

Form **8879-EO**

### IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2013, or fiscal year beginning \_\_\_\_\_, 2013, and ending \_\_\_\_\_, 20\_\_\_\_\_

**2013**

Department of the Treasury  
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).

Name of exempt organization

Employer identification number

**Shining Hope Farms**

**30-0067482**

Name and title of officer

**Kari Pilbeam  
Treasurer**

#### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, 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 1 line in Part I.

- 1a Form 990 check here  b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 366,837
- 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 VI, line 5) 4b \_\_\_\_\_
- 5a Form 8868 check here  b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) 5b \_\_\_\_\_

#### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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 organization's 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize Paulsen CPA PC to enter my PIN 12345 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2013 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2013 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.

**SIGN HERE**

Officer's signature

*Kari Pilbeam*

Date ▶ 05/10/14

#### 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.

**69534799999**

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization 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

*David Paulsen*

Date ▶ 05/10/14

**ERO Must Retain This Form—See Instructions**

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

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2013)

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Do not enter Social Security numbers on this form as it may be made public.**  
▶ **Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**A For the 2013 calendar year, or tax year beginning , and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <p align="center"><b>Shining Hope Farms</b></p> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p><b>328 Whippoorwill Lane</b></p> City or town, state or province, country, and ZIP or foreign postal code <p><b>Mount Holly NC 28120-9765</b></p>	<b>D</b> Employer identification number <p align="center"><b>30-0067482</b></p> <b>E</b> Telephone number <p align="center"><b>704-827-3788</b></p> <b>G</b> Gross receipts\$ <b>373,380</b>
<b>F</b> Name and address of principal officer: <p><b>Kari Pilbeam</b>  <b>328 Whippoorwill Lane</b>  <b>Mt. Holly NC 28120</b></p>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ <b>ShiningHopeFarms.org</b>		<b>L</b> Year of formation: <b>2002</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>M</b> State of legal domicile: <b>NC</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>Shining Hope Farms is a 501(c)(3) organization whose mission is to enable children and adults with disabilities to achieve functional goals through the use of equine assisted activities and Hippotherapy.</b>		
	2 Check this box <input type="checkbox"/> 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)	<b>3</b>	<b>8</b>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>8</b>
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	<b>4</b>
	6 Total number of volunteers (estimate if necessary)	<b>6</b>	<b>524</b>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
b Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h)	Prior Year <b>120,943</b>	Current Year <b>119,580</b>
	9 Program service revenue (Part VIII, line 2g)	<b>133,755</b>	<b>245,664</b>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>7</b>	<b>-1,250</b>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>17,334</b>	<b>2,843</b>
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>272,039</b>	<b>366,837</b>
<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		<b>0</b>
	14 Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>39,859</b>	<b>63,765</b>
	16a Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,497</b>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>168,160</b>	<b>255,395</b>
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>208,019</b>	<b>319,160</b>	
19 Revenue less expenses. Subtract line 18 from line 12	<b>64,020</b>	<b>47,677</b>	
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16)	Beginning of Current Year <b>187,383</b>	End of Year <b>229,356</b>
	21 Total liabilities (Part X, line 26)	<b>11,370</b>	<b>5,666</b>
	22 Net assets or fund balances. Subtract line 21 from line 20	<b>176,013</b>	<b>223,690</b>

**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.

<b>Sign Here</b>	▶ _____ Signature of officer	_____ Date	
	▶ <b>Kari Pilbeam</b> Type or print name and title	<b>Treasurer</b>	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>David Paulsen</b>	Preparer's signature _____ Date <b>05/19/14</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P00743812</b>
	Firm's name ▶ <b>Paulsen CPA PC</b>	Firm's EIN ▶ <b>46-1609876</b>	
	Firm's address ▶ <b>PO Box 471765 Charlotte, NC 28247-1765</b>	Phone no. <b>704-962-2200</b>	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**For Paperwork Reduction Act Notice, see the separate instructions.**

**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:

**Shining Hope Farms is a 501(c)(3) organization whose mission is to enable children and adults with disabilities to achieve functional goals through the use of equine assisted activities and Hippotherapy.**

**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 \$ **227,240** including grants of\$ ) (Revenue \$ **209,591** )

**Shining Hope Farms served 126 children in the Hippotherapy Program in 2013 (85-90 children weekly) between its two locations. The program, conducted by licensed healthcare professionals, provides rehabilitative therapy (occupational therapy, physical therapy, or speech therapy) that uses the equine movement as a treatment tool. The onsite clinics are also used for off-mounted activities to help achieve certain goals. Historically, 85% of our patients who have received treatment have made functional gains helping to improve their quality of life. An emphasis is placed on serving poor and needy families in the community and most of the participants are able to access our program free of charge**

**4b** (Code: ) (Expenses \$ **71,411** including grants of\$ ) (Revenue \$ **36,073** )

**A PATH Intl. certified riding instructor conducts these group and private lessons where individuals participate in games and activities while learning horsemanship skills and receiving therapeutic benefits. The lessons are recreational in nature and the riders are assisted by a horse leader and side walkers which provide an enjoyable social environment. Basic riding and horsemanship skills are taught throughout the sessions which can facilitate improvements in the areas of emotional stability, social interaction, cognition, and physical abilities. Approximately 45-50 participants were served each week in 2013.**

**4c** (Code: ) (Expenses \$ including grants of\$ ) (Revenue \$ )

**4d** Other program services. (Describe in Schedule O.)

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

**4e** Total program service expenses ► **298,651**

**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	<b>Section 501(c)(3) organizations.</b> 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 Revenue Procedure 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 temporarily restricted endowments, permanent endowments, or 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?		

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No		
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b>	<b>25</b>		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b>	<b>0</b>		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>		<b>X</b>	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	<b>4</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>		<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	<b>3b</b>			
<b>4a</b>	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)?	<b>4a</b>			<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country: <b>▶</b> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	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?	<b>6a</b>			<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	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?	<b>7a</b>			
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>			

**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 in 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
<b>1a</b>	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 in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	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?	<input checked="" type="checkbox"/>	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
<b>7a</b>	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?		<input checked="" type="checkbox"/>
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	<input checked="" type="checkbox"/>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
<b>9</b>	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 in Schedule O		<input checked="" type="checkbox"/>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
<b>10b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	
<b>13</b>	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
<b>15b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<input checked="" type="checkbox"/>	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
<b>16b</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?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ NC**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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 in Schedule O)
- 19** Describe in 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, physical address, and telephone number of the person who possesses the books and records of the organization: **▶ Milinda Kirkpatrick** **328 Whippoorwill Lane** **704-827-3788**

**Mt Holly**

**NC 28120**

**704-827-3788**

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organizations 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) <b>Delane Clark</b> ..... Vice Chairman	2.00 0.00	X		X				0	0	0
(2) <b>Charmaine Gallagher</b> ..... Member	2.00 0.00	X						0	0	0
(3) <b>Terry Jones</b> ..... Member	2.00 0.00	X						0	0	0
(4) <b>Beth Lippincott</b> ..... Member	2.00 0.00	X						0	0	0
(5) <b>Bobbie Long</b> ..... Member	2.00 0.00	X						0	0	0
(6) <b>Kari Pilbeam</b> ..... Board Chairman	10.00 0.00	X		X				0	0	0
(7) <b>Clay Thompson</b> ..... Member	2.00 0.00	X						0	0	0
(8) <b>Susie Phelps</b> ..... Member	2.00 0.00	X						0	0	0
(9) <b>Delta Sanders</b> ..... Member	2.00 0.00	X						0	0	0
(10) <b>Joey Townsend</b> ..... Member	2.00 0.00	X						0	0	0
(11) <b>Milinda Kirkpatrick</b> ..... Exec Direct (No Vote)	40.00 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....		<b>X</b>
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....		<b>X</b>
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....		<b>X</b>

**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 Revenue**

Check 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	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>	10,533			
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	109,047			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		23,270			
	<b>h Total.</b> Add lines 1a-1f		119,580			
Program Service Revenue	<b>2a</b> Insurance Reimb / Copays	Busn. Code	199,361	199,361		
	<b>b</b> Therapeutic Riding Lessons		32,260	32,260		
	<b>c</b> Therapist Facility Fees		10,230	10,230		
	<b>d</b> Equine Lease/Horse Show		3,813	3,813		
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f		245,664			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		9		9	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6a</b> Gross rents	(i) Real				
		(ii) Personal				
	<b>b</b> Less: rental exps.					
	<b>c</b> Rental inc. or (loss)					
	<b>d</b> Net rental income or (loss)					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other		2,391		
	<b>b</b> Less: cost or other basis & sales exps.			3,650		
	<b>c</b> Gain or (loss)			-1,259		
	<b>d</b> Net gain or (loss)		-1,259	-1,259		
	<b>8a</b> Gross income from fundraising events (not including \$ 10,533 of contributions reported on line 1c). See Part IV, line 18	<b>a</b>		4,139		
	<b>b</b> Less: direct expenses	<b>b</b>		2,893		
<b>c</b> Net income or (loss) from fundraising events		1,246		1,495		
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
<b>b</b> Less: direct expenses	<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
	<b>b</b> Less: cost of goods sold	<b>b</b>				
<b>c</b> Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code				
<b>11a</b> One Time Sale of Hay			1,296		1,296	
<b>b</b> IRS Refund			301		301	
<b>c</b>						
<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d			1,597			
<b>12 Total revenue.</b> See instructions.		366,837	244,405	0	3,101	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
<b>2</b> Grants and other assistance to individuals in the U.S. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	<b>58,873</b>	<b>58,820</b>	<b>53</b>	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes	<b>4,892</b>	<b>4,636</b>	<b>256</b>	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	<b>5,424</b>		<b>5,424</b>	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 7				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	<b>144,776</b>	<b>142,190</b>	<b>1,472</b>	<b>1,114</b>
<b>12</b> Advertising and promotion	<b>165</b>		<b>165</b>	
<b>13</b> Office expenses	<b>4,048</b>	<b>1,625</b>	<b>2,231</b>	<b>192</b>
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	<b>5,674</b>	<b>5,674</b>		
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	<b>5,241</b>	<b>2,192</b>	<b>2,958</b>	<b>91</b>
<b>20</b> Interest	<b>233</b>		<b>233</b>	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	<b>31,098</b>	<b>29,873</b>	<b>1,225</b>	
<b>23</b> Insurance	<b>9,280</b>	<b>5,004</b>	<b>4,276</b>	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>Farm Supplies</b>	<b>26,153</b>	<b>26,053</b>		<b>100</b>
<b>b</b> <b>Vehicle Expense</b>	<b>10,108</b>	<b>9,928</b>	<b>180</b>	
<b>c</b> <b>Repairs</b>	<b>6,957</b>	<b>6,931</b>	<b>26</b>	
<b>d</b> <b>Dues &amp; Subscriptions</b>	<b>3,853</b>	<b>3,665</b>	<b>188</b>	
<b>e</b> All other expenses	<b>2,385</b>	<b>2,060</b>	<b>325</b>	
<b>25</b> Total functional expenses. Add lines 1 through 24e	<b>319,160</b>	<b>298,651</b>	<b>19,012</b>	<b>1,497</b>
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year		
<b>Assets</b>	1	Cash—non-interest bearing		1	14,375	
	2	Savings and temporary cash investments	10,660	2	22,037	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4		
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	304,015		
	b	Less: accumulated depreciation	10b	111,071	10c	192,944
	11	Investments—publicly traded securities		11		
	12	Investments—other securities. See Part IV, line 11		12		
	13	Investments—program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	187,383	16	229,356		
<b>Liabilities</b>	17	Accounts payable and accrued expenses		17		
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties		24	3,981	
	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	11,370	25	1,685	
	26	<b>Total liabilities.</b> Add lines 17 through 25	11,370	26	5,666	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	27	Unrestricted net assets	176,013	27	223,690	
	28	Temporarily restricted net assets		28		
	29	Permanently restricted net assets		29		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
33	<b>Total net assets or fund balances</b>	176,013	33	223,690		
34	<b>Total liabilities and net assets/fund balances</b>	187,383	34	229,356		

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>366,837</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>319,160</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>47,677</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>176,013</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>223,690</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2b</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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2c</b>	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 in Schedule O.		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<b>X</b>
<b>3b</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 in Schedule O and describe any steps taken to undergo such audits.		

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

**2013**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**Shining Hope Farms**

Employer identification number

**30-0067482**

**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 11, 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.)
- 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  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 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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
  - a  Type I
  - b  Type II
  - c  Type III—Functionally integrated
  - d  Type III—Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? .....

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....
- (ii) A family member of a person described in (i) above? .....
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2013

**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						

**12** Gross receipts from related activities, etc. (see instructions) 12

**13 First five 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**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">▶ <input type="checkbox"/></span>		
<b>b 33 1/3% support test—2012.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">▶ <input type="checkbox"/></span>		
<b>17a 10%-facts-and-circumstances test—2013.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <span style="float: right;">▶ <input type="checkbox"/></span>		
<b>b 10%-facts-and-circumstances test—2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <span style="float: right;">▶ <input type="checkbox"/></span>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <span style="float: right;">▶ <input type="checkbox"/></span>		

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

(Complete only if you checked the box on line 9 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	29,022	63,288	82,433	120,943	119,580	415,266
<b>2</b> 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	61,615	111,584	124,393	133,755	245,664	677,011
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513					1,440	1,440
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	90,637	174,872	206,826	254,698	366,684	1,093,717
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6.)						1,093,717

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6	90,637	174,872	206,826	254,698	366,684	1,093,717
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	23	76	24	7	9	139
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	23	76	24	7	9	139
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					1,385	1,385
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	3,970					3,970
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	94,630	174,948	206,850	254,705	368,078	1,099,211

**14 First five 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**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	99.50 %
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15	<b>16</b>	97.47 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2013.** 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—2012.** 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 Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

**Part III, Line 12 - Other Income Detail**

**Various** \$ **3,970**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

OMB No. 1545-0047

**2013**

▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

**Name of the organization**

**Employer identification number**

**Shining Hope Farms**

**30-0067482**

**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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub> % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ .....

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

<b>Name of organization</b> <b>Shining Hope Farms</b>	<b>Employer identification number</b> <b>30-0067482</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 33,300	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Beth Lippincott 3919 Black Sycamore Drive CHARLOTTE NC 28226	\$ 5,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Community Foundation of Gaston P.O. Box 123 Gastonia NC 28053	\$ 17,657	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Push America PO Box 241368 CHARLOTTE NC 28224	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Delane and Walter Clark 841 Beth Haven Church Road Denver NC 28037	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Delane and Walter Clark 841 Beth Haven Church Road Denver NC 28037	\$ 9,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> <b>Shining Hope Farms</b>	<b>Employer identification number</b> <b>30-0067482</b>
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**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
6	1800 Bales of Hay	\$ 9,000	10/31/13
.....	.....	\$ .....	.....
.....	.....	\$ .....	.....
.....	.....	\$ .....	.....
.....	.....	\$ .....	.....
.....	.....	\$ .....	.....
.....	.....	\$ .....	.....
.....	.....	\$ .....	.....
.....	.....	\$ .....	.....

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

Shining Hope Farms

Employer identification number

30-0067482

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 3 columns: Question number, Description, Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 3 columns: Question number, Description, Amount. Includes questions 1a, 1b, 2, 2a, 2b regarding art and historical treasures.

**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 are a significant use of its collection items (check all that apply):

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

**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" to 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:

- c** Beginning balance .....
- d** Additions during the year .....
- e** Distributions during the year .....
- f** Ending balance .....

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  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" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....					

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

- a** Board designated or quasi-endowment ▶ ..... %
- b** Permanent endowment ▶ ..... %
- c** Temporarily restricted endowment ▶ ..... %

The percentages in 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
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**b** If "Yes" to 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" to 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
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....		<b>157,460</b>	<b>49,000</b>	<b>108,460</b>
<b>d</b> Equipment .....		<b>78,850</b>	<b>43,521</b>	<b>35,329</b>
<b>e</b> Other .....		<b>67,705</b>	<b>18,550</b>	<b>49,155</b>
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				<b>192,944</b>

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" to 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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" to 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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to 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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to 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) <b>Payroll Taxes</b>	<b>1,685</b>	
(3) <b>Other Liabilities</b>		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>1,685</b>	

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII







**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

**Shining Hope Farms**

Employer identification number

**30-0067482**

**Form 990, Part VI, Line 2 - Related Party Information Among Officers**

**Terry Jones**

**Susie Phelps**

**Member**

**Member**

**Family Relationship**

**Form 990, Part VI, Line 11b - Organization's Process to Review Form 990**

The directors / officer's review the tax return to make sure it correctly reflects the organization's activities and goals.

**Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy**

Policy is addressed at the quarterly board meetings.

**Form 990, Part VI, Line 15a - Compensation Process for Top Official**

Not compensated.

**Form 990, Part VI, Line 15b - Compensation Process for Officers**

Not compensated.

**Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation**

Documents are available upon request.

**Form 990, Part IX, Line 11g - Other Fees for Services**

**Description**

**Program Service**

**Mgt & General**

**Fundraising**

**AmeriCorps Vista**

Name of the organization		Employer identification number	
Shining Hope Farms		30-0067482	
\$	2,069	\$	0
AmeriCorps Vista			
\$	1,667	\$	0
Veterinary			
\$	2,817	\$	0
Veterinary			
\$	2,816	\$	0
Farrier			
\$	2,497	\$	0
Farrier			
\$	2,453	\$	0
Therapists			
\$	75,014	\$	1,270
Therapists			
\$	8	\$	0
Hay Haulers & Workers			
\$	635	\$	20
Hay Haulers & Workers			
\$	645	\$	0
Therapy Assistant			
\$	19,848	\$	56
Therapy Assistant			
\$	1,603	\$	0
Riding Instructor			
\$	11,731	\$	126
Riding Instructor			
\$	10,385	\$	0

Name of the organization

**Shining Hope Farms**

Employer identification number

**30-0067482**

**Farm Services**

\$ **3,571**                      \$ **0**                      \$ **150**

**Farm Services**

\$ **4,431**                      \$ **0**                      \$ **0**

Form **4562**

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No. 1545-0172

**2013**

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.      ▶ Attach to your tax return.

Attachment  
Sequence No. **179**

Name(s) shown on return

**Shining Hope Farms**

Identifying number

**30-0067482**

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.

<b>1</b>	Maximum amount (see instructions)	<b>1</b>	<b>500,000</b>
<b>2</b>	Total cost of section 179 property placed in service (see instructions)	<b>2</b>	
<b>3</b>	Threshold cost of section 179 property before reduction in limitation (see instructions)	<b>3</b>	<b>2,000,000</b>
<b>4</b>	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	<b>4</b>	
<b>5</b>	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	<b>5</b>	
<b>6</b>	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
<b>7</b>	Listed property. Enter the amount from line 29	<b>7</b>	
<b>8</b>	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	<b>8</b>	
<b>9</b>	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	<b>9</b>	
<b>10</b>	Carryover of disallowed deduction from line 13 of your 2012 Form 4562	<b>10</b>	
<b>11</b>	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	<b>11</b>	
<b>12</b>	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	<b>12</b>	
<b>13</b>	Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12	<b>13</b>	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

<b>14</b>	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	<b>14</b>	
<b>15</b>	Property subject to section 168(f)(1) election	<b>15</b>	
<b>16</b>	Other depreciation (including ACRS)	<b>16</b>	<b>9,551</b>

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

<b>17</b>	MACRS deductions for assets placed in service in tax years beginning before 2013	<b>17</b>	<b>20,011</b>
<b>18</b>	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

**Section B—Assets Placed in Service During 2013 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
<b>19a</b> 3-year property						
<b>b</b> 5-year property						
<b>c</b> 7-year property						
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs.		S/L	
<b>h</b> Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
<b>i</b> Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System**

<b>20a</b>	Class life	<b>50,969</b>	<b>10.0</b>	<b>MQ</b>	S/L	<b>1,536</b>
<b>b</b>	12-year		12 yrs.		S/L	
<b>c</b>	40-year		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

<b>21</b>	Listed property. Enter amount from line 28	<b>21</b>	
<b>22</b>	<b>Total.</b> 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	<b>22</b>	<b>31,098</b>
<b>23</b>	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	<b>23</b>	

**For Paperwork Reduction Act Notice, see separate instructions.**

Form **4562** (2013)

Shining Hope Farms  
328 Whippoorwill Lane  
Mount Holly, NC 28120-9765

**Electing out of Bonus Depreciation Allowance for  
All Eligible Depreciable Property**

The taxpayer elects out of first-year bonus depreciation allowance under IRC Section 168(k) for all eligible asset classes of depreciable property acquired after December 31, 2007. This election applies to all eligible depreciable property placed in service during the tax year.

**Federal Asset Report**

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
<b>Class Life ADS Property:</b>											
52	Equine - Gideon	2/19/13	1,000				1,000	10	MQ S/L	0	88
69	LI - Clinic Expansion/breakroom	5/01/13	6,175				6,175	25	HY S/L	0	154
74	Brother Copy/Fax/Scanner	7/25/13	463				463	10	MQ S/L	0	17
75	Dell Latitude 5500	6/21/13	865				865	10	MQ S/L	0	54
76	Neat Scanner	5/28/13	321				321	10	MQ S/L	0	20
83	Brother Color Copier	7/25/13	463				463	10	MQ S/L	0	17
92	Amish Swing Set	3/01/13	576				576	10	MQ S/L	0	50
94	Big Swingset	6/30/13	899				899	10	MQ S/L	0	56
96	Therapy Desk	1/01/13	772				772	10	MQ S/L	0	68
97	Patrick Monolfap Jumping Saddle Siz	1/01/13	3,000				3,000	10	MQ S/L	0	263
101	Fixed Asset Pro Software	3/05/13	440				440	10	MQ S/L	0	39
102	Fencing BBT Donation	6/15/13	3,300				3,300	10	MQ S/L	0	206
109	Husqvanna Weed Whacker	1/01/13	235				235	10	MQ S/L	0	21
110	2 Drawer Blk Files (for Tina)	2/26/13	160				160	10	MQ S/L	0	14
111	Aerator	4/14/13	182				182	10	MQ S/L	0	11
112	Aerator	4/19/13	182				182	10	MQ S/L	0	11
113	Industrial Fan	12/31/13	195				195	10	MQ S/L	0	2
114	Laptop for Therapist	3/08/13	428				428	10	MQ S/L	0	37
115	Laptop for Therapist	3/08/13	428				428	10	MQ S/L	0	37
116	Meck Fencing Cost	1/01/13	528				528	10	MQ S/L	0	46
117	Fencing Materials	1/01/13	405				405	10	MQ S/L	0	35
118	Architectual Fees	2/14/13	800				800	25	HY S/L	0	28
121	Push America Project	11/22/13	22,927				22,927	15	MQ S/L	0	191
123	Tile Clinic Room	11/05/13	300				300	25	HY S/L	0	2
124	Meck Fencing	11/13/13	1,820				1,820	10	MQ S/L	0	23
126	Tile Bathroom, LightFixtures	11/27/13	739				739	25	HY S/L	0	4
128	1994 Chevrolet Suburban	12/13/13	2,500				2,500	10	MQ S/L	0	31
129	Rifle w/Case	11/30/13	217				217	10	MQ S/L	0	3
130	Post for Fencing	12/10/13	649				649	10	MQ S/L	0	8
			<u>50,969</u>				<u>50,969</u>			<u>0</u>	<u>1,536</u>
<b>Prior MACRS:</b>											
10	LI -Fill Dirt & Grading-Arena	6/21/10	8,500			X	6,540	15	HY 150DB	1,960	654
12	LI -Retaining Wall	5/02/06	1,604				1,604	15	HY 150DB	768	98
13	LI -Roof	6/01/06	18,480				18,480	15	HY 150DB	8,718	1,148
14	LI -Septic Tank	7/01/06	1,835				1,835	15	HY 150DB	833	118
15	LI -Electro Fence	3/07/07	4,100				4,100	15	HY 150DB	1,760	246
16	LI -Fence	4/30/07	4,999				4,999	15	HY 150DB	2,244	290
17	LI -Therapy Clinic	6/30/08	26,839			X	16,737	15	HY 150DB	10,102	1,673
18	LI -Hayloft	12/01/08	3,991			X	1,995	15	HY 150DB	2,044	195
19	LI -Land Improvements	10/04/11	1,500			X	1,282	15	HY 150DB	218	128
26	Kabota Front End Loader	2/17/10	5,800			X	2,900	7	HY 200DB	3,264	724
27	Kabota Riding Mower	7/01/10	1,000			X	500	7	HY 200DB	563	125
29	Trailer	5/31/05	1,041				1,041	7	HY 200DB	1,015	0
30	Weed Eater	12/31/05	218				218	7	HY 200DB	189	0
31	Heat/Air Unit for Office	10/06/06	833				833	7	HY 200DB	755	78
33	2 Horse Trailer	3/07/07	4,000				4,000	7	HY 200DB	3,294	471
34	Dell Computer	4/23/07	1,402				1,402	5	HY 200DB	1,323	0
	Casualty/Theft: 7/25/13										
35	Nordic Treadmill	11/03/07	854				854	7	HY 200DB	707	98
36	Platform Swing	11/03/07	860				860	7	HY 200DB	708	101
37	Equisizer	11/03/07	2,780				2,780	7	HY 200DB	2,289	327
38	Clinic Equipment	7/01/08	811			X	405	7	HY 200DB	630	73
39	Clinic Furniture	7/01/08	1,209			X	604	7	HY 200DB	939	108
40	Washer/Dryer	1/27/11	1,150			X	704	7	HY 200DB	446	201
41	Therapy Equipment	8/31/11	3,031			X	1,856	7	HY 200DB	1,175	530
44	Dell Computer	7/25/12	643			X	536	7	HY 200DB	107	153
45	Toshiba Laptop	8/29/12	354			X	307	7	HY 200DB	47	88
47	Ford F-150/2004	8/12/10	6,800			X	3,400	5	HY 200DB	4,842	783
48	Gator	7/01/11	3,000			X	1,836	7	HY 200DB	1,164	524
49	Gator -Remainder of amount paid	7/01/11	1,000			X	714	7	HY 200DB	286	204
50	Golf Cart -Meck	9/13/12	4,500			X	4,071	7	HY 200DB	429	1,163
51	Golf Cart -Gaston	10/31/12	4,500			X	4,286	7	HY 200DB	214	1,225
54	LI -Railroad Ties -Meck	10/01/12	1,100			X	1,072	15	HY 150DB	28	107
55	LI -Retailing Wall -Meck	8/10/12	805			X	771	15	HY 150DB	34	77
57	LI -Fence	7/27/07	3,722				3,722	15	HY 150DB	372	353
58	LI -Regrading Arena -Meck	6/01/12	700			X	659	15	HY 150DB	41	66

30-0067482

## Federal Asset Report

FYE: 12/31/2013

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
59	LI -Regrading the arena -Gaston	6/01/12	500		X	471	15 HY 150DB	29	47
60	LI -Grading Back Arena -Gaston	1/13/12	420		X	378	15 HY 150DB	42	38
61	DCP Mini Tricycle	6/30/12	2,150		X	1,843	7 HY 200DB	307	527
62	83 Hay Trailer	5/24/10	500		X	357	7 HY 200DB	143	102
63	LI -Pergola	6/30/07	1,000			1,000	15 HY 150DB	100	95
64	LI -Wooden Staircase -Gaston	6/30/11	150		X	135	15 HY 150DB	15	14
65	LI -Wooden Fencing -100x200 Arena	1/01/11	700		X	630	15 HY 150DB	70	63
67	LI -White Vinyl Picket Fencing	10/01/08	240		X	216	15 HY 150DB	24	22
68	LI -Mounting area/deck	1/01/09	200		X	180	15 HY 150DB	20	18
70	LI -Cement Walkway to Loading Ramp	6/30/12	876		X	832	15 HY 150DB	44	83
71	LI -Remaining Materials for Retain	10/01/12	958		X	934	15 HY 150DB	24	93
72	LI -Awning on Barn	1/01/12	857		X	771	15 HY 150DB	86	77
73	LI -White fence around playground	11/01/12	1,000		X	983	15 HY 150DB	17	98
77	Swing Set	10/01/10	662		X	473	7 HY 200DB	189	135
78	Trampoline	7/01/06	419			419	7 HY 200DB	120	299
80	Manure Spreader	2/01/12	2,699		X	1,992	7 HY 200DB	707	569
81	Adirondack Benches	6/30/12	417		X	357	7 HY 200DB	60	102
82	Adirondack Benches	6/30/11	417		X	298	7 HY 200DB	119	85
84	Compaq Computer	12/31/09	100		X	60	5 HY 200DB	40	40
85	Harrow Rake	2/20/10	236		X	169	7 HY 200DB	67	48
86	Commercial Shelving	11/01/10	675		X	482	7 HY 200DB	193	138
87	Metal Cabinets in Feed Room	6/30/12	240		X	206	7 HY 200DB	34	59
88	Metal Storage Cabinet	6/30/12	450		X	386	7 HY 200DB	64	110
89	Sears Craftsman Metal Workbench	6/30/12	230		X	197	7 HY 200DB	33	56
93	Harrow Rake	6/05/11	250		X	179	7 HY 200DB	71	51
95	Horse Trailer -Adam Steel	11/01/10	2,300		X	1,643	7 HY 200DB	657	470
98	Large Fan	5/01/08	379		X	271	7 HY 200DB	108	109
99	Push Husqvarna lawn mower	6/30/12	290		X	249	7 HY 200DB	41	71
100	Stihl Weed Eater	6/30/12	280		X	240	7 HY 200DB	40	69
103	LI -Roof -Part 2	6/01/06	21,551			21,551	15 HY 150DB	1,118	2,404
104	Lifespan Equipment	7/01/10	6,950		X	3,475	7 HY 200DB	4,063	825
105	Dell Laptop -Vostro	11/24/08	1,152		X	691	5 HY 200DB	461	691
106	Picnic Tables	11/01/10	870		X	621	7 HY 200DB	249	177
107	6 Foot Folding Tables	1/01/11	474		X	339	7 HY 200DB	135	97
			<u>174,553</u>			<u>140,931</u>		<u>62,998</u>	<u>20,011</u>
<b>Other Depreciation:</b>									
1	Equine -Gio	3/15/10	6,000			6,000	7 MO S/L	2,143	286
	Sold/Scrapped: 5/06/13								
2	Equine -Grady	1/01/05	500			500	5 MO S/L	500	0
3	Equine -Sammy	1/01/05	2,500			2,500	5 MO S/L	2,500	0
4	Equine -Gordon	2/05/07	5,000			5,000	5 MO S/L	5,000	0
6	Equine -Chester	9/25/11	2,000			2,000	7 MO S/L	429	285
7	Equine -Odie	9/14/11	500			500	7 MO S/L	107	72
8	Equine -Dunkin	3/16/11	4,555			4,555	7 MO S/L	976	650
11	LI -Barn	1/01/05	13,190			13,190	15 MO S/L	8,507	880
20	Equine -Oreo	12/31/12	5,000			5,000	7 MO S/L	0	714
21	Equine -Hamilton	5/28/08	0			0	7 MO S/L	0	0
22	Equine -Reese	6/14/12	3,350			3,350	7 MO S/L	279	479
23	Equine -Willie	7/30/12	800			800	7 MO S/L	48	114
25	Equine -Marshall	8/21/12	5,000			5,000	7 MO S/L	238	714
53	Equine -Feighbel	12/31/12	37,500			37,500	7 MO S/L	0	5,357
	<b>Total Other Depreciation</b>		<u>85,895</u>			<u>85,895</u>		<u>20,727</u>	<u>9,551</u>
	<b>Total ACRS and Other Depreciation</b>		<u>85,895</u>			<u>85,895</u>		<u>20,727</u>	<u>9,551</u>
	<b>Grand Totals</b>		311,417			277,795		83,725	31,098
	<b>Less: Dispositions and Transfers</b>		7,402			7,402		3,466	286
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>304,015</u>			<u>270,393</u>		<u>80,259</u>	<u>30,812</u>



30-0067482

## NC Asset Report

FYE: 12/31/2013

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	NC Prior	NC Current	Federal Current	Difference Fed - NC
<b>Class Life ADS Property:</b>								
52	Equine - Gideon	2/19/13	1,000	1,000	0	88	88	0
69	LI - Clinic Expansion/breakroom	5/01/13	6,175	6,175	0	154	154	0
74	Brother Copy/Fax/Scanner	7/25/13	463	463	0	17	17	0
75	Dell Latitude 5500	6/21/13	865	865	0	54	54	0
76	Neat Scanner	5/28/13	321	321	0	20	20	0
83	Brother Color Copier	7/25/13	463	463	0	17	17	0
92	Amish Swing Set	3/01/13	576	576	0	50	50	0
94	Big Swingset	6/30/13	899	899	0	56	56	0
96	Therapy Desk	1/01/13	772	772	0	68	68	0
97	Patrick Monolfap Jumping Saddle Siz	1/01/13	3,000	3,000	0	263	263	0
101	Fixed Asset Pro Software	3/05/13	440	440	0	39	39	0
102	Fencing BBT Donation	6/15/13	3,300	3,300	0	206	206	0
109	Husqvanna Weed Whacker	1/01/13	235	235	0	21	21	0
110	2 Drawer Blk Files (for Tina)	2/26/13	160	160	0	14	14	0
111	Aerator	4/14/13	182	182	0	11	11	0
112	Aerator	4/19/13	182	182	0	11	11	0
113	Industrial Fan	12/31/13	195	195	0	2	2	0
114	Laptop for Therapist	3/08/13	428	428	0	37	37	0
115	Laptop for Therapist	3/08/13	428	428	0	37	37	0
116	Meck Fencing Cost	1/01/13	528	528	0	46	46	0
117	Fencing Materials	1/01/13	405	405	0	35	35	0
118	Architectual Fees	2/14/13	800	800	0	28	28	0
121	Push America Project	11/22/13	22,927	22,927	0	191	191	0
123	Tile Clinic Room	11/05/13	300	300	0	2	2	0
124	Meck Fencing	11/13/13	1,820	1,820	0	23	23	0
126	Tile Bathroom, LightFixtures	11/27/13	739	739	0	4	4	0
128	1994 Chevrolet Suburban	12/13/13	2,500	2,500	0	31	31	0
129	Rifle w/Case	11/30/13	217	217	0	3	3	0
130	Post for Fencing	12/10/13	649	649	0	8	8	0
			<u>50,969</u>	<u>50,969</u>	<u>0</u>	<u>1,536</u>	<u>1,536</u>	<u>0</u>
<b>Other Depreciation:</b>								
1	Equine -Gio	3/15/10	0	0	0	0	286	286
	Sold/Scrapped: 5/06/13							
2	Equine -Grady	1/01/05	0	0	0	0	0	0
3	Equine -Sammy	1/01/05	0	0	0	0	0	0
4	Equine -Gordon	2/05/07	0	0	0	0	0	0
6	Equine -Chester	9/25/11	0	0	0	0	285	285
7	Equine -Odie	9/14/11	0	0	0	0	72	72
8	Equine -Dunkin	3/16/11	0	0	0	0	650	650
10	LI -Fill Dirt & Grading-Arena	6/21/10	0	0	0	0	654	654
11	LI -Barn	1/01/05	0	0	0	0	880	880
12	LI -Retaining Wall	5/02/06	0	0	0	0	98	98
13	LI -Roof	6/01/06	0	0	0	0	1,148	1,148
14	LI -Septic Tank	7/01/06	0	0	0	0	118	118
15	LI -Electro Fence	3/07/07	0	0	0	0	246	246
16	LI -Fence	4/30/07	0	0	0	0	290	290
17	LI -Therapy Clinic	6/30/08	0	0	0	0	1,673	1,673
18	LI -Hayloft	12/01/08	0	0	0	0	195	195
19	LI -Land Improvements	10/04/11	0	0	0	0	128	128
20	Equine -Oreo	12/31/12	0	0	0	0	714	714
21	Equine -Hamilton	5/28/08	0	0	0	0	0	0
22	Equine -Reese	6/14/12	0	0	0	0	479	479
23	Equine -Willie	7/30/12	0	0	0	0	114	114
25	Equine -Marshall	8/21/12	0	0	0	0	714	714
26	Kabota Front End Loader	2/17/10	0	0	0	0	724	724
27	Kabota Riding Mower	7/01/10	0	0	0	0	125	125
29	Trailer	5/31/05	0	0	0	0	0	0
30	Weed Eater	12/31/05	0	0	0	0	0	0
31	Heat/Air Unit for Office	10/06/06	0	0	0	0	78	78
33	2 Horse Trailer	3/07/07	0	0	0	0	471	471
34	Dell Computer	4/23/07	0	0	0	0	0	0
	Casualty/Theft: 7/25/13							
35	Nordic Treadmill	11/03/07	0	0	0	0	98	98
36	Platform Swing	11/03/07	0	0	0	0	101	101
37	Equisizer	11/03/07	0	0	0	0	327	327
38	Clinic Equipment	7/01/08	0	0	0	0	73	73

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## NC Asset Report

FYE: 12/31/2013

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	NC Prior	NC Current	Federal Current	Difference Fed - NC
39	Clinic Furniture	7/01/08	0	0	0	0	108	108
40	Washer/Dryer	1/27/11	0	0	0	0	201	201
41	Therapy Equipment	8/31/11	0	0	0	0	530	530
44	Dell Computer	7/25/12	0	0	0	0	153	153
45	Toshiba Laptop	8/29/12	0	0	0	0	88	88
47	Ford F-150/2004	8/12/10	0	0	0	0	783	783
48	Gator	7/01/11	0	0	0	0	524	524
49	Gator -Remainder of amount paid	7/01/11	0	0	0	0	204	204
50	Golf Cart -Meck	9/13/12	0	0	0	0	1,163	1,163
51	Golf Cart -Gaston	10/31/12	0	0	0	0	1,225	1,225
53	Equine -Feighbel	12/31/12	0	0	0	0	5,357	5,357
54	LI -Railroad Ties -Meck	10/01/12	0	0	0	0	107	107
55	LI -Retailing Wall -Meck	8/10/12	0	0	0	0	77	77
57	LI -Fence	7/27/07	0	0	0	0	353	353
58	LI -Regrading Arena -Meck	6/01/12	0	0	0	0	66	66
59	LI -Regrading the arena -Gaston	6/01/12	0	0	0	0	47	47
60	LI -Grading Back Arena -Gaston	1/13/12	0	0	0	0	38	38
61	DCP Mini Tricycle	6/30/12	0	0	0	0	527	527
62	83 Hay Trailer	5/24/10	0	0	0	0	102	102
63	LI -Pergola	6/30/07	0	0	0	0	95	95
64	LI -Wooden Staircase -Gaston	6/30/11	0	0	0	0	14	14
65	LI -Wooden Fencing -100x200 Arena	1/01/11	0	0	0	0	63	63
67	LI -White Vinyl Picket Fencing	10/01/08	0	0	0	0	22	22
68	LI -Mounting area/deck	1/01/09	0	0	0	0	18	18
70	LI -Cement Walkway to Loading Ramp	6/30/12	0	0	0	0	83	83
71	LI -Remaining Materials for Retain	10/01/12	0	0	0	0	93	93
72	LI -Awning on Barn	1/01/12	0	0	0	0	77	77
73	LI -White fence around playground	11/01/12	0	0	0	0	98	98
77	Swing Set	10/01/10	0	0	0	0	135	135
78	Trampoline	7/01/06	0	0	0	0	299	299
80	Manure Spreader	2/01/12	0	0	0	0	569	569
81	Adirondack Benches	6/30/12	0	0	0	0	102	102
82	Adirondack Benches	6/30/11	0	0	0	0	85	85
84	Compaq Computer	12/31/09	0	0	0	0	40	40
85	Harrow Rake	2/20/10	0	0	0	0	48	48
86	Commercial Shelving	11/01/10	0	0	0	0	138	138
87	Metal Cabinets in Feed Room	6/30/12	0	0	0	0	59	59
88	Metal Storage Cabinet	6/30/12	0	0	0	0	110	110
89	Sears Craftsman Metal Workbench	6/30/12	0	0	0	0	56	56
93	Harrow Rake	6/05/11	0	0	0	0	51	51
95	Horse Trailer -Adam Steel	11/01/10	0	0	0	0	470	470
98	Large Fan	5/01/08	0	0	0	0	109	109
99	Push Husqvarna lawn mower	6/30/12	0	0	0	0	71	71
100	Stihl Weed Eater	6/30/12	0	0	0	0	69	69
103	LI -Roof -Part 2	6/01/06	0	0	0	0	2,404	2,404
104	Lifespan Equipment	7/01/10	0	0	0	0	825	825
105	Dell Laptop -Vostro	11/24/08	0	0	0	0	691	691
106	Picnic Tables	11/01/10	0	0	0	0	177	177
107	6 Foot Folding Tables	1/01/11	0	0	0	0	97	97
<b>Total Other Depreciation</b>			<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>29,562</u>	<u>29,562</u>
<b>Total ACRS and Other Depreciation</b>			<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>29,562</u>	<u>29,562</u>
<b>Grand Totals</b>			50,969	50,969	0	1,536	31,098	29,562
<b>Less: Dispositions</b>			0	0	0	0	286	286
<b>Less: Start-up/Org Expense</b>			0	0	0	0	0	0
<b>Net Grand Totals</b>			<u>50,969</u>	<u>50,969</u>	<u>0</u>	<u>1,536</u>	<u>30,812</u>	<u>29,276</u>

30-0067482

**AMT Asset Report**

FYE: 12/31/2013

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>7-year GDS Property:</b>								
52	Equine - Gideon	2/19/13	1,000		1,000	7 MQ 150DB	0	188
			<u>1,000</u>		<u>1,000</u>		<u>0</u>	<u>188</u>
<b>Class Life ADS Property:</b>								
69	LI - Clinic Expansion/breakroom	5/01/13	6,175		6,175	25 HY S/L	0	154
74	Brother Copy/Fax/Scanner	7/25/13	463		463	10 MQ S/L	0	17
75	Dell Latitude 5500	6/21/13	865		865	10 MQ S/L	0	54
76	Neat Scanner	5/28/13	321		321	10 MQ S/L	0	20
83	Brother Color Copier	7/25/13	463		463	10 MQ S/L	0	17
92	Amish Swing Set	3/01/13	576		576	15 MQ S/L	0	34
94	Big Swingset	6/30/13	899		899	10 MQ S/L	0	56
96	Therapy Desk	1/01/13	772		772	10 MQ S/L	0	68
97	Patrick Monolfap Jumping Saddle Siz	1/01/13	3,000		3,000	10 MQ S/L	0	263
101	Fixed Asset Pro Software	3/05/13	440		440	10 MQ S/L	0	39
102	Fencing BBT Donation	6/15/13	3,300		3,300	10 MQ S/L	0	206
109	Husqvanna Weed Whacker	1/01/13	235		235	10 MQ S/L	0	21
110	2 Drawer Blk Files (for Tina)	2/26/13	160		160	10 MQ S/L	0	14
111	Aerator	4/14/13	182		182	10 MQ S/L	0	11
112	Aerator	4/19/13	182		182	10 MQ S/L	0	11
113	Industrial Fan	12/31/13	195		195	10 MQ S/L	0	2
114	Laptop for Therapist	3/08/13	428		428	10 MQ S/L	0	37
115	Laptop for Therapist	3/08/13	428		428	10 MQ S/L	0	37
116	Meck Fencing Cost	1/01/13	528		528	10 MQ S/L	0	46
117	Fencing Materials	1/01/13	405		405	10 MQ S/L	0	35
118	Architectual Fees	2/14/13	800		800	25 HY S/L	0	28
121	Push America Project	11/22/13	22,927		22,927	15 MQ S/L	0	191
123	Tile Clinic Room	11/05/13	300		300	25 HY S/L	0	2
124	Meck Fencing	11/13/13	1,820		1,820	10 MQ S/L	0	23
126	Tile Bathroom, LightFixtures	11/27/13	739		739	25 HY S/L	0	4
128	1994 Chevrolet Suburban	12/13/13	2,500		2,500	10 MQ S/L	0	31
129	Rifle w/Case	11/30/13	217		217	10 MQ S/L	0	3
130	Post for Fencing	12/10/13	649		649	10 MQ S/L	0	8
			<u>49,969</u>		<u>49,969</u>		<u>0</u>	<u>1,432</u>
<b>Other Depreciation:</b>								
1	Equine -Gio	3/15/10	0		0	0 HY	0	0
	Sold/Scrapped: 5/06/13							
2	Equine -Grady	1/01/05	0		0	0 HY	0	0
3	Equine -Sammy	1/01/05	0		0	0 HY	0	0
4	Equine -Gordon	2/05/07	0		0	0 HY	0	0
6	Equine -Chester	9/25/11	0		0	0 HY	0	0
7	Equine -Odie	9/14/11	0		0	0 HY	0	0
8	Equine -Dunkin	3/16/11	0		0	0 HY	0	0
10	LI -Fill Dirt & Grading-Arena	6/21/10	0		0	0 HY	0	0
11	LI -Barn	1/01/05	0		0	0 HY	0	0
12	LI -Retaining Wall	5/02/06	0		0	0 HY	0	0
13	LI -Roof	6/01/06	0		0	0 HY	0	0
14	LI -Septic Tank	7/01/06	0		0	0 HY	0	0
15	LI -Electro Fence	3/07/07	0		0	0 HY	0	0
16	LI -Fence	4/30/07	0		0	0 HY	0	0
17	LI -Therapy Clinic	6/30/08	0		0	0 HY	0	0
18	LI -Hayloft	12/01/08	0		0	0 HY	0	0
19	LI -Land Improvements	10/04/11	0		0	0 HY	0	0
20	Equine -Oreo	12/31/12	0		0	0 HY	0	0
21	Equine -Hamilton	5/28/08	0		0	0 HY	0	0
22	Equine -Reese	6/14/12	0		0	0 HY	0	0
23	Equine -Willie	7/30/12	0		0	0 HY	0	0
25	Equine -Marshall	8/21/12	0		0	0 HY	0	0
26	Kabota Front End Loader	2/17/10	0		0	0 HY	0	0
27	Kabota Riding Mower	7/01/10	0		0	0 HY	0	0
29	Trailer	5/31/05	0		0	0 HY	0	0
30	Weed Eater	12/31/05	0		0	0 HY	0	0
31	Heat/Air Unit for Office	10/06/06	0		0	0 HY	0	0
33	2 Horse Trailer	3/07/07	0		0	0 HY	0	0
34	Dell Computer	4/23/07	0		0	0 HY	0	0

**AMT Asset Report**

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Casualty/Theft: 7/25/13								
35	Nordic Treadmill	11/03/07	0		0	0 HY	0	0
36	Platform Swing	11/03/07	0		0	0 HY	0	0
37	Equisizer	11/03/07	0		0	0 HY	0	0
38	Clinic Equipment	7/01/08	0		0	0 HY	0	0
39	Clinic Furniture	7/01/08	0		0	0 HY	0	0
40	Washer/Dryer	1/27/11	0		0	0 HY	0	0
41	Therapy Equipment	8/31/11	0		0	0 HY	0	0
44	Dell Computer	7/25/12	0		0	0 HY	0	0
45	Toshiba Laptop	8/29/12	0		0	0 HY	0	0
47	Ford F-150/2004	8/12/10	0		0	0 HY	0	0
48	Gator	7/01/11	0		0	0 HY	0	0
49	Gator -Remainder of amount paid	7/01/11	0		0	0 HY	0	0
50	Golf Cart -Meck	9/13/12	0		0	0 HY	0	0
51	Golf Cart -Gaston	10/31/12	0		0	0 HY	0	0
53	Equine -Feighbel	12/31/12	0		0	0 HY	0	0
54	LI -Railroad Ties -Meck	10/01/12	0		0	0 HY	0	0
55	LI -Retailing Wall -Meck	8/10/12	0		0	0 HY	0	0
57	LI -Fence	7/27/07	0		0	0 HY	0	0
58	LI -Regrading Arena -Meck	6/01/12	0		0	0 HY	0	0
59	LI -Regrading the arena -Gaston	6/01/12	0		0	0 HY	0	0
60	LI -Grading Back Arena -Gaston	1/13/12	0		0	0 HY	0	0
61	DCP Mini Tricycle	6/30/12	0		0	0 HY	0	0
62	83 Hay Trailer	5/24/10	0		0	0 HY	0	0
63	LI -Pergola	6/30/07	0		0	0 HY	0	0
64	LI -Wooden Staircase -Gaston	6/30/11	0		0	0 HY	0	0
65	LI -Wooden Fencing -100x200 Arena	1/01/11	0		0	0 HY	0	0
67	LI -White Vinyl Picket Fencing	10/01/08	0		0	0 HY	0	0
68	LI -Mounting area/deck	1/01/09	0		0	0 HY	0	0
70	LI -Cement Walkway to Loading Ramp	6/30/12	0		0	0 HY	0	0
71	LI -Remaining Materials for Retain	10/01/12	0		0	0 HY	0	0
72	LI -Awning on Barn	1/01/12	0		0	0 HY	0	0
73	LI -White fence around playground	11/01/12	0		0	0 HY	0	0
77	Swing Set	10/01/10	0		0	0 HY	0	0
78	Trampoline	7/01/06	0		0	0 HY	0	0
80	Manure Spreader	2/01/12	0		0	0 HY	0	0
81	Adirondack Benches	6/30/12	0		0	0 HY	0	0
82	Adirondack Benches	6/30/11	0		0	0 HY	0	0
84	Compaq Computer	12/31/09	0		0	0 HY	0	0
85	Harrow Rake	2/20/10	0		0	0 HY	0	0
86	Commercial Shelving	11/01/10	0		0	0 HY	0	0
87	Metal Cabinets in Feed Room	6/30/12	0		0	0 HY	0	0
88	Metal Storage Cabinet	6/30/12	0		0	0 HY	0	0
89	Sears Craftsman Metal Workbench	6/30/12	0		0	0 HY	0	0
93	Harrow Rake	6/05/11	0		0	0 HY	0	0
95	Horse Trailer -Adam Steel	11/01/10	0		0	0 HY	0	0
98	Large Fan	5/01/08	0		0	0 HY	0	0
99	Push Husqvarna lawn mower	6/30/12	0		0	0 HY	0	0
100	Stihl Weed Eater	6/30/12	0		0	0 HY	0	0
103	LI -Roof -Part 2	6/01/06	0		0	0 HY	0	0
104	Lifespan Equipment	7/01/10	0		0	0 HY	0	0
105	Dell Laptop -Vostro	11/24/08	0		0	0 HY	0	0
106	Picnic Tables	11/01/10	0		0	0 HY	0	0
107	6 Foot Folding Tables	1/01/11	0		0	0 HY	0	0
<b>Total Other Depreciation</b>			<u>0</u>		<u>0</u>		<u>0</u>	<u>0</u>
<b>Total ACRS and Other Depreciation</b>			<u>0</u>		<u>0</u>		<u>0</u>	<u>0</u>
<b>Grand Totals</b>			50,969		50,969		0	1,620
<b>Less: Dispositions and Transfers</b>			<u>0</u>		<u>0</u>		<u>0</u>	<u>0</u>
<b>Net Grand Totals</b>			<u>50,969</u>		<u>50,969</u>		<u>0</u>	<u>1,620</u>

30-0067482

**Bonus Depreciation Report**

FYE: 12/31/2013

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
<b>Activity: Form 990, Page 1</b>								
10	LI -Fill Dirt & Grading-Arena	6/21/10	8,500	100	0	0	1,960	6,540
17	LI -Therapy Clinic	6/30/08	26,839	100	0	0	10,102	16,737
18	LI -Hayloft	12/01/08	3,991	100	0	0	1,996	1,995
19	LI -Land Improvements	10/04/11	1,500	100	0	0	218	1,282
26	Kabota Front End Loader	2/17/10	5,800	100	0	0	2,900	2,900
27	Kabota Riding Mower	7/01/10	1,000	100	0	0	500	500
38	Clinic Equipment	7/01/08	811	100	0	0	406	405
39	Clinic Furniture	7/01/08	1,209	100	0	0	605	604
40	Washer/Dryer	1/27/11	1,150	100	0	0	446	704
41	Therapy Equipment	8/31/11	3,031	100	0	0	1,175	1,856
44	Dell Computer	7/25/12	643	100	0	0	107	536
45	Toshiba Laptop	8/29/12	354	100	0	0	47	307
47	Ford F-150/2004	8/12/10	6,800	100	0	0	3,400	3,400
48	Gator	7/01/11	3,000	100	0	0	1,164	1,836
49	Gator -Remainder of amount paid	7/01/11	1,000	100	0	0	286	714
50	Golf Cart -Meck	9/13/12	4,500	100	0	0	429	4,071
51	Golf Cart -Gaston	10/31/12	4,500	100	0	0	214	4,286
54	LI -Railroad Ties -Meck	10/01/12	1,100	100	0	0	28	1,072
55	LI -Retailing Wall -Meck	8/10/12	805	100	0	0	34	771
58	LI -Regrading Arena -Meck	6/01/12	700	100	0	0	41	659
59	LI -Regrading the arena -Gaston	6/01/12	500	100	0	0	29	471
60	LI -Grading Back Arena -Gaston	1/13/12	420	100	0	0	42	378
61	DCP Mini Tricycle	6/30/12	2,150	100	0	0	307	1,843
62	83 Hay Trailer	5/24/10	500	100	0	0	143	357
64	LI -Wooden Staircase -Gaston	6/30/11	150	100	0	0	15	135
65	LI -Wooden Fencing -100x200 Arena	1/01/11	700	100	0	0	70	630
67	LI -White Vinyl Picket Fencing	10/01/08	240	100	0	0	24	216
68	LI -Mounting area/deck	1/01/09	200	100	0	0	20	180
70	LI -Cement Walkway to Loading Ramp	6/30/12	876	100	0	0	44	832
71	LI -Remaining Materials for Retain	10/01/12	958	100	0	0	24	934
72	LI -Awning on Barn	1/01/12	857	100	0	0	86	771
73	LI -White fence around playground	11/01/12	1,000	100	0	0	17	983
77	Swing Set	10/01/10	662	100	0	0	189	473
80	Manure Spreader	2/01/12	2,699	100	0	0	707	1,992
81	Adirondack Benches	6/30/12	417	100	0	0	60	357
82	Adirondack Benches	6/30/11	417	100	0	0	119	298
84	Compaq Computer	12/31/09	100	100	0	0	40	60
85	Harrow Rake	2/20/10	236	100	0	0	67	169
86	Commercial Shelving	11/01/10	675	100	0	0	193	482
87	Metal Cabinets in Feed Room	6/30/12	240	100	0	0	34	206
88	Metal Storage Cabinet	6/30/12	450	100	0	0	64	386
89	Sears Craftsman Metal Workbench	6/30/12	230	100	0	0	33	197
93	Harrow Rake	6/05/11	250	100	0	0	71	179
95	Horse Trailer -Adam Steel	11/01/10	2,300	100	0	0	657	1,643
98	Large Fan	5/01/08	379	100	0	0	108	271
99	Push Husqvarna lawn mower	6/30/12	290	100	0	0	41	249
100	Stihl Weed Eater	6/30/12	280	100	0	0	40	240
104	Lifespan Equipment	7/01/10	6,950	100	0	0	3,475	3,475
105	Dell Laptop -Vostro	11/24/08	1,152	100	0	0	461	691
106	Picnic Tables	11/01/10	870	100	0	0	249	621
107	6 Foot Folding Tables	1/01/11	474	100	0	0	135	339
<b>Form 990, Page 1</b>			<u>104,855</u>		<u>0</u>	<u>0</u>	<u>33,622</u>	<u>71,233</u>
<b>Grand Total</b>			<u>104,855</u>		<u>0</u>	<u>0</u>	<u>33,622</u>	<u>71,233</u>

**Depreciation Adjustment Report****All Business Activities**

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<b>MACRS Adjustments:</b>						
Page 1	1	52	Equine - Gideon	88	188	-100
Page 1	1	69	LI - Clinic Expansion/breakroom	154	154	0
Page 1	1	74	Brother Copy/Fax/Scanner	17	17	0
Page 1	1	75	Dell Latitude 5500	54	54	0
Page 1	1	76	Neat Scanner	20	20	0
Page 1	1	83	Brother Color Copier	17	17	0
Page 1	1	92	Amish Swing Set	50	34	16
Page 1	1	94	Big Swingset	56	56	0
Page 1	1	96	Therapy Desk	68	68	0
Page 1	1	97	Patrick Monolfap Jumping Saddle Siz	263	263	0
Page 1	1	101	Fixed Asset Pro Software	39	39	0
Page 1	1	102	Fencing BBT Donation	206	206	0
Page 1	1	109	Husqvanna Weed Whacker	21	21	0
Page 1	1	110	2 Drawer Blk Files (for Tina)	14	14	0
Page 1	1	111	Aerator	11	11	0
Page 1	1	112	Aerator	11	11	0
Page 1	1	113	Industrial Fan	2	2	0
Page 1	1	114	Laptop for Therapist	37	37	0
Page 1	1	115	Laptop for Therapist	37	37	0
Page 1	1	116	Meck Fencing Cost	46	46	0
Page 1	1	117	Fencing Materials	35	35	0
Page 1	1	118	Architectual Fees	28	28	0
Page 1	1	121	Push America Project	191	191	0
Page 1	1	123	Tile Clinic Room	2	2	0
Page 1	1	124	Meck Fencing	23	23	0
Page 1	1	126	Tile Bathroom, LightFixtures	4	4	0
Page 1	1	128	1994 Chevrolet Suburban	31	31	0
Page 1	1	129	Rifle w/Case	3	3	0
Page 1	1	130	Post for Fencing	8	8	0
				<u>1,536</u>	<u>1,620</u>	<u>-84</u>

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Prior MACRS:</b>					
10	LI -Fill Dirt & Grading-Arena	6/21/10	8,500	588	0
12	LI -Retaining Wall	5/02/06	1,604	99	0
13	LI -Roof	6/01/06	18,480	1,149	0
14	LI -Septic Tank	7/01/06	1,835	118	0
15	LI -Electro Fence	3/07/07	4,100	247	0
16	LI -Fence	4/30/07	4,999	290	0
17	LI -Therapy Clinic	6/30/08	26,839	1,586	0
18	LI -Hayloft	12/01/08	3,991	184	0
19	LI -Land Improvements	10/04/11	1,500	115	0
26	Kabota Front End Loader	2/17/10	5,800	518	0
27	Kabota Riding Mower	7/01/10	1,000	89	0
29	Trailer	5/31/05	1,041	0	0
30	Weed Eater	12/31/05	218	0	0
31	Heat/Air Unit for Office	10/06/06	833	0	0
33	2 Horse Trailer	3/07/07	4,000	235	0
35	Nordic Treadmill	11/03/07	854	49	0
36	Platform Swing	11/03/07	860	51	0
37	Equisizer	11/03/07	2,780	164	0
38	Clinic Equipment	7/01/08	811	72	0
39	Clinic Furniture	7/01/08	1,209	108	0
40	Washer/Dryer	1/27/11	1,150	144	0
41	Therapy Equipment	8/31/11	3,031	379	0
44	Dell Computer	7/25/12	643	110	0
45	Toshiba Laptop	8/29/12	354	62	0
47	Ford F-150/2004	8/12/10	6,800	783	0
48	Gator	7/01/11	3,000	375	0
49	Gator -Remainder of amount paid	7/01/11	1,000	146	0
50	Golf Cart -Meck	9/13/12	4,500	831	0
51	Golf Cart -Gaston	10/31/12	4,500	874	0
52	Equine - Gideon	2/19/13	1,000	100	174
54	LI -Railroad Ties -Meck	10/01/12	1,100	96	0
55	LI -Retailing Wall -Meck	8/10/12	805	69	0
57	LI -Fence	7/27/07	3,722	353	0
58	LI -Regrading Arena -Meck	6/01/12	700	59	0
59	LI -Regrading the arena -Gaston	6/01/12	500	43	0
60	LI -Grading Back Arena -Gaston	1/13/12	420	34	0
61	DCP Mini Tricycle	6/30/12	2,150	376	0
62	83 Hay Trailer	5/24/10	500	73	0
63	LI -Pergola	6/30/07	1,000	94	0
64	LI -Wooden Staircase -Gaston	6/30/11	150	12	0
65	LI -Wooden Fencing -100x200 Arena	1/01/11	700	57	0
67	LI -White Vinyl Picket Fencing	10/01/08	240	20	0
68	LI -Mounting area/deck	1/01/09	200	16	0
69	LI - Clinic Expansion/breakroom	5/01/13	6,175	247	247
70	LI -Cement Walkway to Loading Ramp	6/30/12	876	75	0
71	LI -Remaining Materials for Retain	10/01/12	958	84	0
72	LI -Awning on Barn	1/01/12	857	69	0
73	LI -White fence around playground	11/01/12	1,000	89	0
74	Brother Copy/Fax/Scanner	7/25/13	463	47	47
75	Dell Latitude 5500	6/21/13	865	87	87
76	Neat Scanner	5/28/13	321	32	32
77	Swing Set	10/01/10	662	96	0
78	Trampoline	7/01/06	419	0	0
80	Manure Spreader	2/01/12	2,699	407	0
81	Adirondack Benches	6/30/12	417	73	0
82	Adirondack Benches	6/30/11	417	61	0
83	Brother Color Copier	7/25/13	463	47	47
84	Compaq Computer	12/31/09	100	20	0
85	Harrow Rake	2/20/10	236	35	0
86	Commercial Shelving	11/01/10	675	98	0
87	Metal Cabinets in Feed Room	6/30/12	240	42	0
88	Metal Storage Cabinet	6/30/12	450	79	0
89	Sears Craftsman Metal Workbench	6/30/12	230	40	0
92	Amish Swing Set	3/01/13	576	58	38
93	Harrow Rake	6/05/11	250	37	0
94	Big Swingset	6/30/13	899	90	90
95	Horse Trailer -Adam Steel	11/01/10	2,300	335	0

Asset	Description	Date In Service	Cost	Tax	AMT
96	Therapy Desk	1/01/13	772	77	77
97	Patrick Monolfap Jumping Saddle Siz	1/01/13	3,000	300	300
98	Large Fan	5/01/08	379	108	0
99	Push Husqvarna lawn mower	6/30/12	290	51	0
100	Stihl Weed Eater	6/30/12	280	49	0
101	Fixed Asset Pro Software	3/05/13	440	44	44
102	Fencing BBT Donation	6/15/13	3,300	330	330
103	LI -Roof -Part 2	6/01/06	21,551	2,404	0
104	Lifespan Equipment	7/01/10	6,950	589	0
105	Dell Laptop -Vostro	11/24/08	1,152	0	0
106	Picnic Tables	11/01/10	870	127	0
107	6 Foot Folding Tables	1/01/11	474	69	0
109	Husqvanna Weed Whacker	1/01/13	235	23	23
110	2 Drawer Blk Files (for Tina)	2/26/13	160	16	16
111	Aerator	4/14/13	182	19	19
112	Aerator	4/19/13	182	19	19
113	Industrial Fan	12/31/13	195	20	20
114	Laptop for Therapist	3/08/13	428	43	43
115	Laptop for Therapist	3/08/13	428	43	43
116	Meck Fencing Cost	1/01/13	528	53	53
117	Fencing Materials	1/01/13	405	41	41
118	Architectual Fees	2/14/13	800	32	32
121	Push America Project	11/22/13	22,927	1,529	1,529
123	Tile Clinic Room	11/05/13	300	12	12
124	Meck Fencing	11/13/13	1,820	182	182
126	Tile Bathroom, LightFixtures	11/27/13	739	29	29
128	1994 Chevrolet Suburban	12/13/13	2,500	250	250
129	Rifle w/Case	11/30/13	217	21	21
130	Post for Fencing	12/10/13	649	65	65
			<u>224,120</u>	<u>19,561</u>	<u>3,910</u>

**Other Depreciation:**

2	Equine -Grady	1/01/05	500	0	0
3	Equine -Sammy	1/01/05	2,500	0	0
4	Equine -Gordon	2/05/07	5,000	0	0
6	Equine -Chester	9/25/11	2,000	286	0
7	Equine -Odie	9/14/11	500	71	0
8	Equine -Dunkin	3/16/11	4,555	651	0
11	LI -Barn	1/01/05	13,190	879	0
20	Equine -Oreo	12/31/12	5,000	715	0
21	Equine -Hamilton	5/28/08	0	0	0
22	Equine -Reese	6/14/12	3,350	478	0
23	Equine -Willie	7/30/12	800	114	0
25	Equine -Marshall	8/21/12	5,000	715	0
53	Equine -Feighbel	12/31/12	37,500	5,357	0

<b>Total Other Depreciation</b>	<u>79,895</u>	<u>9,266</u>	<u>0</u>
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<b>Total ACRS and Other Depreciation</b>	<u>79,895</u>	<u>9,266</u>	<u>0</u>
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<b>Grand Totals</b>	<u>304,015</u>	<u>28,827</u>	<u>3,910</u>
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Asset	Description	Date In Service	Cost	NC
<b>Prior MACRS:</b>				
10	LI -Fill Dirt & Grading-Arena	6/21/10	0	0
12	LI -Retaining Wall	5/02/06	0	0
13	LI -Roof	6/01/06	0	0
14	LI -Septic Tank	7/01/06	0	0
15	LI -Electro Fence	3/07/07	0	0
16	LI -Fence	4/30/07	0	0
17	LI -Therapy Clinic	6/30/08	0	0
18	LI -Hayloft	12/01/08	0	0
19	LI -Land Improvements	10/04/11	0	0
26	Kabota Front End Loader	2/17/10	0	0
27	Kabota Riding Mower	7/01/10	0	0
29	Trailer	5/31/05	0	0
30	Weed Eater	12/31/05	0	0
31	Heat/Air Unit for Office	10/06/06	0	0
33	2 Horse Trailer	3/07/07	0	0
35	Nordic Treadmill	11/03/07	0	0
36	Platform Swing	11/03/07	0	0
37	Equisizer	11/03/07	0	0
38	Clinic Equipment	7/01/08	0	0
39	Clinic Furniture	7/01/08	0	0
40	Washer/Dryer	1/27/11	0	0
41	Therapy Equipment	8/31/11	0	0
44	Dell Computer	7/25/12	0	0
45	Toshiba Laptop	8/29/12	0	0
47	Ford F-150/2004	8/12/10	0	0
48	Gator	7/01/11	0	0
49	Gator -Remainder of amount paid	7/01/11	0	0
50	Golf Cart -Meck	9/13/12	0	0
51	Golf Cart -Gaston	10/31/12	0	0
52	Equine - Gideon	2/19/13	1,000	100
54	LI -Railroad Ties -Meck	10/01/12	0	0
55	LI -Retailing Wall -Meck	8/10/12	0	0
57	LI -Fence	7/27/07	0	0
58	LI -Regrading Arena -Meck	6/01/12	0	0
59	LI -Regrading the arena -Gaston	6/01/12	0	0
60	LI -Grading Back Arena -Gaston	1/13/12	0	0
61	DCP Mini Tricycle	6/30/12	0	0
62	83 Hay Trailer	5/24/10	0	0
63	LI -Pergola	6/30/07	0	0
64	LI -Wooden Staircase -Gaston	6/30/11	0	0
65	LI -Wooden Fencing -100x200 Arena	1/01/11	0	0
67	LI -White Vinyl Picket Fencing	10/01/08	0	0
68	LI -Mounting area/deck	1/01/09	0	0
69	LI - Clinic Expansion/breakroom	5/01/13	6,175	247
70	LI -Cement Walkway to Loading Ramp	6/30/12	0	0
71	LI -Remaining Materials for Retain	10/01/12	0	0
72	LI -Awning on Barn	1/01/12	0	0
73	LI -White fence around playground	11/01/12	0	0
74	Brother Copy/Fax/Scanner	7/25/13	463	47
75	Dell Latitude 5500	6/21/13	865	87
76	Neat Scanner	5/28/13	321	32
77	Swing Set	10/01/10	0	0
78	Trampoline	7/01/06	0	0
80	Manure Spreader	2/01/12	0	0
81	Adirondack Benches	6/30/12	0	0
82	Adirondack Benches	6/30/11	0	0
83	Brother Color Copier	7/25/13	463	47
84	Compaq Computer	12/31/09	0	0
85	Harrow Rake	2/20/10	0	0
86	Commercial Shelving	11/01/10	0	0
87	Metal Cabinets in Feed Room	6/30/12	0	0
88	Metal Storage Cabinet	6/30/12	0	0
89	Sears Craftsman Metal Workbench	6/30/12	0	0
92	Amish Swing Set	3/01/13	576	58
93	Harrow Rake	6/05/11	0	0
94	Big Swingset	6/30/13	899	90
95	Horse Trailer -Adam Steel	11/01/10	0	0

Asset	Description	Date In Service	Cost	NC
96	Therapy Desk	1/01/13	772	77
97	Patrick Monolfap Jumping Saddle Siz	1/01/13	3,000	300
98	Large Fan	5/01/08	0	0
99	Push Husqvarna lawn mower	6/30/12	0	0
100	Stihl Weed Eater	6/30/12	0	0
101	Fixed Asset Pro Software	3/05/13	440	44
102	Fencing BBT Donation	6/15/13	3,300	330
103	LI -Roof -Part 2	6/01/06	0	0
104	Lifespan Equipment	7/01/10	0	0
105	Dell Laptop -Vostro	11/24/08	0	0
106	Picnic Tables	11/01/10	0	0
107	6 Foot Folding Tables	1/01/11	0	0
109	Husqvanna Weed Whacker	1/01/13	235	23
110	2 Drawer Blk Files (for Tina)	2/26/13	160	16
111	Aerator	4/14/13	182	19
112	Aerator	4/19/13	182	19
113	Industrial Fan	12/31/13	195	20
114	Laptop for Therapist	3/08/13	428	43
115	Laptop for Therapist	3/08/13	428	43
116	Meck Fencing Cost	1/01/13	528	53
117	Fencing Materials	1/01/13	405	41
118	Architectual Fees	2/14/13	800	32
121	Push America Project	11/22/13	22,927	1,529
123	Tile Clinic Room	11/05/13	300	12
124	Meck Fencing	11/13/13	1,820	182
126	Tile Bathroom, LightFixtures	11/27/13	739	29
128	1994 Chevrolet Suburban	12/13/13	2,500	250
129	Rifle w/Case	11/30/13	217	21
130	Post for Fencing	12/10/13	649	65
			<u>50,969</u>	<u>3,856</u>

**Other Depreciation:**

2	Equine -Grady	1/01/05	0	0
3	Equine -Sammy	1/01/05	0	0
4	Equine -Gordon	2/05/07	0	0
6	Equine -Chester	9/25/11	0	0
7	Equine -Odie	9/14/11	0	0
8	Equine -Dunkin	3/16/11	0	0
11	LI -Barn	1/01/05	0	0
20	Equine -Oreo	12/31/12	0	0
21	Equine -Hamilton	5/28/08	0	0
22	Equine -Reese	6/14/12	0	0
23	Equine -Willie	7/30/12	0	0
25	Equine -Marshall	8/21/12	0	0
53	Equine -Feighbel	12/31/12	0	0

<b>Total Other Depreciation</b>	<u>0</u>	<u>0</u>
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<b>Total ACRS and Other Depreciation</b>	<u>0</u>	<u>0</u>
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<b>Grand Totals</b>	<u>50,969</u>	<u>3,856</u>
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Form **990****Two Year Comparison Report****2012 & 2013**

For calendar year 2013, or tax year beginning , ending

Name

Taxpayer Identification Number

**Shining Hope Farms****30-0067482**

		2012	2013	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	120,943	119,580	-1,363
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue	133,755	245,664	111,909
	5. Investment income	7	9	2
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory		-1,259	-1,259
	8. Net income or (loss) from fundraising events	12,484	1,246	-11,238
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	4,850	1,597	-3,253
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>272,039</b>	<b>366,837</b>	<b>94,798</b>
<b>Expenses</b>	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	39,859	63,765	23,906
	17. Professional fundraising fees			
	18. Other professional fees	3,800	150,200	146,400
	19. Occupancy, rent, utilities, and maintenance	5,052	5,674	622
	20. Depreciation and Depletion	21,997	31,098	9,101
	21. Other expenses	137,311	68,423	-68,888
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>208,019</b>	<b>319,160</b>	<b>111,141</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>64,020</b>	<b>47,677</b>	<b>-16,343</b>
<b>Other Information</b>	24. Total exempt revenue	272,039	366,837	94,798
	25. Total unrelated revenue			
	26. Total excludable revenue	272,039	247,506	-24,533
	27. Total assets	187,383	229,356	41,973
	28. Total liabilities	11,370	5,666	-5,704
	29. Retained earnings	176,013	223,690	47,677
	30. Number of voting members of governing body	11	8	
	31. Number of independent voting members of governing body	11	8	
	32. Number of employees	3	4	
	33. Number of volunteers	685	524	

Form <b>990T</b>	<b>Two Year Comparison Report</b>	<b>2012 &amp; 2013</b>
For calendar year 2013, or tax year beginning _____, ending _____		

Name **Shining Hope Farms** Taxpayer Identification Number **30-0067482**

		2012	2013	Differences	
<b>Revenue</b>	1. Gross profit/loss on business activities	1.			
	2. Capital gains/losses	2.			
	3. Income/loss from partnerships and S corporations	3.			
	4. Rental income (net of expense)	4.			
	5. Unrelated debt-financed income (net of expense)	5.			
	6. Interest, and other income from controlled organizations (net of expense)	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.			
	10. Other income	10.			
	<b>11. Total trade or business income.</b> Combine lines 1 through 10	<b>11.</b>			
<b>Expenses</b>	12. Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13.			
	14. Repairs and maintenance	14.			
	15. Bad debts	15.			
	16. Interest	16.			
	17. Taxes and licenses	17.			
	18. Charitable contributions	18.			
	19. Depreciation and Depletion	19.			
	20. Contributions to deferred compensation plans	20.			
	21. Employee benefit programs	21.			
	22. Other deductions	22.			
	<b>23. Total deductions.</b> Add lines 12 through 22	<b>23.</b>			
	<b>24. Taxable income before NOL.</b> Subtract line 23 from 11	<b>24.</b>			
	25. Net operating loss deduction	25.			
	26. Specific deduction	26.	1,000	1,000	
	<b>27. Unrelated business taxable income.</b>	<b>27.</b>	<b>-1,000</b>	<b>-1,000</b>	
	<b>Tax &amp; Credits</b>	28. Income tax (corporate or trust)	28.		
29. Proxy tax		29.			
30. Alternative minimum tax		30.			
<b>31. Total taxes</b>		<b>31.</b>			
32. Other credits		32.			
33. General business credit		33.			
34. Credit for prior year minimum tax		34.			
<b>35. Total credits</b>		<b>35.</b>			
<b>36. Net tax after credits</b>		<b>36.</b>			
37. Recapture taxes		37.			
<b>38. Total Taxes</b>		<b>38.</b>			
<b>Due/Refund</b>	39. Prior year overpayment and estimated tax payments	39.			
	40. Payment made with extension	40.			
	41. Backup withholding and foreign withholding	41.			
	42. Other payments	42.			
	<b>43. Total payments</b>	<b>43.</b>			
	<b>44. Balance due/(Overpayment)</b>	<b>44.</b>			
	45. Overpayment applied to next year	45.			
	46. Penalties	46.			
	<b>47. Total due/(Refund)</b>	<b>47.</b>			

Form **990****Tax Return History****2013**

Name

**Shining Hope Farms**

Employer Identification Number

**30-0067482**

	2009	2010	2011	2012	2013	2014
Contributions, gifts, grants .....				120,943	119,580	
Membership dues .....						
Program service revenue .....				133,755	245,664	
Capital gain or loss .....					-1,259	
Investment income .....				7	9	
Fundraising revenue (income/loss) .....				12,484	1,246	
Gaming revenue (income/loss) .....						
Other revenue .....				4,850	1,597	
<b>Total revenue</b> .....				272,039	366,837	
Grants and similar amounts paid .....						
Benefits paid to or for members .....						
Compensation of officers, etc. ....						
Other compensation .....				39,859	63,765	
Professional fees .....					150,200	
Occupancy costs .....				5,052	5,674	
Depreciation and depletion .....				21,997	31,098	
Other expenses .....				141,111	68,423	
<b>Total expenses</b> .....				208,019	319,160	
<b>Excess or (Deficit)</b> .....				64,020	47,677	
Total exempt revenue .....				272,039	366,837	
Total unrelated revenue .....						
Total excludable revenue .....				272,039	247,506	
Total Assets .....				187,383	229,356	
Total Liabilities .....				11,370	5,666	
Net Fund Balances .....				176,013	223,690	

Form <b>990T</b>	<b>Tax Return History</b>	<b>2013</b>
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Name <b>Shining Hope Farms</b>	Employer Identification Number <b>30-0067482</b>
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	2009	2010	2011	2012	2013	2014
Business activity profit/loss .....						
Capital gains/losses .....						
Partner and S Corp gain/loss .....						
Rental income* .....						
Debt-financed income* .....						
Controlled organizations income/interest* .....						
Investment income, specific organizations* .....						
Exploited exempt activity income* .....						
Other income .....						
<b>Total trade or business income.</b> .....						
Compensation of officers, ect. ....						
Other salaries and wages .....						
Repairs and maintenance .....						
Bad debts .....						
Interest .....						
Taxes and licenses .....						
Charitable contributions .....						
Depreciation and Depletion .....						
Deferred compensation plans .....						
Employee benefit programs .....						

Form <b>990T</b>	<b>Tax Return History</b>	<b>2013</b>
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Name <b>Shining Hope Farms</b>	Employer Identification Number <b>30-0067482</b>
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	2009	2010	2011	2012	2013	2014
Other deductions .....						
Net operating loss deduction .....						
Specific deduction .....				1,000	1,000	
Income after expense and deductions .....				-1,000	-1,000	
Income tax (corporate or trust) .....						
Other taxes .....						
<b>Total taxes</b> .....						
General business credit .....						
Other credits .....						
<b>Net tax after credits</b> .....						
Estimated tax payments .....						
Other payments .....						
<b>Balance due/Overpayment</b> .....						

\* Income shown net of expenses

### Federal Statements

#### Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
	\$ <u>9</u>		41			
Total	\$ <u><u>9</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
AmeriCorps Vista	\$ 3,003	\$ 2,069	\$	\$ 934
AmeriCorps Vista	1,667	1,667		
Veterinary	2,817	2,817		
Veterinary	2,816	2,816		
Farrier	2,497	2,497		
Farrier	2,453	2,453		
Therapists	76,284	75,014	1,270	
Therapists	8	8		
Hay Haulers & Workers	655	635	20	
Hay Haulers & Workers	645	645		
Therapy Assistant	19,904	19,848	56	
Therapy Assistant	1,603	1,603		
Riding Instructor	11,887	11,731	126	30
Riding Instructor	10,385	10,385		
Farm Services	3,721	3,571		150
Farm Services	4,431	4,431		
Total	\$ 144,776	\$ 142,190	\$ 1,472	\$ 1,114

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
Shows	\$ 1,554	\$ 1,554	\$	\$
Licenses & Permits	325		325	
Therapy Supplies	272	272		
Equip Rental	234	234		
Total	\$ 2,385	\$ 2,060	\$ 325	\$ 0

# Federal Statements

## Schedule A, Part III, Line 1(e)

<u>Description</u>	<u>Amount</u>
Other	\$ 33,590
Patrick J O'Leary Cash Contribution	33,300
Beth Lippincott Cash Contribution	5,500
Community Foundation of Gaston Cash Contribution	17,657
Push America Cash Contribution	5,000
Delane and Walter Clark Cash Contribution	5,000
Delane and Walter Clark 1800 Bales of Hay	9,000
Push America Cash Contribution	6,020
Noncash Contribution	1,285
Dinner Dance Cash Contribution	2,943
Noncash Contribution	285
Total	<u>\$ 119,580</u>

## Schedule A, Part III, Line 2(e)

<u>Description</u>	<u>Amount</u>
Insurance Reimb / Copays	\$ 199,361
Therapeutic Riding Lessons	32,260
Therapist Facility Fees	10,230
Equine Lease/Horse Show	3,813
Push America	
Total	<u>\$ 245,664</u>

# Federal Statements

## Schedule A, Part III, Line 3(e)

<u>Description</u>	<u>Amount</u>
Sale of Donated Items-Meck	\$ 1,140
Sale of Donated Items-Gast	300
Total	<u>\$ 1,440</u>

## Schedule A, Part III, Line 10a(e)

<u>Description</u>	<u>Amount</u>
Total	\$ 9
	<u>\$ 9</u>

## Schedule A, Part III, Line 11

<u>Description</u>	<u>Amount</u>
One Time Sale of Hay	\$ 1,296
IRS Refund	301
AHA II Workshop	2,225
Dinner Dance	-1,437
Less: Deductions	<u>-1,000</u>
Total	<u>\$ 1,385</u>