7,625	0
29	Forrest Lane	1/25/17	9,982	363	0
30	Chadwell Vacant Lot	12/20/01	18,463	0	0
31	Washington Vacant Lot	7/18/03	46,911	0	0
32	The Rectory	11/30/12	435,902	21,796	0
33	The Rectory Project	6/30/13	25,485	1,274	0
36	Office Furniture and Equipment	10/20/16	1,039	0	0
37	Office Furniture and Equipment	9/01/17	8,095	0	0
38	HP Envy x360	9/15/17	647	0	0
39	HP Laserjet Pro M277DW - Qty 5	8/21/17	1,994	0	0
40	Computers -Qty 12 HP 19.5. All In One	8/21/17	7,059	0	0
41	2010 Starcraft Allstar	3/15/17	34,412	0	0
42	2014 Starcraft Starquest	4/12/17	32,580	0	0
43	5 Ton Compressor	8/31/19	2,714	99	0
44	2014 Starcraft Allstar 20	1/22/19	34,051	0	0
45	VL Improve-Replace all flooring in 5A	2/28/19	3,385	123	0
46	VL Improv - Vinyl Railing Bldg 4	4/09/19	8,210	298	0
47	VL Improv-Replace Flooring 7A	7/31/19	4,317	157	0
48	Robinson House	2/04/19	243,689	0	0
49	Message Center Sign	11/09/19	1,816	0	0
50	Paintings	10/24/19	10,000	0	0
51	Message Center Signs	10/07/20	3,433	515	0
52	Dell Latitude 5510	8/31/20	1,768	0	0
53	TV & Wall Mount for Levis	9/15/20	1,112	149	0
54	Virginia Lane Improvs-Vinyl Railing Bldg 5A	10/06/20	2,110	77	0
55	AH Improv - Evaporator Coil Unit 105	8/31/20	2,009	201	0
56	AH Improvements -Flooring	10/31/20	1,913	191	0
57	Deposit Signs Piedmont & Rectory	12/31/20	1,275	255	0
58	Virginia Lane-Rebuild Sewer Pumps	12/03/20	4,962	496	0
59	Signs Piedmont	4/02/21	1,275	255	0
60	Heat pump Barton Place	1/22/21	4,270	155	0
61	Fridge	6/07/21	1,114	41	0
62	Fridge	6/07/21	1,114	41	0
63	Fridge	6/07/21	1,114	41	0
64	3 Carts	6/07/21	1,336	49	0
65	Dell Latitude-Director Res. Serv	10/12/21	1,266	0	0
66	HVAC 105 Windy Hill	6/08/22	8,676	316	0
67	HVAC Barton Place	6/28/22	8,643	314	0
68	Cottage 9 Flip-DeckFlooring heater	6/30/22	9,245	337	0
69	Barton - Septic	8/09/22	11,768	428	0
70	Cottage 105-handrails. soil retaining	8/09/22	1,900	69	0
71	Barton - Windows Replacement	9/30/22	20,938	761	0
72	Barton - Wooden Staircase	10/25/22	2,519	91	0

Asset	Description	Date In Service	Cost	Tax	AMT
73	Barton - Front Door Bldg 1101	10/25/22	2,069	75	0
74	The Plains PO- PO Bldg	4/30/22	238,042	6,104	0
75	Mitsubishi Ductless Hyper Heat Pump Barton	10/20/22	31,433	1,143	0
76	Fridge - 2A Virginia Lane	6/28/22	1,367	273	0
77	Fridge & Washer - 5A Virginia Lane	6/28/22	2,227	446	0
78	VA Lane Improv-ADA Ramp & Handrails	6/03/22	24,500	890	0
79	Fridge - 2A Virginia Lane	8/09/22	1,477	295	0
80	Fridge - 5B Virginia Lane	8/09/22	1,269	254	0
81	VA Lane Improv-Replace Stair Treds	8/09/22	5,139	187	0
82	Dell Latitude (Lisa)	4/11/22	1,311	109	0
83	Dell Latitude	9/28/22	1,155	289	0
84	Range- 7 Windy Hill	8/09/22	1,074	215	0
85	W&D- 7A Windy Hill	9/30/22	2,067	413	0
86	Video Conference Camera	7/19/22	1,058	206	0
87	Levis Hill Sign	6/16/22	1,725	345	0
88	Virginia Lane Sign	6/16/22	1,725	345	0
89	Walnut Dining Table & 6 Chairs	4/15/22	2,026	406	0
90	The Plains PO- Stucco Bldg	4/30/22	127,483	3,269	0
91	The Plains PO- Land	4/30/22	281,045	0	0
92	Dell Latitude	5/11/23	1,100	110	0
93	VL - 14 HVAC Units	8/25/23	175,266	6,373	0
94	FY23 Barton Place Improvements	9/01/23	25,795	938	0
Total Other Depreciation			<u>7,592,938</u>	<u>189,815</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>7,592,938</u>	<u>189,815</u>	<u>0</u>
Grand Totals			<u>7,592,938</u>	<u>189,815</u>	<u>0</u>

Asset	Description	Date In Service	Cost	VA
Other Depreciation:				
1	Robinson Property Structure/Systems Inspect	10/03/18	395	39
2	Windy Hill Sign for Office Building	1/30/18	1,050	105
4	Kaye House	1/01/00	112,641	4,096
5	Barton Place	1/01/96	334,124	0
6	Sewer Hookups	1/01/86	38,814	776
7	Single Houses	1/01/89	504,071	0
8	Single House Improvements	1/01/06	14,972	545
9	Single House Improvements	12/31/09	183,808	6,684
10	Windy Hill Cottage Rehab Project	5/13/10	467,172	16,988
11	Barton Place Stairs	4/12/10	6,890	250
12	Boiler	5/20/11	5,175	188
13	Barton Place Renovations	10/30/14	31,602	1,149
14	Rental Improvements	4/30/17	4,245	424
15	Affordable Housing Land	1/01/89	219,451	0
17	Roads	7/01/95	147,576	2,951
18	Barton Place Retaining Wall	11/03/17	91,411	9,141
19	Barton Place - Railing for Retaining Wall	4/09/18	4,287	428
20	Virginia Lane Homes	7/01/04	2,140,457	77,835
21	Virginia Lane Improvements	1/01/06	163,275	5,937
22	Virginia Lane Improvements	1/01/07	21,085	767
23	Virginia Lane Improvements	1/01/08	5,753	210
24	Virginia Lane Improvements	1/01/09	11,236	409
25	Virginia Lane Improvements	6/30/17	10,246	1,024
26	Virginia Lane Improvements	7/31/18	6,656	666
27	Virginia Lane Land	7/01/04	902,000	0
28	Forrest Lane	9/16/16	209,682	7,624
29	Forrest Lane	1/25/17	9,982	363
30	Chadwell Vacant Lot	12/20/01	18,463	0
31	Washington Vacant Lot	7/18/03	46,911	0
32	The Rectory	11/30/12	435,902	21,796
33	The Rectory Project	6/30/13	25,485	1,274
36	Office Furniture and Equipment	10/20/16	1,039	0
37	Office Furniture and Equipment	9/01/17	8,095	0
38	HP Envy x360	9/15/17	647	0
39	HP Laserjet Pro M277DW - Qty 5	8/21/17	1,994	0
40	Computers -Qty 12 HP 19.5. All In One	8/21/17	7,059	0
41	2010 Starcraft Allstar	3/15/17	34,412	0
42	2014 Starcraft Starquest	4/12/17	32,580	0
43	5 Ton Compressor	8/31/19	2,714	99
44	2014 Starcraft Allstar 20	1/22/19	34,051	0
45	VL Improve-Replace all flooring in 5A	2/28/19	3,385	123
46	VL Improv - Vinyl Railing Bldg 4	4/09/19	8,210	298
47	VL Improv-Replace Flooring 7A	7/31/19	4,317	157
48	Robinson House	2/04/19	243,689	0
49	Message Center Sign	11/09/19	1,816	0
50	Paintings	10/24/19	10,000	0
51	Message Center Signs	10/07/20	3,433	515
52	Dell Latitude 5510	8/31/20	1,768	0
53	TV & Wall Mount for Levis	9/15/20	1,112	149
54	Virginia Lane Improvs-Vinyl Railing Bldg 5A	10/06/20	2,110	77
55	AH Improv - Evaporator Coil Unit 105	8/31/20	2,009	201
56	AH Improvements -Flooring	10/31/20	1,913	191
57	Deposit Signs Piedmont & Rectory	12/31/20	1,275	255
58	Virginia Lane-Rebuild Sewer Pumps	12/03/20	4,962	496
59	Signs Piedmont	4/02/21	1,275	255
60	Heat pump Barton Place	1/22/21	4,270	155
61	Fridge	6/07/21	1,114	41
62	Fridge	6/07/21	1,114	41
63	Fridge	6/07/21	1,114	41
64	3 Carts	6/07/21	1,336	49
65	Dell Latitude-Director Res. Serv	10/12/21	1,266	0
66	HVAC 105 Windy Hill	6/08/22	8,676	316
67	HVAC Barton Place	6/28/22	8,643	314
68	Cottage 9 Flip-DeckFlooring heater	6/30/22	9,245	337
69	Barton - Septic	8/09/22	11,768	428
70	Cottage 105-handrails. soil retaining	8/09/22	1,900	69
71	Barton - Windows Replacement	9/30/22	20,938	761
72	Barton - Wooden Staircase	10/25/22	2,519	91

Asset	Description	Date In Service	Cost	VA
73	Barton - Front Door Bldg 1101	10/25/22	2,069	75
74	The Plains PO- PO Bldg	4/30/22	238,042	6,104
75	Mitsubishi Ductless Hyper Heat Pump Barton	10/20/22	31,433	1,143
76	Fridge - 2A Virginia Lane	6/28/22	1,367	273
77	Fridge & Washer - 5A Virginia Lane	6/28/22	2,227	446
78	VA Lane Improv-ADA Ramp & Handrails	6/03/22	24,500	890
79	Fridge - 2A Virginia Lane	8/09/22	1,477	295
80	Fridge - 5B Virginia Lane	8/09/22	1,269	254
81	VA Lane Improv-Replace Stair Treds	8/09/22	5,139	187
82	Dell Latitude (Lisa)	4/11/22	1,311	109
83	Dell Latitude	9/28/22	1,155	289
84	Range- 7 Windy Hill	8/09/22	1,074	215
85	W&D- 7A Windy Hill	9/30/22	2,067	413
86	Video Conference Camera	7/19/22	1,058	206
87	Levis Hill Sign	6/16/22	1,725	345
88	Virginia Lane Sign	6/16/22	1,725	345
89	Walnut Dining Table & 6 Chairs	4/15/22	2,026	406
90	The Plains PO- Stucco Bldg	4/30/22	127,483	3,269
91	The Plains PO- Land	4/30/22	281,045	0
92	Dell Latitude	5/11/23	1,100	110
93	VL - 14 HVAC Units	8/25/23	175,266	6,373
94	FY23 Barton Place Improvements	9/01/23	25,795	938
Total Other Depreciation			<u>7,592,938</u>	<u>189,813</u>
Total ACRS and Other Depreciation			<u><u>7,592,938</u></u>	<u><u>189,813</u></u>
Grand Totals			<u><u>7,592,938</u></u>	<u><u>189,813</u></u>

Form 990-T	Business Income Activity Summary	2024
Name WINDY HILL FOUNDATION, INC		Taxpayer Identification Number 54-1244012

Business Activity Income (and allocation of Prior-2018 NOL)

A. Total Pre-2018 Net Operating Losses Carried Forward	N/A	A.
B. Total Pre-2018 Net Operating Loss allocated to Sch A activities		B.
C. Total Pre-2018 Net Operating Loss allocated to Form 990-T, Line 6		C.
D. Pre-2018 Applied (Sum of B and C)		D.
E. Pre-2018 Remaining (Line A minus Line D)		E.
F. Pre-2018 Net Operating Losses Expiring this Year		F.
G. Pre-2018 Net Operating Losses Carried Forward		G.

Unrelated Business Income Activity with Income		Code	Net Income	Allocated Pre2018 NOL
1.	UNRELATED BUSINESS ACTIVITY	230000	127	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.	All other revenue			
16.	Total taxable income		127	

Business Activity Losses

Unrelated Business Income Activity with Losses	Code	Current Year Loss
1.		1.
2.		2.
3.		3.
4.		4.
5. All other activities		5.
6. Totals		6.

Tax-Exempt Interest on Investments

<u>Description</u>		<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>InState Muni (\$ or %)</u>
		\$ <u>67,398</u>		14			
TOTAL		\$ <u><u>67,398</u></u>					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER FEES	\$ 4,881	\$ 4,881	\$	\$
TOTAL	\$ 4,881	\$ 4,881	\$ 0	\$ 0

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
TAXES AND FEES	\$ 29,731	\$ 2,199	\$ 27,532	\$
BAD DEBTS	15,000		15,000	
BANK AND CREDIT CARD FEES	7,090		7,090	
DUES AND SUBSCRIPTIONS	6,897	5,165	973	759
WHDC - BANK FEES	-120		-120	
TOTAL	\$ 58,598	\$ 7,364	\$ 50,475	\$ 759

Schedule A, Part II, Line 1(e)

Description	Amount
GOVERNMENT GRANTS	\$ 6,500
CONTRIBUTIONS	787,900
DONATED GOODS	42,462
GRANTS	242,500
GALA	
CASH CONTRIBUTION	234,005
TOTAL	\$ 1,313,367

Federal Statements

Schedule A, Part II, Line 8(e)

Description	Amount
	\$ 67,398
	\$ 67,398

TOTAL

Schedule A, Part II, Line 12 - Current year

Description	Amount
	\$ 592,571
	\$ 592,571

AFFORDABLE HOUSING PROGRAM

TOTAL

VA-8879C Virginia Department of Taxation	Virginia Corporation Income Tax e-file Signature Authorization	Tax Year 2024
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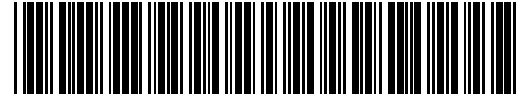
**DO NOT SEND THIS VA-8879C TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS.
 IT MUST BE MAINTAINED IN YOUR FILES!**

Corporation Name	Federal ID Number
WINDY HILL FOUNDATION, INC	54-1244012
Part I Tax Return Information	
1. Federal Taxable Income (Form 500, Page 2, Line 1)	1.
2. Virginia Taxable Income (Form 500, Page 2, Line 7)	2.
3. Income tax (Form 500, Page 2, Line 9)	3.
4. Total payments and credits (Form 500, Page 2, Line 16)	4.
5. Total due (Form 500, Page 2, Line 21)	5.
6. Amount to be refunded (Form 500, Page 2, Line 24)	6.
Part II Declaration and Signature Authorization of Officer	
Under penalties of perjury, I declare to be the officer of the above corporation and that I have examined a copy of the corporation's 2024 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider including the amounts shown in Part I above agrees with the information and amounts shown on the corresponding lines of the corporate electronic income tax return. If filing a balance due return, I authorize the Virginia Department of Taxation (Virginia Tax) and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on the 2024 Virginia income tax return for payment of state taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. I understand that if Virginia Tax does not receive full and timely payment of the tax liability, the corporation will remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit the complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return.	
Officer's e-File PIN: check one box only ☒ I authorize the ERO named below to enter my e-File PIN 97987 as my signature on the corporation's 2024 electronic Virginia corporation income tax return. Do not enter all zeros MITCHELL, BURNS & CO., P.C. ERO Firm Name ☐ I will enter my e-File PIN as my signature on the corporation's 2024 electronic Virginia corporation income tax return. Check this box only if you are entering your own e-File PIN and the return is filed using the Practitioner PIN method. The ERO must complete Part III below. Your Signature Kara J. Doyle Date 11/07/25	
Part III Certification and Authentication	
ERO's EFIN/PIN: Enter your six digit EFIN followed by your five digit self-selected PIN. 54186364893 Do not enter all zeros I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2024 Virginia corporation income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and have followed all other requirements as specified by Virginia Tax. EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program. ERO's Signature Kara J. Doyle Date 11/7/2025	

Form 500

Virginia Department of Taxation
P.O. Box 1500
Richmond, VA 23218-1500

2024 Virginia Corporation Income Tax Return



Attention: Return must be filed electronically. Use this form only if you have an approved waiver.
Do not file this form to carry back a net operating loss. Use Form 500NOLD.

FISCAL or

SHORT Year Filer: Beginning Date _____; Ending Date _____

☐ Short Year Return ☐ Change in Accounting Period

Official Use Only

FEIN 54-1244012		Name WINDY HILL FOUNDATION, INC		Check all that apply: ☐ Initial Filer ☐ Name Change ☐ Mailing Address Change ☐ Physical Address Change	
Mailing Address PO BOX 1593					
City or Town MIDDLEBURG		State VA	ZIP Code 20118		
Physical Address (if different from Mailing Address)					
Physical City or Town		State	ZIP Code	Entity Type Code NP	
				NAICS Code 230000	
Date Incorporated	State or Country of Incorporation		Description of Business Activity		

Check Applicable Boxes	Final Return	Corporate Telecommunications Company
☐ Consolidated – Sch. 500AC Enclosed ☐ Combined – Sch. 500AC Enclosed Combined/Consolidated Filers – Enter number of affiliates: _____ ☐ Change in Filing Status ☐ Sch. 500A Enclosed ☐ Sch. 500AB Enclosed ☒ Nonprofit Corporation ☐ Certified Company Apportionment – Sch. 500AP Enclosed ☐ Amended Return (See instructions) Enter reason code: _____	☐ Final Return / Close Account– Check here and applicable boxes below. ☐ Withdrawn ☐ Dissolved – No longer liable for tax. Dissolved Date: _____ ☐ Merged Merger Date: _____ Merged FEIN: _____ ☐ S Corp Effective: _____	Enter amount from Form 500T, Line 7: _____ .00 Noncorporate Telecommunications Company Check box and enter amount from Form 500T, Line 10: ☐ _____ .00 Electric Supplier Company Enter amount from Sch. 500EL, Line 7 or 14: _____ .00 Home Service Contract Provider Enter amount from Form 500HS, Line 10. ☐ Check box if a noncorporate HSCP. _____ .00

QUESTIONS AND RELATED INFORMATION	
A. Have you made any payments to an affiliated corporation, a related individual, or other related entity for interest, royalties, or other expenses related to intangible property (patents, trademarks, copyrights, and similar intangible property)? If yes, complete and enclose Schedule 500AB. Enter exception amount from Schedule 500AB, Line 8. B. RESERVED FOR FUTURE USE C. If a net operating loss deduction was claimed in computing federal taxable income on the U.S. Corporation Income Tax Return, provide the requested information. If a NOL resulted from a merger, enter the FEIN of the company generating the NOL prior to the merger date. FEIN _____ (If there are NOLs for more than one year, enclose a schedule for each year with the information requested in Section C.) D. If pass-through entity withholding is claimed, enter the number of Schedules VK-1 and complete and enclose Schedule 500ADJ, Page 2. E. Has your federal income tax liability been redetermined with the IRS and finalized for any prior year(s) that has not previously been reported to the Department? If yes, provide the year(s).	A. _____ .00 B. _____ (1) Year of Loss _____ (2) Federal NOL _____ (3) Percent of federal NOL used this year _____ % D. _____ Year E. _____ Year _____ Year _____ F. Location of corporation's books P.O. BOX 1593 MIDDLEBURG VA 20118 Contact for corporation's books _____ Contact Phone Number 540-687-3997

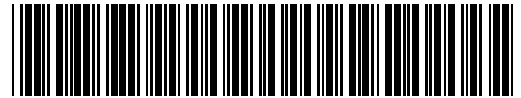
2024 Virginia

Form 500

Page 2

FEIN

54-1244012

**INCOME**

1. Federal taxable income (from enclosed federal return)	1.	0	.00
2. Total additions from Schedule 500ADJ, Section A, Line 7	2.		.00
3. Total (add Lines 1 and 2)	3.	0	.00
4. Total subtractions from Schedule 500ADJ, Section B, Line 10	4.		.00
5. Balance (subtract Line 4 from Line 3)	5.	0	.00
6. Savings and Loan Association's Bad Debt Deduction (see instructions)	6.		.00
7. Virginia taxable income (subtract Line 6 from Line 5)	7.	0	.00

TAX COMPUTATION

8. Apportionable Income (Schedule 500A Filers) – Complete Lines 8(a) through 8(d). See instructions.			
(a) Income subject to Virginia tax from Schedule 500A, Section B, Line 3(j)	8(a)		.00
(b) Apportionment factor percentage from Schedule 500A, Section B, Line 1 or Line 2(f)	8(b)		%
(c) Nonapportionable investment function income from Schedule 500A, Section B, Line 3(c)	8(c)		.00
(d) Nonapportionable investment function loss from Schedule 500A, Section B, Line 3(e)	8(d)		.00
9. Income tax [6% of Line 7 or 6% of Line 8(a)]	9.	0	.00

PAYMENTS AND CREDITS

10. Nonrefundable tax credits: Enter the amount from Schedule 500CR, Section 2, Part 1, Line 1B	10.		.00
11. Adjusted corporate tax (subtract Line 10 from Line 9)	11.	0	.00
12. 2024 estimated Virginia income tax payments including overpayment credit from 2023	12.		.00
13. Extension payment	13.		.00
14. Refundable tax credits from Schedule 500CR, Section 4, Part 1, Line 1A	14.		.00
15. Pass-through entity total withholding from Schedule 500ADJ, Section D	15.		.00
16. Total payments and credits (add Lines 12 through 15)	16.		.00

REFUND OR TAX DUE

17. Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11)	17.		.00
18. Penalty (see instructions)	18.		.00
19. Interest (see instructions)	19.		.00
20. Additional charge from Form 500C, Line 17 (enclose Form 500C)	20.		.00
21. Total due (add Lines 17 through 20)	21.		.00
22. Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16)	22.		.00
23. Amount to be credited to 2025 estimated tax	23.		.00
24. Amount to be refunded (subtract Line 23 from Line 22)	24.		.00

I, the undersigned president, vice-president, treasurer, assistant treasurer, chief accounting officer, or other officer duly authorized to act on behalf of the corporation for which this return is made, declare under the penalties provided by law that this return (including any accompanying schedules and statements) has been examined by me and is, to the best of my knowledge and belief, a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the income tax laws of the Commonwealth of Virginia. If prepared by a person other than the taxpayer, this declaration is based on all information of which he or she has any knowledge.

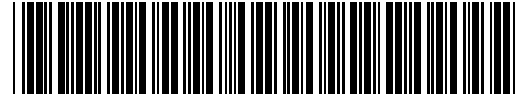
By checking the box to the right, I (we) authorize the Department to discuss this return with the undersigned preparer. → ☒

Date	Signature of Officer	Title
		EXECUTIVE DIRECTOR
Printed Name of Officer		Phone Number
ELOISE REPECZKY		540-687-3997
Print Preparer's Name and Firm Name	Individual or Firm, Signature of Preparer	Preparer Phone Number
KARA J. DOYLE		703-777-4900
Date	Address of Preparer	
11/07/25	MITCHELL, BURNS & CO., P.C.	
Preparer's FEIN, PTIN, or SSN	Approved Vendor Code	
54-1853459	1022	110 E MARKET ST STE 200 LEESBURG, VA 20176

IMPORTANT: INCLUDE A COPY OF YOUR FEDERAL RETURN WITH THIS RETURN

2024 Virginia
Schedule 500FED

Corporation Schedule of
Federal Line Items



Enclose Schedule 500FED with your Virginia Corporation Income Tax Return, Form 500.

Schedule 500FED does not replace the requirement to enclose a complete federal Form 1120 with your Virginia return.

Name as shown on Virginia return WINDY HILL FOUNDATION, INC FEIN 54-1244012

Form 1120 — Deductions and Taxable Income

1. Federal Taxable Income before NOL and Special Deductions	1. <u>127.00</u>
2. Net Operating Loss Deduction	2. <u>.00</u>
3. Special Deductions	3. <u>1,000.00</u>
4. Federal Taxable Income after NOL and Special Deductions	4. <u>0.00</u>

Form 1120, Schedule C — Dividends and Special Deductions

5. Subpart F Income and/or Global Intangible Low-Taxed Income	5. <u>.00</u>
6. Gross-Up for Foreign Taxes Deemed Paid	6. <u>.00</u>

Form 1120, Schedule K or M-1

7. Tax Exempt Interest	7. <u>.00</u>
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Form 5884 — Work Opportunity Credit

8. Salaries and Wages not deducted due to the WOTC	8. <u>.00</u>
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Form 4562 — Special Depreciation Allowance and Other Depreciation

9. Special depreciation allowance for qualified property placed in service during the taxable year ..	9. <u>.00</u>
10. Property subject to 168(f)(1) election	10. <u>.00</u>
11. Other depreciation	11. <u>0.00</u>

Form 1118, Schedule A — Income or Loss Before Adjustments - Gross Income or Loss

12. Total: Dividends	12. <u>.00</u>
13. Reserved for future use	13. <u></u>
14. Total: Inclusions (Exclude Gross-up)	14. <u>.00</u>
15. Total: Inclusions (Gross-up)	15. <u>.00</u>
16. Total: Interest	16. <u>.00</u>
17. Total: Gross Rents, Royalties, and License Fees	17. <u>.00</u>
18. Total: Gross Income from Performance of Services	18. <u>.00</u>
19. Total: Other	19. <u>.00</u>
20. Total: Total Gross Income or Loss from Outside the US	20. <u>.00</u>

Form 1118, Schedule A — Income or Loss Before Adjustments - Deductions

21. Total: Allocable — Rental, Royalty, and Licensing Expenses — Depreciation, Depletion, and Amortization	21. <u>.00</u>
22. Total: Allocable — Rental, Royalty, and Licensing Expenses - Other Expenses	22. <u>.00</u>
23. Total: Allocable — Expenses Related to Gross Income from Performance of Services	23. <u>.00</u>
24. Total: Allocable — Other Allocable Deductions	24. <u>.00</u>
25. Total: Total Allocable Deductions	25. <u>.00</u>
26. Total: Apportioned Share of Deductions	26. <u>.00</u>
27. Total: Net Operating Loss Deduction	27. <u>.00</u>
28. Total: Total Deductions	28. <u>.00</u>

Form 1118, Schedule A — Income or Loss Before Adjustments - Total Income

29. Total: Total Income or (Loss) Before Adjustments	29. <u>.00</u>
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