Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2022 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Α	For the	e 2022 calendar year, or tax year beginning 10	0/01/22	, and ending	09/	30/2	3	_		,,,,,,	
\neg	Check if a	**	eadows E	questrian	Cente	r,		D Employer	identification	number	
=		Doing business as						32-0	155596		
=	Name cha	Number and street (or P.O. box if mail is not delivered	ed to street addre	ess)			Room/suite	E Telephone			
	Initial retur			100							
\neg	Final return terminated		oreign postal cod	de							
=		Bristol	CT 0601	0				G Gross rec	eipts \$	711	,900
4	Amended	F Name and address of principal officer:								٦	w
	Application	n pending Larry Gonzalez					H(a) Is this a g	roup return for s	ubordinates?	Yes	X No
		733 Hill St					H(b) Are all su	bordinates incl	uded?	Yes	No
		Bristol	CT	06010			If "No	," attach a list.	See instruction	ıs.	
1	Tax-exem	mpt status: X 501(c)(3) 501(c) () (inse	ert no.)	4947(a)(1) or	527						
J	Website:						H(c) Group ex	emption numbe	r		
ĸ		organization: X Corporation Trust Association	Other			I Ye	ar of formation:		M State of le	nal domicil	e CT
	art I	Summary	Outo			12 10	ar or romitation.	9	M OLLEG OF IC	gu dormon	0. 01
_	_	Briefly describe the organization's mission or most s	significant ac	tivitios:							
		See Schedule O	sigrillicant ac								
20	*	See Schedule O									
nai	×										
Governance	120	·····									
ၓ	38000 19	Check this box if the organization discontinued	H. (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	500 미선 460 기업기 7일 (600 전경기 첫 100 기업기 기업기 기업기 기업기 기업기 기업기 기업기 기업기 기업기 기				53570° W.C. 54			
∞ŏ	3 1	Number of voting members of the governing body (P	Part VI, line 1	a)				3	10		
Activities &	4 1	Number of independent voting members of the gove	rning body (I	Part VI, line 1b)				4	10		
Σ	5 1	Total number of individuals employed in calendar yea	ar 2022 (Par	t V, line 2a)				5	11		
Act.		Total number of volunteers (estimate if necessary)							50		
٩	7a T	Total unrelated business revenue from Part VIII, colu	umn (C), line	12				7a			0
	l d	Net unrelated business taxable income from Form 99		7b			0				
							Prior Ye		Curr	ent Year	
m	8 (Contributions and grants (Part VIII, line 1h)	66	2,836		537,	745				
Ž	9 F	Program service revenue (Part VIII, line 2g)	9	6,342		98,	058				
Revenue	10 I	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)					717		1,	,171
œ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and	i 11e)			4	5,104		53,	508
		Total revenue – add lines 8 through 11 (must equal						4,999		690,	* . e.am . m n o
		Grants and similar amounts paid (Part IX, column (A									0
		Benefits paid to or for members (Part IX, column (A),									0
	15 5	Salaries, other compensation, employee benefits (Pa	art IX colum	n (A) lines 5–10)			18	1,345	208,9		925
Expenses	162 5	Professional fundraising fees (Part IX, column (A), lii	ne 11e)	(, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				1/010			0
Sen	h T	Total fundraising expenses (Part IX, column (D), line	25)	5	552						
$\overline{\Delta}$	17 (Other expenses (Part IX, column (A), lines 11a–11d,	445 04-1				1.8	8,823		205,	079
		Total expenses. Add lines 13–17 (must equal Part IX		\ line 25\				0,168		414,	A CONTRACTOR OF THE PARTY OF TH
	(4.5.1744 R)	Revenue less expenses. Subtract line 18 from line 1		,, iiile 20)				4,831		276,	
7.8	3	revenue less expenses. Subtract line 10 from line 1	<u> </u>			****	Beginning of Cu		End	of Year	4/0
Net Assets or	20 1	Total assets (Part X, line 16)						6,617		216,	162
Ass	21 7	Total liabilities (Part X, line 26)						0,227		487,	
Net .	22 1	Net assets or fund balances. Subtract line 21 from lin						6,390	1.	728,	
_	art II	Signature Block						-		/	
		nalties of perjury, I declare that I have examined this return	n including ac	companying schedu	lae and et	tatements	and to the he	et of my know	wledge and h	nelief it i	
		ect, and complete. Declaration of preparer (other than offic							mougo and t	rolloi, it k	ii .
								Ĭ			
c:		Signature of officer						Date			
Sig		4000 - 00000000000000000000000000000000		Desc	a : a a	~ -		Duito			
He	re	Larry Gonzalez		Pre	side	nt					- 12
		Type or print name and title	Ι					Tax a			16
	3	Print/Type preparer's name	Preparer's sign				Date	Check	if PTIN	10	
Pai	50.04	Michael J. Samartino CPA		J. Samartino	CPA		01/29	/24 self-em	ployed PO:	126024	3
	parer	Firm's name Adams Samartino	o & Coi	mpany, PC	!			Firm's EIN	06-1	1495	587
Use	Only	751 Farmington	Ave								
			6010					Phone no.	860-5	83-8	3675
May	the IR	RS discuss this return with the preparer shown above		ictions				LI-000-00000		Yes	

	Statement of Program Ser	Equestrian Center, 32-0155 vice Accomplishments	
		s a response or note to any line in this Part II	IX
17 -3 17	lescribe the organization's mission:		
See S	chedule O		
* * * * * * * * *		***************************************	*************************
0 0:11			
	000 000 F70	program services during the year which were not listed of	□ v ▽ u
	rm 990 or 990-EZ? describe these new services on Sche	valula O	
		ke significant changes in how it conducts, any program	
services	0		Yes X N
	describe these changes on Schedule	0.	🗀
		accomplishments for each of its three largest program ser	rvices, as measured by
	중 가는 사람들이 가는 사람들이 가는 사람들이 되었다.	ganizations are required to report the amount of grants a	
	expenses, and revenue, if any, for ea	N N N N N N N N N N N N N N N N N N N	
		6 55 CAS	
4a (Code:) (Expenses \$	365,981 including grants of \$) (Revenue \$ 98,058
Provid	ded equine assisted	365,981 including grants of \$ I activities to persons with	disabilities. Held two
8 wee	k sessions for spri	ing and fall and two four we	ek sessions in the
summe	r. Sessions compri	se of activities, primarily	therapeutic riding and
caring	g for farm animals.		

Deservoyation			
) (Expenses \$	including grants of \$) (Revenue \$
N/A			
* * * * * * * *			
• • • • • • •			
• • • • • • • • • • • • • • • • • • • •			
• • • • • • • • • • • • • • • • • • • •			
*			
*			
(A) (A)) (Expenses \$	including grants of \$) (Revenue \$
c (Code	/ (Expenses Ψ	moduling grants of \$, , , , , , , , , , , , , , , , , , ,

Ac (Code: N/A			
N/A	rogram services (Describe on Schedul	e O.)	

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? See instructions 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 X 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 X 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 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes, complete Schedule D, Part III X 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 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments X 10 or in quasi endowments? If "Yes," complete Schedule D, Part V 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," X complete Schedule D, Part VI 11a b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b 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 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a X Was the organization included in consolidated, independent audited financial statements for the tax year? If X "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 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 16 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 17 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 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 X If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.

Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key 27 employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these X persons? If "Yes," complete Schedule L. Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a "Yes," complete Schedule L, Part IV X A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 X complete Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and X 19? Note: All Form 990 filers are required to complete Schedule O. 38 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 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and

reportable gaming (gambling) winnings to prize winners? .

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (contin	ued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	19600				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?		2b	X	<u> </u>
3a						X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C			3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at	7:				
	a financial account in a foreign country (such as a bank account, securities account, or other financial	accour	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad		- 175. 178.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Χ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	on?				X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		_
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			715-1000		
4000	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	s or				
_	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go	oods				v
L				7a 7b	÷ 5	X
D	If "Yes," did the organization notify the donor of the value of the goods or services provided?			· /b	-	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	10		7c		Х
А	required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d		. / .	-	21
u	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con	100000	ā	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		- F. 4. 5 - F. 4 F.			X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			N 1:		
а	Did the sponsoring organization make any taxable distributions under section 4966?	1990001		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:			50. 51		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	i North				
а	***************************************	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources	74055				
-	against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	100000000000000000000000000000000000000		12a		\vdash
b		12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			120		
а	3.40 PM			13a	-	
b	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which					
D	the organization is licensed to issue qualified health plans	136				
С		13c		_		
14a	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera			3.33		
3000	excess parachute payment(s) during the year?			15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in	ncome	?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activity	ties				1
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			. 17		1
	If "Yes," complete Form 6069.		and the second section of the		J.	<u> </u>

SMR09 01/29/2024 Pa 12 Form 990 (2022) Shepard Meadows Equestrian Center, 32-0155596 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management No 10 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 10 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? X 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a X Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

	organization's exempt status with respect to such arrangements?	16b							
Sec	Section C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed CT								
10	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, and 990 T (section 501(c)								

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website X Upon request Other (explain on Schedule O)

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records

Brett Kroh 733 Hill St

DAA

06010 Bristol 860-314-0007

orm 990 (2022)	Shepard	Meadows	Equestrian	Center,	32-0155596	Page 7

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	box	(C) Position do not check more than one ox, unless person is both an efficer and a director/trustee) (D) (E) Reportable compensation compensation from the from related							(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) Tyler Archer	0.00	х						0	0	0
(2) Bryan Cassidy Director	0.00	Х						0	0	0
(3) Mark Davison	0.00	х						0	0	0
(4) Michael Higgins Director	0.00	х						0	0	0
(5) Elizabeth Lefrar		х						0	0	0
(6) Amanda Malkowski		х						0	0	0
(7) Jon Rondeau	0.00	X						0		0
Director (8) Daniel Zakin	0.00						- 17		0	
Secretary (9) Larry Gonzalez	0.00	Х						0	0	0
President (10) Brett Kroh	0.00			Х				0	0	0
Treasurer (11) Pearl O'Rourke	0.00			X				0	0	0
Vice-President	0.00	,		Х				0	0	0

	(A) Name and title	(B)	(C) Position (B) (do not check more than on Average box, unless person is both a					one	(D) Reportable	(E) Reportable	(F)			V.
	Name and the	hours per week (list any hours for related organizations below dotted line)		ficer a Institution					compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	org	of oth ompens from ti ganization	er ation he on and	s
	***************************************	***************												

	*!*************************************													
EXECUTE CONTROL OF THE CONTROL OF TH														

1b c	Subtotal													
d	Total (add lines 1b and 1c)													
2	Total number of individuals (increportable compensation from			to to	hose	e liste	ed al	oove) who received more than \$	\$100,000 of				
3	Did the organization list any fo		10	truc	too	kov	omn	love	a or highest componented		ī	\dashv	Yes	No
	employee on line 1a? If "Yes,"	complete Sched	ule .	l for	such	ind	ividu	al				3		Х
4	For any individual listed on line organization and related organ	nizations greater	than	\$15	0,00	0? If	"Yes	s," c	omplete Schedule J for suc	h		4		Х
5	individual Did any person listed on line 1	la receive or acc	rue i	comp	ensa	ation	from	an	y unrelated organization or	individual				
Sect	for services rendered to the or ion B. Independent Contractor		es,"	comp	olete	Sch	edule	e J f	for such person			5		X
1	Complete this table for your five	ve highest compe												
	compensation from the organiz	(A) business address	mpe	nsatı	on to	or the	e cal	enda		n the organization's tax yea (B) tion of services	ar.	0	(C)	
-	Name and	Dusiness address							Descrip	oon or services		Cor	npensat	ION
								\vdash			-			
_								_						
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														

Form 990 (2022) Shepard Meadows Equestrian Center, 32-0155596 Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (B) Related or exempt (D) Revenue excluded Total revenue function revenue business revenue from tax under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, 537,745 1f and similar amounts not included above Noncash contributions included in lines 1a-1f 1g h Total. Add lines 1a-1f 537,745 Business Code 624100 97,040 97,040 Equine Assisted Therapy Program Service Revenue 624100 1,018 1,018 Other Program Income f All other program service revenue 98,058 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,171 other similar amounts) 1,171 Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b c Rental inc. or (loss) 6c d Net rental income or (loss) 7a Gross amount from (i) Securities sales of assets other than inventory Other Revenue b Less: cost or other basis and sales exps. 7b 7c c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 72,926 b Less: direct expenses 21,418 8b c Net income or (loss) from fundraising events 51,508 51,508 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code 2,000 2,000 . CC Rewards

2,000

690,482

101,229

d All other revenue

Total. Add lines 11a-11d

Total revenue. See instructions

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising Do not include amounts reported on lines 6b, 7b, Total expenses Program service Management and 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV. line 21 Grants and other assistance to domestic individuals. See Part IV. line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 191,011 191,011 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 17,914 17,914 Payroll taxes Fees for services (nonemployees): 1,298 Management 1,298 **b** Legal 4,800 4,800 Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees 6 6 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 10,678 10,678 Advertising and promotion 4,872 4.872 12 Office expenses 10,846 10,846 13 Information technology 1,917 1,917 14 Royalties 15 8,106 8,106 16 Occupancy 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 13,550 13,550 20 Payments to affiliates 21 53,791 Depreciation, depletion, and amortization 53,791 22 11,689 292 11,105 292 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Equine Care & Feeding 64,090 64,090 Utilities 15,521 14,745 388 388 3,915 3,915 Other Program Expenses +.... e All other expenses Total functional expenses. Add lines 1 through 24e . 414,004 365,981 42,471 5,552 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here | if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 59,327 45,050 Cash—non-interest-bearing 1 Savings and temporary cash investments 1,089,741 340,730 2 Pledges and grants receivable, net 3 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 2,183,939 10a b Less: accumulated depreciation 10b 699,836 10c 1,789,510 Investments—publicly traded securities 15,589 26,595 11 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 96,401 15 15 Total assets. Add lines 1 through 15 (must equal line 33) 1,946,617 2,216,162 16 16 Accounts payable and accrued expenses 13,714 14,096 17 17 18 18 Grants payable Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 486,513 473,712 23 23 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 500,227 487,808 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Vet Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 1,704,489 733,351 27 27 713,039 23,865 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 Retained earnings, endowment, accumulated income, or other funds 31 31 Total net assets or fund balances 32 1,446,390 32 1,728,354 1,946,617 2,216,162 Total liabilities and net assets/fund balances 33

Form 990 (2022)

orm	1990 (2022) Shepard Meadows Equestrian Center, 32-0155596			Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				022
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	69	90,4	482
2	Total expenses (must equal Part IX, column (A), line 25)	2	4:	14,	004
3	Revenue less expenses. Subtract line 2 from line 1	3	2'	76,4	478
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,44	16,3	390
5	Net unrealized gains (losses) on investments	5	750	-	305
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		5,	791
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	1,72	28,3	354
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				55557
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				200000
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		ASER J.		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on		OATA 2.3	· · · · · ·	
	Schedule O.				1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				novoer.
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		301. 31		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		

Form **990** (2022)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Shepard Meadows Equestrian Center, Inc.

Employer identification number 32-0155596

Pa	art I	Reas	on for Public Charity	Status. (All organizations	s must c	complete	this part.) See instruction	ons.
Γhe	orga	nization is not	a private foundation because	it is: (For lines 1 through 12, c	heck only	one box.)		
1	П	A church, cor	nvention of churches, or asso	ociation of churches described i	in section	170(b)(1)	(A)(i).	
2	П	A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)	18 62.0	3 655	
3	Н			ce organization described in se		(b)(1)(A)(ii	ii).	
4	H			in conjunction with a hospital			340	spital's name
	ш	city, and state		in conjunction that a neephan	000011000			opiai o riamo,
5		1.7350		f a college or university owned	or operate	d by a go	vernmental unit described in	
	ш		(b)(1)(A)(iv). (Complete Part		or operate	d by a go	verninental unit described in	
6	П		3 7/3//5/3 7/2//5/3 1/3 //	overnmental unit described in s	ection 17	0/b\/1\/A\	(v)	
7	Н			substantial part of its support fro			••	
	ш		section 170(b)(1)(A)(vi). (C	경영 경영 경영 경영 경영 전 전 경영 경영 경영 경영 경영 경영 (1982 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 19	ili a gove	illinental u	init or norm the general public	
8	П			I70(b)(1)(A)(vi). (Complete Part	11.)			
9	Н	- we was a second second of		cribed in section 170(b)(1)(A)(ed in conju	inction with a land-grant college	Δ
	ш	202.0	\$750	f agriculture (see instructions).	S. 170. 131	1978	(7)	
		university:	or a non land grant comogo o	. agriculture (ese mediatione).	Lincor tito i	idino, ony,	and state of the conege of	
10	X		on that normally receives (1)	more than 33 1/3% of its supp	ort from c	ontribution	s. membership fees, and gross	
				pt functions, subject to certain e				
		support from	gross investment income an	d unrelated business taxable in	come (les	s section 5	511 tax) from businesses	
	_		T.), 1975. See section 509(a)(2)				
11	Ц	An organizati	on organized and operated e	exclusively to test for public safe	ety. See s	ection 509	9(a)(4).	
12	\sqcup		그리아 이렇게 살았다는 아이는 아이는 아이는 아이를 하는데 살아가 하는데 아이를 하는데 되었다.	xclusively for the benefit of, to p			. : : : : : : : : : : : : : : : : : : :	
				ons described in section 509(a			HR HR (HR)	Check
				cribes the type of supporting or				
	а			erated, supervised, or controlled				9
		A CONTRACTOR OF THE PARTY OF TH		er to regularly appoint or elect a complete Part IV, Sections A a		of the dire	ctors or trustees of the	
	h		50 11 50	어린다 하나 없었다면 하는 사람들은 사람들은 사람이 되었다.		to cupport	ad arganization(a) by baying	
	b			pervised or controlled in connecting organization vested in the s				1
			ion(s). You must complete	:	diffe pers	Jilo tilat ot	ontrol of manage the supported	•
	С	\Box	[발생 기사 : [1] [2]	supporting organization operated	d in conne	ction with	and functionally integrated with	th
	•			tructions). You must complete				
	d	Type III	non-functionally integrated	I. A supporting organization ope	erated in o	onnection	with its supported organization	n(s)
		that is no	ot functionally integrated. The	organization generally must sa	atisfy a dis	tribution re	equirement and an attentivenes	SS
		requireme	ent (see instructions). You n	nust complete Part IV, Section	ns A and	D, and Pa	art V.	
	е		18	eived a written determination fro			Type I, Type II, Type III	
				n-functionally integrated suppor	ting organ	ization.		7 6
	f		nber of supported organization					
	g	Provide the f	ollowing information about th	e supported organization(s).	The same of the same way	one successor of the second		en description of the control of the
(i	_	e of supported	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
	org	ganization		(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
					Yes	No		00000000000000000000000000000000000000
(A)		Ť.						
(B)								
(-,								
(C)								
(-)								
(D)								120
(-)								
(E)								
(-/								
					1			**

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support		7		V			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	22	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			1.00%	30000	1,177.00		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support							-
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	22	(f) Total
7	Amounts from line 4		3					
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities, etc.	(see instructions)					12	
13	First 5 years. If the Form 990 is for the or							
	organization, check this box and stop here)						
Sec	tion C. Computation of Public Su	ipport Percer	ntage					
14	Public support percentage for 2022 (line 6,	column (f) divided	by line 11, column	n (f))			14	%
15	Public support percentage from 2021 Sche	dule A, Part II, line	e 14				15	%
16a	33 1/3% support test-2022. If the organi	zation did not che	ck the box on line	13, and line 14 is 3	3 1/3% or more, cl	heck this		
	box and stop here. The organization quali	fies as a publicly	supported organiza	tion				
b	33 1/3% support test-2021. If the organi	zation did not che	ck a box on line 13					(2 <u></u>
	this box and stop here. The organization of	qualifies as a publ	icly supported orga	nization				
17a	10%-facts-and-circumstances test—202	2. If the organizat	ion did not check a	box on line 13, 16	a, or 16b, and line	14 is		
	10% or more, and if the organization meets	s the facts-and-circ	cumstances test, ch	neck this box and s	stop here. Explain	in		
	Part VI how the organization meets the factorization							Е
b	10%-facts-and-circumstances test—202	1. If the organizat	ion did not check a	box on line 13, 16	a, 16b, or 17a, and	d line		
	15 is 10% or more, and if the organization	meets the facts-ar	nd-circumstances to	est, check this box	and stop here. Ex	xplain		
	in Part VI how the organization meets the	facts-and-circumst	ances test. The org	ganization qualifies	as a publicly supp	oorted		(i)
	organization							
18	Private foundation. If the organization did	not check a box	on line 13, 16a, 16b	o, 17a, or 17b, che	ck this box and see	е		7
	instructions		****					

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

Sec	tion A. Public Support	quality drider til	e tests listed b	clow, picase co	omplete i art ii.		
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	376,849	341,802	551,884	662,836	537,745	2,471,116
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	41,988	40,823	108,537	97,059	101,229	389,636
3	Gross receipts from activities that are not an unrelated trade or business under section 513	24,873	41,083	38,556	60,122	72,926	237,560
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	443,710	423,708	698,977	820,017	711,900	3,098,312
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						3,098,312
	tion B. Total Support						*
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	443,710	423,708	698,977	820,017	711,900	3,098,312
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						2
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12)	443,710	423,708	698,977	820,017	711,900	3,098,312
14	First 5 years. If the Form 990 is for the on	7A 7A 7A					3,030,312
	organization, check this box and stop here	<u>J</u>	8 9 8	· · · · · · · · · · · · · · · · · · ·	82 7620	95	
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2022 (line 8,						100.00%
16	Public support percentage from 2021 Sche						100.00 %
S	tion D. Computation of Investme			25-46-46-47-10-10-46-47-47-47-47		1 1	
17	Investment income percentage for 2022 (li			column (f))			%
18	Investment income percentage from 2021 S						%_
19a	33 1/3% support tests—2022. If the organization and the post more than 33 1/3% check this had						X
b	17 is not more than 33 1/3%, check this bo 33 1/3% support tests—2021. If the organ	5/2			했는 어떻게 되었다.		
	line 18 is not more than 33 1/3%, check thi						
20	Private foundation. If the organization did				95 202	· ·	

Part IV Supporting Organizations

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

Se

Sect	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		Ì	
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer		7	
	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
-	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	30		
•		20		
4-	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	Зс		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
1450	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line			
	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations			
	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit	35		
C	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10~		90		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	40-		
	supporting organizations)? If "Yes," answer line 10b below.	10a		

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
		$\overline{}$	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
NEW C	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	,		
Socti	supervised, or controlled the supporting organization. on C. Type II Supporting Organizations	2		
Secu	on c. Type ii Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		ies	NO
3. . .(1)	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	,	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	623		
<u> </u>	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).	tional		
2 2	Activities Test. Answer lines 2a and 2b below.	ioris).	Yes	No
z a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		res	NO
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
8	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
~	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedu	ale A (Form 990) 2022 Shepard Meadows Equestrian (Cent	er, 32-0155	596 Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organization	aniza	tions	70
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov.	20, 19	70 (explain in Part VI). Se	e
	instructions. All other Type III non-functionally integrated supporting organizations must	comple	ete Sections A through E.	
Sect	ion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		2002-200
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B – Minimum Asset Amount	A-S	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
t	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
•	Discount claimed for blockage or other factors			
_	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,	0		
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
500	emergency temporary reduction (see instructions).	6		
7		vno III	eupporting organization	

(see instructions).

Schedu	e A (Form 990) 2022 Shepard Meadows E	Equestrian Cent	er, 32-01	5559	6 Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)		*****
Secti	on D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purpo	oses		1	
2	Amounts paid to perform activity that directly furthers exempt purpose organizations, in excess of income from activity	s of supported		2	50
3	Administrative expenses paid to accomplish exempt purposes of supp	3			
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required-provide de		5	17	
6	Other distributions (describe in Part VI). See instructions.		6	-1	
7	Total annual distributions. Add lines 1 through 6.			7	ii ii
8	Distributions to attentive supported organizations to which the organiz		8		
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2022 from Section C, line 6		9	1)	
10	Line 8 amount divided by line 9 amount			10	22
Secti	on E – Distribution Allocations (see instructions)	3	(iii) Distributable Amount for 2022		
1	Distributable amount for 2022 from Section C, line 6				

10	Line 8 amount divided by line 9 amount		10	
Secti	ion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required–explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
	From 2018			
С	From 2019			
d	From 2020	20 00		
е	From 2021			
f	Total of lines 3a through 3e		8	
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount		3	
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
	Excess from 2022			

Schedule A (Form	990) 2022		She	pard	Mead	ows	Eques	trian	Cent	er,	32-01	55596	1	Page 8
Part VI	Suppleme III, line 12 B, lines 1	; Part IV, and 2; Pa o; Part V,	ormation Section art IV, S line 1;	on. Proving A, line Section Part V,	vide the s 1, 2, 3 C, line 1 Section	explar 3b, 3c, ; Part B, line	nations re 4b, 4c, 5 IV, Secti e 1e; Par	equired b 5a, 6, 9a on D, lin t V, Sect	y Part II , 9b, 9c, es 2 and tion D, Ii	l, line 10 , 11a, 11 d 3; Part nes 5, 6,	Part II, b, and 1 IV, Secti and 8; a	line 17a or 1c; Part IV, on E, lines and Part V,	17b; Part Section 1c, 2a, 2	t b,
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Schedule of Contributors

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-PF.

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

Name of the organization
Shepard Meadows Equestrian Center,
Inc.

Employer identification number
32-0155596

Organization type (check one	a):
Filers of:	Section:
Form 990 or 990-EZ	X 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
하는 경우 하는 것이 없는 것이다.	overed by the General Rule or a Special Rule . , (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
General Rule	
	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a tributions.
Special Rules	
regulations under sect 16b, and that received	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the ions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
contributor, during the literary, or educational	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering tead of the contributor name and address), II, and III.
contributor, during the contributions totaled m during the year for an General Rule applies	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, contributions exclusively for religious, charitable, etc., purposes, but no such ore than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the to this organization because it received nonexclusively religious, charitable, etc., contributions eduring the year
must answer "No" on Part IV,	isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it 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 the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization Shepard Meadows Equestrian Center,

Employer identification	numbe
32-0155596	

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1		\$ 125,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	S	\$ 20,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 5,200	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 7,600	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 9,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Page 2

Schedule B (Form 990) (2022)

Name of organization
Shepard Meadows Equestrian Center,

Smalaur identificat

Employer identification number 32-0155596

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 9,400	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 253,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	Amanda Hickey	\$ 10,096	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1,63,653,8		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
\$1000 PM		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
0275233		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
To to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public

nema	Go to www.irs.gov/Form990 to	or instructio	ns and the latest informa	ation. Inspection
	of the organization			Employer identification number
S.	nepard Meadows Equestrian Center,			
	ic.			32-0155596
Pa	rt I Organizations Maintaining Donor Advised Fur			r Accounts.
	Complete if the organization answered "Yes" on I	T.		
- 2		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)	·		
3	Aggregate value of grants from (during year) Aggregate value at end of year			1
5	Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that		aeld in donor advised	u o
	funds are the organization's property, subject to the organization's exclu		10	☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in v			∐ fes ∐ No
111.55	only for charitable purposes and not for the benefit of the donor or dono			
	conferring impermissible private benefit?		5 100 0	Yes No
Pa	rt II Conservation Easements.			
	Complete if the organization answered "Yes" on I	Form 990,	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check	all that apply).	
	Preservation of land for public use (for example, recreation or educ	cation)	Preservation of a historical	lly important land area
	Protection of natural habitat		Preservation of a certified	historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conser	rvation contri	oution in the form of a cons	
	easement on the last day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic structure inclu			2c
a	Number of conservation easements included in (c) acquired after July 25	25, 2006, and	not on a	24
3	historic structure listed in the National Register Number of conservation easements modified, transferred, released, exti		terminated by the organize	
3	Land Control of the C	uriguisrieu, oi	terminated by the organiza	ation during the
4	Number of states where property subject to conservation easement is lo	located		
5	Does the organization have a written policy regarding the periodic moni			
13.51	violations, and enforcement of the conservation easements it holds?			☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	of violations, a	and enforcing conservation	easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violation	lations, and e	nforcing conservation ease	ements during the year
8	Does each conservation easement reported on line 2(d) above satisfy t	the requireme	ents of section 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation easeme			
	balance sheet, and include, if applicable, the text of the footnote to the organization's accounting for conservation easements.	organization	s financial statements that	describes the
Pa	rt III Organizations Maintaining Collections of Art,	Historica	Treasures or Othe	r Similar Assots
	Complete if the organization answered "Yes" on F	Form 990.	Part IV. line 8.	Olimai Assets.
1a	If the organization elected, as permitted under FASB ASC 958, not to re			nce sheet works
	of art, historical treasures, or other similar assets held for public exhibiti	M		
	service, provide in Part XIII the text of the footnote to its financial statem	ments that de	scribes these items.	BALLY CONTROL POSSESSES CONTROL
b	If the organization elected, as permitted under FASB ASC 958, to report	rt in its reven	ue statement and balance s	sheet works of
	art, historical treasures, or other similar assets held for public exhibition	n, education,	or research in furtherance of	of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical treasures, or	other similar	assets for financial gain, pr	rovide the
	following amounts required to be reported under FASB ASC 958 relating			8
	Revenue included on Form 990, Part VIII, line 1			\$
h	Assets included in Form 990 Part X			2

Sche	dule D (Form 990) 2022 Shepard	Meadows Equ	ıestrian	Center,	32-01555	96		Pa	ge 2
Pa	rt III Organizations Maintaining	g Collections of	Art, Historic	cal Treasures,	or Other Sim	ilar Assets	(continu	ed)	
3	Using the organization's acquisition, accessic collection items (check all that apply):	on, and other records	, check any of t	he following that ma	ake significant use	of its	- Alle	39.	
а	Public exhibition	d \square	Loan or exchar	nge program					
b	Scholarly research								
C	Preservation for future generations				*) *	****			
4	Provide a description of the organization's c	ollections and explain	how they further	er the organization's	exempt purpose	in Part			
:: 	XIII.	oliections and explain	now they furthe	ine organizations	exempt purpose	iii i dit			
-	During the year, did the organization solicit	or rossiva denations a	of art. biotorical t	raccurac or other	oimilar				
5							□ v		N.
Da	assets to be sold to raise funds rather than		art or the organ	ization's collection?			Yes	• Ш	No
Pa	ort IV Escrow and Custodial A	(C)		O Dort IV line	0 05 5000		an Farm		
	Complete if the organization 990, Part X, line 21.			VS - 5	- E	an amount (on Form		
1a	Is the organization an agent, trustee, custod	ian or other intermedi	ary for contribut	ions or other assets	s not		_		
	included on Form 990, Part X?		eraciamanas acia camas aciamas aciamas aciamas a				Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:); <u>tc===</u> 30	77	
							Amount		
C	Beginning balance					1c			- 58
d	Additions during the year	,				1d			
	Distributions during the year					1e			
	Ending balance								- 16
22	Did the organization include an amount on F	Form 990 Part X line	21 for escrow	or custodial accoun	t liability2		Yes	П	No
	If "Yes," explain the arrangement in Part XIII							-	140
112	art V Endowment Funds.	. Official field if the ex	planation has b	een provided on r a	It XIII	**********			
	Complete if the organization	n answered "Ves"	on Form 99	O Part IV line	10				
	Complete ii the organizatio		1			bros usars book	(a) Four	oore b	aak
104080		(a) Current year	(b) Prior yea	ar (c) Two ye	ars back (d) I	hree years back	(e) Four	ears ba	ack
	Beginning of year balance						-		
b	Contributions						-		
C	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
	End of year balance								
2	Provide the estimated percentage of the cur	rent year end balance	(line 1g, colum	n (a)) held as:					
а	Board designated or quasi-endowment	%							
	Permanent endowment %								
C	Term endowment %								
	The percentages on lines 2a, 2b, and 2c she	ould equal 100%							
32	Are there endowment funds not in the posse		tion that are hel	d and administered	for the				
Ja	organization by:	ession of the organiza	tion that are nei	d and administered	ioi trie		T,	res	No
								165	NO
	(i) Unrelated organizations							-	
								-	
	If "Yes" on line 3a(ii), are the related organiz			R?			3b		
1117 7211	Describe in Part XIII the intended uses of the	27 ALC - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	wment funds.						
Pa	rt VI Land, Buildings, and Equ	<u> </u>		we were and the			21 10000000		
	Complete if the organization	n answered "Yes"	C 20 CGM10		11a. See Form	1 990, Part 2	X, line 10)	
	Description of property	(a) Cost or other	basis (b)	Cost or other basis	(c) Accumulat		(d) Book va	alue	
		(investment)	, ,	(other)	depreciation	Í			
1a	Land								
	Buildings	I							
С	Leasehold improvements	9.00							10
	Equipment								
	Other	I		2,183,939	394	,429	1,78	9,5	10

1,789,510

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII	orm 990) 2022 Shepard Meadows Equests Investments – Other Securities.		32-0155596	Page
	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line	e 11b. See Form 990, Par	t X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of va	luation:
	(including name of security)		Cost or end-of-year m	narket value
(1) Financial of	derivatives			
(2) Closely hel	d equity interests			
	-			
(A)	-			
(B)				
	-			
(D)				
(E)		:		
(5)				
(G)(H)				
	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments – Program Related.	-		
r art viii	Complete if the organization answered "Yes" on Fo	orm 990 Part IV line	e 11c See Form 990 Par	t X line 13
	(a) Description of investment	(b) Book value	(c) Method of va	
	(A D# 1994) (1997) - *A POSTO - CONTROL (1997) (1997)	**************************************	Cost or end-of-year m	
(1)		,		
(2)		7		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line	e 11d. See Form 990, Par	
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.			
1 411 71	Complete if the organization answered "Yes" on Fo	orm 990. Part IV. line	e 11e or 11f. See Form 99	90. Part X
	line 25.	000, 1 0 1.,		20, 1 3.177,
1.	(a) Description of liability			(b) Book value
(1) Federal i	ncome taxes			11.1.001
(2)				
70 FC 77 C				
(3)				
(3) (4)				
(3) (4) (5)				
(3) (4) (5) (6)				
(3) (4) (5)				
(3) (4) (5) (6) (7) (8) (9)	(b) must equal Form 990, Part X, col. (B) line 25.)			

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

Sche	dule D (Form 990) 2022 Shepard Meadows Equestrian (Center, 32-01555	96	Page 4
Pa	art XI Reconciliation of Revenue per Audited Financial Stater		Return.	
	Complete if the organization answered "Yes" on Form 990,			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments	2a	-	
b	Donated services and use of facilities	2b	-	
C	* *************************************	2c	-	
d	Other (Describe in Part XIII.)	2d	-	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	2000		
а		4a	-	
	Other (Describe in Part XIII.)	4b	-	
	Add lines 4a and 4b		4c	
5			5	
Pa	art XII Reconciliation of Expenses per Audited Financial State		Return.	
112	Complete if the organization answered "Yes" on Form 990,			
1000	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - T		
а		2a	- -	
b	Prior year adjustments	2b	-	
C	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
a	introducion expenses not included our roun ede; rait vin, into re			
b	Other (Describe in Part XIII.)	4b	4c	
b c	Other (Describe in Part XIII.)	4b	4c 5	
b c 5	Other (Describe in Part XIII.) Add lines 4a and 4b	4b		
b c 5	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	4b	5	
b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information.	V, lines 1b and 2b; Part V, line 4; F	5	
b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	V, lines 1b and 2b; Part V, line 4; F	5	
b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	V, lines 1b and 2b; Part V, line 4; F	5	
b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line 4; Fe any additional information.	5 rart X, line	
b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	V, lines 1b and 2b; Part V, line 4; Fe any additional information.	5 rart X, line	
b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line 4; Fe any additional information.	5 rart X, line	
b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line 4; Fe any additional information.	5 rart X, line	
b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line 4; Fe any additional information.	5 rart X, line	
b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line 4; Fe any additional information.	5 rart X, line	
b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line 4; Fe any additional information.	5 rart X, line	
b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line 4; Fe any additional information.	5 art X, line	
b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line 4; Fe any additional information.	5 art X, line	
b c 5 Pa Provi 2; Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line 4; Fe any additional information.	5 Part X, line	
b c 5 Pa Provi 2; Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line 4; Fe any additional information.	5 Part X, line	
b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line 4; Fe any additional information.	5 rart X, line	
b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I' Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line 4; Fe any additional information.	5 rart X, line	
b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I' Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line 4; Fe any additional information.	5 art X, line	
b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I' Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line 4; Fe any additional information.	5 Part X, line	
b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I' Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line 4; Fe any additional information.	5 Part X, line	
b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I' art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line 4; Fe any additional information.	5 Part X, line	
b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line 4; Fe any additional information.	5 art X, line	
b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I' art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line 4; Fe any additional information.	5 art X, line	
b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the supplemental information.	V, lines 1b and 2b; Part V, line 4; Fe any additional information.	5 art X, line	
b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b and 2b; Part V, line 4; Fe any additional information.	5 art X, line	
b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the supplemental information.	V, lines 1b and 2b; Part V, line 4; Fe any additional information.	5 Part X, line	

Schedule D (Fo	orm 990) 2022	snepard Me	adows Eq	uestrian	Center,	32-0155596	Page 5
Part XIII	Supplementa	Information (continued)				

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			ORDELEGIC OF DELECTION OF DECEMBER OF DECE	**************************	KONTOKONO KONTOKONO KONTOKONOKO KONTOKOKO	#C4640303636363636363636363783403636787363636636363636363636	
*							

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

U Attach to Form 990 or Form 990-EZ.

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

Shepard Meadows Equestrian Center,

2022

Employer identification number

Open to Public Inspection

OMB No. 1545-0047

32-0155596 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization control of contributions? col. (i) Yes No 1 2 7 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain:

Sche	dule G (Form 990) 2022 Shepard Meadows Equestrian Center, 32-0155596			Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity		_	_
	formed to administer charitable gaming?		Yes	No No
13	Indicate the percentage of gaming activity conducted in:	20.73.25		
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and	100		70
14	records:			
	Name		*****	
	Address		*****	
15a	Does the organization have a contract with a third party from whom the organization receives gaming		□ v ₂	П.
¥650	revenue?		Yes	i ∐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the			
	amount of gaming revenue retained by the third party \$			
С	If "Yes," enter name and address of the third party:			
	Name		*****	
	Address		******	
16	Gaming manager information:			
	Name			

	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
а			□ v ₂	. \square No
La c	retain the state gaming license?		Yes	s No
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or			
Da	spent in the organization's own exempt activities during the tax year \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii)	and (v): and	
га	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional info			
	See instructions.	matioi	le:	
	See instructions.			

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.

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

Shepard Meadows Equestrian Center,

Open to Public

Inspection

Employer identification number

Inc.	32-0155596
Form 990 - Organization's Mission or Most Significant	Activities
Provided Equine Assisted Services (EAS) for individua	ls with disabilities
and others under three ubrellas: Horsemanship, Learning	ng, and Therapy.
Programs run year-round in cycles and include therape	utic horseback riding,
horsemanship, equine-assisted learning and psychothera	apy, veterans and
youth at risk.	
Form 990 - Organization's Mission	
Provided Equine Assisted Services (EAS) for individua	ls with disabilities
and others under three ubrellas: Horsemanship, Learnin	ng, and Therapy.
Programs run year-round in cycles and include therape	utic horseback riding,
horsemanship, equine-assisted learning and psychothera	apy, veterans and
youth at risk.	
Form 990, Part VI, Line 11b - Organization's Process	to Review Form 990
The Board of Directors is provided a copy of Form 990	for review before it
is filed.	
Form 990, Part VI, Line 19 - Governing Documents Disc	closure Explanation
Available upon request to the public.	
Form 990, Part XI, Line 9 - Other Changes in Net Asse	ts Explanation
Book / Tax Depreciation Difference	\$ 5,791

4562

Depreciation and Amortization

(Including Information on Listed Property) Attach to your tax return.

OMB No. 1545-0172

Go to www.irs.gov/Form4562 for instructions and the latest information. Internal Revenue Service Shepard Meadows Equestrian Center, Name(s) shown on return Identifying number 32-0155596 Business or activity to which this form relates Indirect Depreciation Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1,080,000 Maximum amount (see instructions) 1 Total cost of section 179 property placed in service (see instructions) 2 2 19,760 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,700,000 3 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 1,080,000 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (b) Cost (business use only) 6 Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2021 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 12 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 Carryover of disallowed deduction to 2023, Add lines 9 and 10, less line 12 241 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 15,808 Property subject to section 168(f)(1) election 15 15 Other depreciation (including ACRS) 16 MACRS Depreciation (Don't include listed property. See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2022 26,669 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2022 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (e) Convention (f) Method (a) Depreciation deduction placed in (business/investment use period only-see instructions) service 19a 3-year property 5-year property 3.952 HY 200DB 7-year property 565 C 10-year property 15-year property 20-year property 25-year property 25 vrs. S/I S/L 27.5 yrs. MM Residential rental property 27.5 yrs. MM S/L 05/25/23 MM S/L 40,128 39 yrs. 386 Nonresidential real 05/01/23 10,363 property 1,077,786 MM 39.0 S/L Section C-Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year S/L 12 yrs.

Part IV Summary (See instructions.)

21 21 Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter

30 yrs.

40 yrs.

MM

MM

here and on the appropriate lines of your return. Partnerships and S corporations—see instructions ... For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs...

53,791

S/L

S/L

There are no amounts for Page 2

30-year

d 40-year

SMR09 Shepard Meadows Equestrian Center,

32-0155596 FYE: 9/30/2023

Federal Asset Report Form 990, Page 1

01/29/2024 Page 1

Basis Date Bus Sec Asset Description In Service Cost 179 Bonus for Depr Per Conv Meth Prior Current 7-year GDS Property: 2/15/23 54 Sheds (2) - Non structural 19,760 3,952 7 HY 200DB 16,373 3,952 19,760 0 16,373 Non-Residential Real Property: 40,128 5/25/23 40,128 39 MM S/L 0 386 Riding Ring Barn 5/01/23 1,077,786 1,077,786 39 MM S/L 0 10,363 0 10,749 1,117,914 1,117,914 Prior MACRS: 5 HY 200DB 5 HY 200DB 9/30/06 0 Arena Work 4,468 4,468 4,468 9/30/04 1,000 500 1,000 0 Calvin X 9/30/05 1,338 1,338 5 HY 200DB Fencing, Arena, Paddocks 1,338 0 707 707 5 HY 200DB 707 Fencing, Arena, Paddocks 9/30/06 0 Fencing, Arena, Paddocks 5 HY 200DB 9/30/07 8.583 8,583 8.583 0 5 Fencing, Arena, Paddocks 9/30/08 5,952 2,976 HY 200DB 5,952 0 5 HY 200DB 5 HY 200DB 5 HY 200DB 5 HY 200DB Fencing, Arena, Paddocks 9/30/09 3,612 1,806 3,612 0 8 Fencing, Arena, Paddocks 9/30/10 15,514 15,514 0 4,800 Land Development 9/30/06 4,800 4,800 0 Land Development 19,185 10 9/30/07 19,185 19,185 0 5 HY 200DB Land Development 9/30/09 10,337 X 5,168 10,337 0 11 5 HY 200DB 6 HY 200DB 12 9/30/07 1,000 1,000 1,000 0 Lola 13 Frodo 9/30/08 1,000 X 500 1,000 0 15 Computers from Ed & Mary Smith Fund 9/30/06 6,421 6,421 6,421 0 9/30/07 828 828 0 16 Computers 828 9/30/11 1,000 1,000 Red 0 17 18 Daphne 9/30/12 1,000 500 1,000 0 MQ200DB 19 Moses 9/30/15 1,000 1,000 1,000 0 MQ200DB 9/30/15 20 Summer 1,000 1,000 1,000 0 Telephone System 21 9/30/07 10 HY 200DB 6.385 6,385 6,385 0 22 23 Tractor, Cab & Plow 1,600 2,863 2,948 9/30/09 3,200 15 HY 150DB 225 Tractor, Cab & Plow 9/30/11 3,873 925 15 HY 150DB 265 24 26,821 HY 150DB Tractor, Cab & Plow 9/30/07 26,821 15 26,821 0 25 Equipment & Furnishings 9/30/07 488 488 5 HY 200DB 488 0 26 Accessible Restroom 9/30/06 3,000 20 HY 150DB 2,452 3,000 157 27 HY 150DB Equine Buildings - Stable 9/30/07 1,327 15 1,327 1,327 0 28 Equine Buildings - Stable 9/30/08 5,250 2,625 15 HY 150DB 5,065 185 X Equine Buildings - Stable Equine Buildings - Stable 29 2,589 9/30/10 450 15 HY 150DB 2,139 180 30 15 HY 150DB 9/30/11 1,580 5,037 6,617 452 31 Non-Equine Buildings 9/30/07 55,026 55,026 20 HY 150DB 42,150 2,861 32 Non-Equine Buildings 9/30/09 7,478 X 3,739 20 HY 150DB 4,983 384 X 2,245 20 33 Non-Equine Buildings 9/30/08 1,122 HY 150DB 1,605 117 Non-Equine Buildings 34 2.142 20 HY 150DB 9/30/10 814 1.328 109 35 Run-in Shed 9/30/06 3,086 3,086 10 HY 200DB 3,086 0 36 Run-in Shed 9/30/08 7,600 X 3,800 **HY 200DB** 7,600 0 10 37 Carpenter Stalls 9/30/15 30,103 30,103 10 MQ200DB 24,431 1.973 DECD/ADA Porch Project 38 9/30/15 96,355 96,355 20 MQ150DB 41,049 4,295 MQ150DB HY 200DB 8,127 39 DECD/ADA Porch Project (New Expenses) 9/30/15 19,078 19,078 20 851 40 4/23/17 1,600 X 1,600 Cheyenne 800 5 0 39 41 New Building 3/01/17 429,462 429,462 MM S/L 61,024 11,012 3,147 42 Automatic waterers 8/19/19 3,147 X 0 10 HY 200DB 0 2/21/19 94 43 Fire Alarms System 3,650 3,650 39 MM S/L 339 4/04/19 2,800 44 Horse - Kentucky 2,800 **HY 200DB** 0 XXXXXX Equine Building - Sheds 4/04/19 0 45 8,071 15 HY 150DB 8,071 0 46 5/01/19 6,575 0 15 HY 150DB 6,575 0 Fencing 12,700 HY S/L 12,700 47 Footing for Arena 3/02/20 0 15 0 23,500 5 HY 200DB 23,500 48 Kabuto 4/30/21 0 49 10/30/20 7,950 5 HY 200DB 7,950 0 Security System 0 31,740 HY 150DB 50 Exterior Lighting 3/25/21 0 15 31,740 0 Sidings of Arena 1/13/21 132,500 132,500 39 MM S/L 5,804 3,397 6,791 52 Titan Max Mower 6,791 X X 5 HY 200DB 0 9/26/22 53 4,371 39 Hot Water Heater 3/31/22 4,371 MM S/L 112

SMR09 Shepard Meadows Equestrian Center, 32-0155596 Federal Asset Report Form 990, Page 1

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FYE: 9/30/2023

Asset	Description In	Date Service	Cost 1,046,265	Bus %	Sec 179 Bonus	Basis for Depr 889,887	Per Conv Meth	Prior 450,731	<u>Current</u> 26,669
	Grand Totals Less: Dispositions and Transfers Less: Start-up/Org Expense Net Grand Totals	-	2,183,939 0 0 2,183,939		,	2,011,753 0 0 2,011,753		450,731 0 0 450,731	53,791 0 0 53,791

SMR09 Shepard Meadows Equestrian Center, 32-0155596 CT Asset Report Form 990, Page 1

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FYE: 9/30/2023

Asset	Description	Date In Service	Cost	Basis for Depr	CT Prior	CT Current	Federal Current	Difference Fed - CT
7-year 54	Sheds (2) - Non structural	2/15/23	19,760	3,952	0	16,373	16,373	0
24	Sheds (2) Tron structural	2/13/23	19,760	3,952		16,373	16,373	
		-	17,700	3,732		10,575	10,373	
000000000000								
Non-F 55	Residential Real Property: Riding Ring	5/25/23	40,128	40,128	0	386	386	0
56	Barn	5/01/23	1,077,786	1,077,786	ő	10,363	10,363	ő
			1,117,914	1,117,914	0	10,749	10,749	0
		-						(
Prior	MACRS:							
1	Arena Work	9/30/06	4,468	4,468	4,468	0	0	0
2	Calvin	9/30/04	1,000	500	1,000	0	0	0
3 4	Fencing, Arena, Paddocks Fencing, Arena, Paddocks	9/30/05 9/30/06	1,338 707	1,338 707	1,338 707	0	0	0
5	Fencing, Arena, Paddocks	9/30/07	8,583	8,583	8,583	ő	0	ő
6	Fencing, Arena, Paddocks	9/30/08	5,952	2,976	5,952	Ö	0	0
7	Fencing, Arena, Paddocks	9/30/09	3,612	1,806	3,612	0	0	0
8	Fencing, Arena, Paddocks	9/30/10	15,514	4 800	15,514	0	0	0
9 10	Land Development Land Development	9/30/06 9/30/07	4,800 19,185	4,800 19,185	4,800 19,185	0	0	0
11	Land Development	9/30/09	10,337	5,168	10,337	ő	0	ő
12	Lola	9/30/07	1,000	1,000	1,000	Õ	0	0
13	Frodo	9/30/08	1,000	500	1,000	0	0	0
15	Computers from Ed & Mary Smith Fund	9/30/06	6,421	6,421	6,421	0	0	0
16 17	Computers Red	9/30/07 9/30/11	828 1,000	828	828 1,000	0	0	0
18	Daphne	9/30/12	1,000	500	1,000	ő	0	ő
19	Moses	9/30/15	1,000	1,000	1,000	0	0	0
20	Summer	9/30/15	1,000	1,000	1,000	0	0	0
21 22	Telephone System	9/30/07 9/30/09	6,385	6,385	6,385	0 95	0 225	0 130
23	Tractor, Cab & Plow Tractor, Cab & Plow	9/30/09	3,200 3,873	1,600	3,058 3,873	0	265	265
24	Tractor, Cab & Plow	9/30/07	26,821	26,821	26,821	ŏ	0	0
25	Equipment & Furnishings	9/30/07	488	488	488	0	0	0
26	Accessible Restroom	9/30/06	3,000	3,000	2,532	133	157	24
27 28	Equine Buildings - Stable Equine Buildings - Stable	9/30/07 9/30/08	1,327 5,250	1,327 2,625	1,327 5,173	0 77	0 185	0 108
29	Equine Buildings - Stable	9/30/10	2,589	2,023	2,589	o'	180	180
30	Equine Buildings - Stable	9/30/11	6,617	0	6,617	0	452	452
31	Non-Equine Buildings	9/30/07	55,026	55,026	43,979	2,455	2,861	406
32 33	Non-Equine Buildings	9/30/09 9/30/08	7,478 2,245	3,739 1,122	6,394 1,970	167 50	384 117	217 67
34	Non-Equine Buildings Non-Equine Buildings	9/30/08	2,142	0	2,142	0	109	109
35	Run-in Shed	9/30/06	3,086	3,086	3,086	ŏ	0	0
36	Run-in Shed	9/30/08	7,600	3,800	7,600	0	0	0
37	Carpenter Stalls	9/30/15	30,103	30,103	24,431	1,973	1,973	0
38 39	DECD/ADA Porch Project (New Expenses)	9/30/15 9/30/15	96,355 19,078	96,355 19,078	41,049 8,127	4,295 851	4,295 851	0
40	Cheyenne	4/23/17	1,600	800	1,600	0	0	ő
41	New Building	3/01/17	429,462	429,462	61,024	11,012	11,012	0
42	Automatic waterers	8/19/19	3,147	0	3,147	0	0	0
43 44	Fire Alarms System Horse - Kentucky	2/21/19 4/04/19	3,650 2,800	0	3,650 2,800	0	94 0	94 0
45	Equine Building - Sheds	4/04/19	8,071	0	8,071	ő	0	0
46	Fencing	5/01/19	6,575	Ö	6,575	Ö	0	Ö
47	Footing for Arena	3/02/20	12,700	0	12,700	0	0	0
48	Kabuto	4/30/21	23,500	0	23,500	0	0	0
49 50	Security System Exterior Lighting	10/30/20 3/25/21	7,950 31,740	0	7,950 31,740	0	0	0
51	Sidings of Arena	1/13/21	132,500	132,500	5,804	3,397	3,397	0
52	Titan Max Mower	9/26/22	6,791	0	6,791	0	0	0
53	Hot Water Heater	3/31/22	4,371	4,371	61	112	112	0

SMR09 Shepard Meadows Equestrian Center, 32-0155596 CT Asset Report

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FYE: 9/30/2023

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Asset	Description	Date In Service	Cost	Basis for Depr	CT Prior	CT Current	Federal Current	Difference Fed - CT
		:	1,046,265	882,468	461,799	24,617	26,669	2,052
	Grand Totals Less: Dispositions Less: Start-up/Org Expense		2,183,939 0 0	2,004,334 0 0	461,799 0 0	51,739 0 0	53,791 0 0	2,052 0 0
	Net Grand Totals	=	2,183,939	2,004,334	461,799	51,739	53,791	2,052

FYE: 9/30/2023

SMR09 Shepard Meadows Equestrian Center, 32-0155596 AMT Asset Report Form 990, Page 1

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Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonu	Basis s for Depr	<u>Per</u>	Conv Meth	Prior	Current
	GDS Property: Sheds (2) - Non structural	2/15/23	19,760 19,760		X	3,952 3,952	7	HY 200DB	0 0	16,373 16,373
55	esidential Real Property: Riding Ring Barn	5/25/23 5/01/23	40,128 1,077,786 1,117,914			40,128 1,077,786 1,117,914	39 39	MM S/L MM S/L	0 0 0	386 10,363 10,749
Prior	MACRS: Arena Work	9/30/06	4,468			4,468	5	HY 150DB	4,468	0
2	Calvin	9/30/04	1,000		X	500	5		1,000	0
3	Fencing, Arena, Paddocks	9/30/05	1,338			1,338	5		1,338	0
	Fencing, Arena, Paddocks	9/30/06	707			707		HY 150DB	707	0
5	Fencing, Arena, Paddocks	9/30/07	8,583		v	8,583	5		8,583	0
6 7	Fencing, Arena, Paddocks Fencing, Arena, Paddocks	9/30/08 9/30/09	5,952 3,612		X	2,976 1,806	5	HY 200DB HY 200DB	5,952 3,612	0
8	Fencing, Arena, Paddocks	9/30/10	15,514		X	0,000	5	HY 200DB	15,514	ő
9	Land Development	9/30/06	4,800			4,800	5	HY 150DB	4,800	o o
10	Land Development	9/30/07	19,185			19,185	5	HY 150DB	19,185	0
11	Land Development	9/30/09	10,337		X	5,168	5	HY 200DB	10,337	0
12	Lola	9/30/07	1,000		**	1,000		HY 150DB	1,000	0
13	Frodo Computers from Ed. & Many Smith Fund	9/30/08 9/30/06	1,000 6,421		X	500		HY 200DB	1,000	0
15 16	Computers from Ed & Mary Smith Fund Computers	9/30/06	828			6,421 828	5	HY 150DB HY 150DB	6,421 828	0
17	Red	9/30/07	1,000		X	020			1,000	0
18	Daphne	9/30/12	1,000		X	500	5		1,000	0
19	Moses	9/30/15	1,000			1,000	5		1,000	0
20	Summer	9/30/15	1,000			1,000	5		1,000	0
21	Telephone System	9/30/07	6,385		v	6,385		HY 150DB	6,385	0
22 23	Tractor, Cab & Plow Tractor, Cab & Plow	9/30/09 9/30/11	3,200 3,873		X	1,600	15 15	HY 150DB HY 150DB	3,058 3,873	95 0
23	Tractor, Cab & Plow	9/30/11	26,821		Λ	26,821	15	HY 150DB	26,821	0
25	Equipment & Furnishings	9/30/07	488			488	5	HY 150DB	488	0
26	Accessible Restroom	9/30/06	3,000			3,000		HY 150DB	2,532	133
27	Equine Buildings - Stable	9/30/07	1,327			1,327	15	HY 150DB	1,327	0
28	Equine Buildings - Stable	9/30/08	5,250		X	2,625	15	HY 150DB	5,173	77
	Equine Buildings - Stable	9/30/10	2,589		X	0		HY 150DB	2,589	0
30	Equine Buildings - Stable	9/30/11	6,617		X	55.026	~	HY 150DB	6,617	2 455
31 32	Non-Equine Buildings Non-Equine Buildings	9/30/07 9/30/09	55,026 7,478		X	55,026 3,739	20 20	HY 150DB HY 150DB	43,979 6,394	2,455 167
33	Non-Equine Buildings	9/30/09	2,245		X	1,122		HY 150DB	1,970	50
	Non-Equine Buildings	9/30/10	2,142		X	0	20	HY 150DB	2,142	0
35	Run-in Shed	9/30/06	3,086			3,086		HY 150DB	3,086	0
	Run-in Shed	9/30/08	7,600		X	3,800		HY 200DB	7,600	0
37	Carpenter Stalls	9/30/15	30,103			30,103		MQ150DB	22,557	2,625
	DECD/ADA Porch Project	9/30/15	96,355			96,355		MQ150DB	41,049	4,295
	DECD/ADA Porch Project (New Expenses) Cheyenne	9/30/15 4/23/17	19,078 1,600		X	19,078 800		MQ150DB HY 200DB	8,127 1,600	851 0
	New Building	3/01/17	429,462		Λ	429,462		MM S/L	61,024	11,012
	Automatic waterers	8/19/19	3,147		X			HY 200DB	3,147	0
	Fire Alarms System	2/21/19	3,650				39	MM S/L	339	94
44	Horse - Kentucky	4/04/19	2,800		X	0		HY 200DB	2,800	0
45	Equine Building - Sheds	4/04/19	8,071		X	0		HY 150DB	8,071	0
	Fencing	5/01/19	6,575		X	0			6,575	0
	Footing for Arena	3/02/20	12,700		X	0		HY S/L HY 200DB	12,700	0
48 49	Kabuto Security System	4/30/21 10/30/20	23,500 7,950		X X X X	0			23,500 7,950	0
	Exterior Lighting	3/25/21	31,740		X			HY 150DB	31,740	0
51	Sidings of Arena	1/13/21	132,500			132,500		MM S/L	5,804	3,397
	Titan Max Mower	9/26/22	6,791		X = X	0		HY 200DB	6,791	0
53	Hot Water Heater	3/31/22	4,371			4,371	39	MM S/L	61	112

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SMR09 Shepard Meadows Equestrian Center, 32-0155596 AMT Asset Report Form 990, Page 1

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Asset	Description In	Date Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
		=	1,046,265			886,118	3 .	456,614	25,363
	Grand Totals Less: Dispositions and Transfers	<u>1</u>	2,183,939 0			2,007,984 0		456,614 0	52,485 0
	Net Grand Totals		2,183,939			2,007,984	- -	456,614	52,485

SMR09 Shepard Meadows Equestrian Center, 32-0155596 Bonus Depreciation Report Form 990, Page 1

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FYE: 9/30/2023

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
2	Calvin	9/30/04	1,000	210 2	0	0	500	500
6		9/30/08	5,952		Ö	Ö	2,976	2,976
7	Fencing, Arena, Paddocks	9/30/09	3,612		0	0	1,806	1,806
8	Fencing, Arena, Paddocks	9/30/10	15,514		0	0	15,514	0
11	Land Development	9/30/09	10,337		0	0	5,169	5,168
13	Frodo	9/30/08	1,000		0	0	500	500
17	Red	9/30/11	1,000		0	0	1,000	0
18	Daphne	9/30/12	1,000		0	0	500	500
22	Tractor, Cab & Plow	9/30/09	3,200		0	0	1,600	1,600
23	Tractor, Cab & Plow	9/30/11	3,873		0	0	2,948	925
28	Equine Buildings - Stable	9/30/08	5,250		0	0	2,625	2,625
29	Equine Buildings - Stable	9/30/10	2,589		0	0	2,139	450
30	Equine Buildings - Stable	9/30/11	6,617		0	0	5,037	1,580
32		9/30/09	7,478		0	0	3,739	3,739
33		9/30/08	2,245		0	0	1,123	1,122
34	Non-Equine Buildings	9/30/10	2,142		0	0	1,328	814
36	Run-in Shed	9/30/08	7,600		0	0	3,800	3,800
40	Cheyenne	4/23/17	1,600		0	0	800	800
42	Automatic waterers	8/19/19	3,147		0	0	3,147	0
43	Fire Alarms System	2/21/19	3,650		0	0	0	3,650
44	Horse - Kentucky	4/04/19	2,800		0	0	2,800	0
45	Equine Building - Sheds	4/04/19	8,071		0	0	8,071	0
46	Fencing	5/01/19	6,575		0	0	6,575	0
47	Footing for Arena	3/02/20	12,700		0	0	12,700	0
48	Kabuto	4/30/21	23,500		23,500	0	0	0
49	Security System	10/30/20	7,950		7,950	0	0	0
50	Exterior Lighting	3/25/21	31,740		0	0	31,740	0
52	Titan Max Mower	9/26/22	6,791		6,791	0	0	0
54	Sheds (2) - Non structural	2/15/23	19,760		0	15,808	0	3,952
		Grand Total	208,693	9 9	0	15,808	118,137	36,507

SMR09 Shepard Meadows Equestrian Center,
32-0155596 Depreciation Adjustment Report

01/29/2024

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All Business Activities FYE: 9/30/2023

<u>Form</u>	<u>Unit</u>	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACE	RS Adj	ustments:				
Page 1	1	1	Arena Work	0	0	0
Page 1	î	2	Calvin	ŏ	0	ŏ
Page 1	1	3	Fencing, Arena, Paddocks	0	0	0
Page 1	1	4	Fencing, Arena, Paddocks	0	0	0
Page 1	1	5	Fencing, Arena, Paddocks	0	0	0
Page 1	1	6	Fencing, Arena, Paddocks	0	0	0
Page 1	1	7	Fencing, Arena, Paddocks	0	0	0
Page 1	1	8	Fencing, Arena, Paddocks	0	0	0
Page 1	1	9 10	Land Development	0	0	0
Page 1 Page 1	1	11	Land Development Land Development	0	0	ŏ
Page 1	1	12	Lola	0	0	ŏ
Page 1	î	13	Frodo	ŏ	ŏ	ŏ
Page 1	î	15	Computers from Ed & Mary Smith Fund	Ŏ	Ö	ŏ
Page 1	1	16	Computers	0	0	0
Page 1	1	17	Red	0	0	0
Page 1	1	18	Daphne	0	0	0
Page 1	1	19	Moses	0	0	0
Page 1	1	20	Summer	0	0	0
Page 1	1	21	Telephone System	225	0	0
Page 1	1	22	Tractor, Cab & Plow	225 265	95	130
Page 1 Page 1	1	23 24	Tractor, Cab & Plow Tractor, Cab & Plow	203	0	265 0
Page 1	1	25	Equipment & Furnishings	0	0	ő
Page 1	î	26	Accessible Restroom	157	133	24
Page 1	î	27	Equine Buildings - Stable	0	0	0
Page 1	Î.	28	Equine Buildings - Stable	185	77	108
Page 1	1	29	Equine Buildings - Stable	180	0	180
Page 1	1	30	Equine Buildings - Stable	452	0	452
Page 1	1	31	Non-Equine Buildings	2,861	2,455	406
Page 1	1	32	Non-Equine Buildings	384	167	217
Page 1	1	33	Non-Equine Buildings	117	50	67
Page 1	1	34 35	Non-Equine Buildings Run-in Shed	109	0	109
Page 1 Page 1	1	36	Run-in Shed	0	0	0
Page 1	1	37	Carpenter Stalls	1,973	2,625	-652
Page 1	î	38	DECD/ADA Porch Project	4,295	4,295	0
Page 1	i	39	DECD/ADA Porch Project (New Expenses)	851	851	ŏ
Page 1	1	40	Cheyenne	0	0	0
Page 1	1	41	New Building	11,012	11,012	0
Page 1	1	42	Automatic waterers	0	0	0
Page 1	1	43	Fire Alarms System	94	94	0
Page 1	1	44	Horse - Kentucky	0	0	0
Page 1	1	45 46	Equine Building - Sheds	0	0	0
Page 1 Page 1	1	47	Fencing Footing for Arena	0	0	ŏ
Page 1	i	48	Kabuto	0	0	ŏ
Page 1	î	49	Security System	ŏ	0	ő
Page 1	î	50	Exterior Lighting	ŏ	ŏ	ő
Page 1	1	51	Sidings of Arena	3,397	3,397	Ö
Page 1	1	52	Titan Max Mower	0	0	0
Page 1	1	53	Hot Water Heater	112	112	0
Page 1	1	54	Sheds (2) - Non structural	16,373	16,373	0
Page 1	1	55	Riding Ring	386	386	0
Page 1	1	56	Barn	10,363	10,363	0
				53,791	52,485	1,306

SMR09 Shepard Meadows Equestrian Center, 32-0155596 Future Depreciation Report FYE: 9/30/24

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FYE: 9/30/2023

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Asset	Description	Date In Service	Cost	Tax	AMT
Prior M	IACRS:				
1	Arena Work	9/30/06	4,468	0	0
2	Calvin	9/30/04	1,000	ŏ	ŏ
3	Fencing, Arena, Paddocks	9/30/05	1,338	0	0
4	Fencing, Arena, Paddocks	9/30/06	707	0	0
5	Fencing, Arena, Paddocks	9/30/07	8,583	0	0
6 7	Fencing, Arena, Paddocks Fencing, Arena, Paddocks	9/30/08 9/30/09	5,952 3,612	0	0
8	Fencing, Arena, Paddocks	9/30/10	15,514	ő	ő
9	Land Development	9/30/06	4,800	Õ	ŏ
10	Land Development	9/30/07	19,185	0	0
11	Land Development	9/30/09	10,337	0	0
12	Lola	9/30/07	1,000	0	0
13 15	Frodo Computers from Ed & Marry Smith France	9/30/08 9/30/06	1,000 6,421	0	0
16	Computers from Ed & Mary Smith Fund Computers	9/30/00	828	0	0
17	Red	9/30/11	1,000	0	0
18	Daphne	9/30/12	1,000	ŏ	ő
19	Moses	9/30/15	1,000	0	0
20	Summer	9/30/15	1,000	0	0
21	Telephone System	9/30/07	6,385	0	0
22 23	Tractor, Cab & Plow Tractor, Cab & Plow	9/30/09 9/30/11	3,200 3,873	112 264	47 0
24	Tractor, Cab & Plow	9/30/11	26,821	0	0
25	Equipment & Furnishings	9/30/07	488	ő	ŏ
26	Accessible Restroom	9/30/06	3,000	156	134
27	Equine Buildings - Stable	9/30/07	1,327	0	0
28	Equine Buildings - Stable	9/30/08	5,250	0	0
29	Equine Buildings - Stable	9/30/10	2,589	180	0
30 31	Equine Buildings - Stable	9/30/11	6,617	451	2.455
32	Non-Equine Buildings Non-Equine Buildings	9/30/07 9/30/09	55,026 7,478	2,862 383	2,455 166
33	Non-Equine Buildings	9/30/08	2,245	116	50
34	Non-Equine Buildings	9/30/10	2,142	108	0
35	Run-in Shed	9/30/06	3,086	0	0
36	Run-in Shed	9/30/08	7,600	0	0
37	Carpenter Stalls	9/30/15	30,103	1,973	2,625
38	DECD/ADA Porch Project	9/30/15	96,355	4,296	4,296
39 40	DECD/ADA Porch Project (New Expenses) Cheyenne	9/30/15 4/23/17	19,078 1,600	850 0	850 0
41	New Building	3/01/17	429,462	11,012	11,012
42	Automatic waterers	8/19/19	3,147	0	0
43	Fire Alarms System	2/21/19	3,650	93	93
44	Horse - Kentucky	4/04/19	2,800	0	0
45	Equine Building - Sheds	4/04/19	8,071	0	0
46 47	Fencing Footing for Arena	5/01/19 3/02/20	6,575 12,700	0	0
48	Kabuto	4/30/21	23,500	ő	ő
49	Security System	10/30/20	7,950	ŏ	ŏ
50	Exterior Lighting	3/25/21	31,740	0	0
51	Sidings of Arena	1/13/21	132,500	3,398	3,398
52	Titan Max Mower	9/26/22	6,791	0	0
53 54	Hot Water Heater	3/31/22	4,371	112 967	112
55	Sheds (2) - Non structural Riding Ring	2/15/23 5/25/23	19,760 40,128	1,029	967 1,029
56	Barn	5/01/23	1,077,786	27,636	27,636
		5.01,25	2,183,939	55,998	54,870
				gannananan	200000000000000000000000000000000000000
	Grand Totals		2,183,939	55,998	54,870

SMR09 Shepard Meadows Equestrian Center, 32-0155596 CT Future Depreciation Report

01/29/2024 Page 1

FYE: 9/30/24

Form 990, Page 1 FYE: 9/30/2023

Asset	Description	Date In Service	Cost	СТ
Prior M	1ACRS:			
1	Arena Work	9/30/06	4,468	0
2	Calvin	9/30/04	1,000	0
3	Fencing, Arena, Paddocks	9/30/05	1,338	0
4 5	Fencing, Arena, Paddocks Fencing, Arena, Paddocks	9/30/06 9/30/07	707 8,583	0
6	Fencing, Arena, Paddocks	9/30/08	5,952	ő
7	Fencing, Arena, Paddocks	9/30/09	3,612	ŏ
8	Fencing, Arena, Paddocks	9/30/10	15,514	0
9	Land Development	9/30/06	4,800	0
10	Land Development	9/30/07	19,185	0
11	Land Development	9/30/09	10,337	0
12 13	Lola Frodo	9/30/07 9/30/08	1,000 1,000	0
15	Computers from Ed & Mary Smith Fund	9/30/06	6,421	0
16	Computers	9/30/07	828	ŏ
17	Red	9/30/11	1,000	0
18	Daphne	9/30/12	1,000	0
19	Moses	9/30/15	1,000	0
20	Summer	9/30/15	1,000	0
21 22	Telephone System Tractor, Cab & Plow	9/30/07 9/30/09	6,385 3,200	0 47
23	Tractor, Cab & Plow	9/30/09	3,873	0
24	Tractor, Cab & Plow	9/30/07	26,821	ŏ
25	Equipment & Furnishings	9/30/07	488	0
26	Accessible Restroom	9/30/06	3,000	134
27	Equine Buildings - Stable	9/30/07	1,327	0
28	Equine Buildings - Stable	9/30/08	5,250	0
29 30	Equine Buildings - Stable Equine Buildings - Stable	9/30/10 9/30/11	2,589 6,617	0
31	Non-Equine Buildings	9/30/11	55,026	2,455
32	Non-Equine Buildings	9/30/09	7,478	166
33	Non-Equine Buildings	9/30/08	2,245	50
34	Non-Equine Buildings	9/30/10	2,142	0
35	Run-in Shed	9/30/06	3,086	0
36	Run-in Shed	9/30/08	7,600	0
37 38	Carpenter Stalls	9/30/15 9/30/15	30,103	1,973
39	DECD/ADA Porch Project DECD/ADA Porch Project (New Expenses)	9/30/15	96,355 19,078	4,296 850
40	Cheyenne	4/23/17	1,600	0
41	New Building	3/01/17	429,462	11,012
42	Automatic waterers	8/19/19	3,147	0
43	Fire Alarms System	2/21/19	3,650	0
44	Horse - Kentucky	4/04/19	2,800	0
45	Equine Building - Sheds	4/04/19	8,071	0
46 47	Fencing Footing for Arena	5/01/19 3/02/20	6,575 12,700	0
48	Kabuto	4/30/21	23,500	ő
49	Security System	10/30/20	7,950	ŏ
50	Exterior Lighting	3/25/21	31,740	0
51	Sidings of Arena	1/13/21	132,500	3,398
52	Titan Max Mower	9/26/22	6,791	0
53	Hot Water Heater	3/31/22 2/15/23	4,371	112
54 55	Sheds (2) - Non structural Riding Ring	5/25/23	19,760 40,128	967 1,029
56	Barn	5/01/23	1,077,786	27,636
		5/01/25	2,183,939	54,125
	Grand Totals		2,183,939	54,125
	Grand Totals		2,103,737	57,125

Form 990 Event Income and Deduction Worksheet 2022

Description Farmyard Party

Name Taxpayer Identification Number

Shepard Meadows Equestrian Center,

Part IX, Advertising Income

Taxpayer Identification Number 32-0155596

Income & Expense Summary:		Expense Details - Indirect Expense:
Gross receipts or sales 1	63,510	Advertising and promotion
2. Advertising income 2.		Office
3. Circulation income 3.		Printing/publication/postage
4. Other income 4		Info technology/Maintenance
5. Returns and allowances 5.		Royalties & License Fees
6. Contributions received 6.		Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.		Travel & Repairs
8. Cost of Goods Sold 8.		Travel/entertainment (officials)
9. Employment Expense 9.		Conferences/meetings
10. Fees for services 10.		Interest
11. Indirect Expense 11.		Insurance
12. Depreciation Expense 12.		Total Indirect Expense
13. Exempt Activity Expense 13.		INTLUMENTAL CONTRACTOR
14. Fundraising Expense 14.	18,961	Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 14 15.		On investment property
16. Net Income/Loss. Line 7 minus Line 15 16.		On non-investment property
		Amortization
		Depletion
Expense Details - Cost of Goods Sold:		Total Depreciation Expense
Beginning inventory		
Purchases		Expense Details - Exempt Activity Expense:
Labor		Repairs and Maintenance
Labor Section 263A costs		Bad debts
Other costs		Taxes/licenses
Other costs		Charitable contributions
Ending inventory Total Cost of Goods Sold		Dividend rect deductions
Total Gost of Goods Cold		Dividend recd deductions Readership costs
Expense Details - Employment Expense:		Readership costs
Compensation of officers		Other expenses Total Exempt Activity Expense
Other salaries and wages		Total Exchipt Addition Expenses
Other salaries and wages	*	Expense Details - Fundraising Expense:
Pension plan contributions Other employee benefits		mand of the side of the second
Other employee benefits		Cash prizes
Payroll taxes		Non-cash prizes
Total Employment Expense		Rent and facility costs
Expense Details - Fees for Services:		Food & beverages (Part II only) Entertainment (Part II only)
		52 A C
Management		
Legal		Total Fundraising Expense 18,961
Accounting		
Lobbying		
Professional fundraising		
Investment management	-7%	
Other	- 70	
Total Fees for Services		
Information is indicated for use on Form 990-T, So	chedule A:	Allocation of Expense to Program Service Accomplishments:
Schedule A, UBIT Activity Code Seq #		$d = \frac{1}{2} \left(\frac{1}{$
Part V, Debt Financing		First
Part VI, Controlled Org Income		Second
Part VI, Controlled Org Income Part VII, Investments for C(7)(9)(17)		Third
Part VIII, Exploited Activities		All other
rait viii, Exploited Activities		

Form 990 Event Income and Deduction Worksheet 2022

Description Merchandise Sale

Name
Shepard Meadows Equestrian Center,

Taxpayer Identification Number 32-0155596

Income & Expense Summary:		Expense Details - Indirect Expense:
Gross receipts or sales 1.	1,563	Advertising and promotion
2. Advertising income 2.	A	Office
3. Circulation income 3.		Printing/publication/postage
4. Other income 4.		Info technology/Maintenance
5. Returns and allowances 5.		Royalties & License Fees
		Occupancy/Real Fetate Tayon
6. Contributions received7. Total revenue. Add lines 1 through 67.	1,563	Occupancy/Real Estate Taxes
		Travel & Repairs
8. Cost of Goods Sold 8.		Travel/entertainment (officials)
9. Employment Expense 9.	20	Conferences/meetings
10. Fees for services 10.		Interest
11. Indirect Expense 11.		Insurance
12. Depreciation Expense 12.	3	Total Indirect Expense
13. Exempt Activity Expense 13.	-	
		Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 14 15.		On investment property
16. Net Income/Loss. Line 7 minus Line 15 16.	-272	On non-investment property
		Amortization
		Depletion
Expense Details - Cost of Goods Sold:		Total Depreciation Expense
Beginning inventory		
Purchases	1,835	Expense Details - Exempt Activity Expense:
Labor	# # # # # # # # # # # # # # # # # # #	Repairs and Maintenance
Section 263A costs		Bad debts
Other costs	4	Taxes/licenses
Ending inventory	3 70 2 22	Charitable contributions
Total Cost of Goods Sold	1,835	Dividend recd deductions
		Readership costs
Expense Details - Employment Expense:		Other expenses
Compensation of officers		Other expenses Total Exempt Activity Expense
Other salaries and wages	<u> </u>	Total Exempt Addition Expense
Pension plan contributions	\$	Expense Details - Fundraising Expense:
Pension plan contributions) 	and the first of the second comment of the second of the s
Other employee benefits	3	Cash prizes
Payroll taxes	<u> </u>	Non-cash prizes
Total Employment Expense	S	Rent and facility costs
		Food & beverages (Part II only)
Expense Details - Fees for Services:		Entertainment (Part II only)
Management		Other direct expenses
Legal		Total Fundraising Expense
Accounting		
Lobbying	·	
Professional fundraising	N=-	
Investment management	7 <u>05</u>	
Other	·	
Total Fees for Services		
Information is indicated for use on Form 99	0-T, Schedule A:	Allocation of Expense to Program Service Accomplishments:
Schedule A, UBIT Activity Code	Seq #	First
Part V, Debt Financing		Second
Part VI, Controlled Org Income		Third
Part VII, Investments for C(7)(9)(17)		All other
Part VIII, Exploited Activities		
Part IX, Advertising Income		

Form 990 Event Income and Deduction Worksheet 2022

Description Pie Sale

Name
Shepard Meadows Equestrian Center,

Taxpayer Identification Number 32-0155596

Income 9 Francisco Communica		Forman Datalla Indiana Forman
Income & Expense Summary:	0.07	Expense Details - Indirect Expense:
1. Gross receipts or sales 1.		Advertising and promotion
2. Advertising income 2.		Office
3. Circulation income 3.		Printing/publication/postage
4. Other income 4.		Info technology/Maintenance
5. Returns and allowances 5.		Royalties & License Fees
6. Contributions received 6.		Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6		Travel & Repairs
8. Cost of Goods Sold 8.		Travel/entertainment (officials)
9. Employment Expense 9.		Conferences/meetings
10. Fees for services 10.		Interest
11. Indirect Expense 11.		Insurance
12. Depreciation Expense 12.		Total Indirect Expense
 Exempt Activity Expense 		
		Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 14 15	622	On investment property
16. Net Income/Loss. Line 7 minus Line 15 16	285	On non-investment property
		Amortization
		Depletion
Expense Details - Cost of Goods Sold:		Total Depreciation Expense
Beginning inventory		5.04-5.04-5.14-5.04
Purchases		Expense Details - Exempt Activity Expense:
Labor		Repairs and Maintenance
Section 263A costs	# <u></u>	Bad debts
Other costs	N	Taxes/licenses
Ending inventory	A	Charitable contributions
Total Cost of Goods Sold	622	Dividend recd deductions
	*	Readership costs
Expense Details - Employment Expense:		Other expenses
Compensation of officers		Total Exempt Activity Expense
Other salaries and wages	(b)	11.11111
Pension plan contributions	9)	Expense Details - Fundraising Expense:
Other employee benefits	9	Cash prizes
		Non-cash prizes
Payroll taxes Total Employment Expense	· ·	Rent and facility costs
Total Employment Expense		Rent and facility costs Food & beverages (Part II only)
Expense Details - Fees for Services:		Entertainment (Part II only)
] FINE NOTE TOTAL TOTAL		
Management		Other direct expenses
Legal		Total Fundraising Expense
Accounting		
Lobbying	- 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12	
Professional fundraising	\$1 20	
Investment management	¥. 71	
Other	¥ 	
Total Fees for Services		
Information is indicated for use on Form 9	90-T, Schedule A:	Allocation of Expense to Program Service Accomplishments:
Schedule A, UBIT Activity Code	Seq #	First
Part V, Debt Financing		Second
Part VI, Controlled Org Income		Third
Part VII, Investments for C(7)(9)(17)		All other
Part VIII, Exploited Activities		
Part IX Advertising Income		

Form 990 Event Income and Deduction Worksheet 2022

Description Traveler Golf

Name
Shepard Meadows Equestrian Center,

Taxpayer Identification Number 32-0155596

Income & Expense Summary:		Expense Details - Indirect Expense:
Gross receipts or sales 1.	6,946	Advertising and promotion
2. Advertising income 2.		Office
3. Circulation income 3.		Printing/publication/postage
4. Other income 4.		Info technology/Maintenance
5. Returns and allowances 5.		Royalties & License Fees
6. Contributions received 6.		Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.	6,946	Traval & Penaire
		Travel/entertainment (officials)
8. Cost of Goods Sold 8.		Travel/entertainment (officials)
9. Employment Expense 9.	#F	Conferences/meetings
10. Fees for services 10.		Interest
11. Indirect Expense 11.		Insurance
12. Depreciation Expense 12.		Total Indirect Expense
13. Exempt Activity Expense 13.		
14. Fundraising Expense 14.		Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 14 15.		On investment property
16. Net Income/Loss. Line 7 minus Line 15 16.	6,946	On non-investment property
		Amortization
		Depletion
Expense Details - Cost of Goods Sold:		Total Depreciation Expense
Beginning inventory	_	
Purchases		Expense Details - Exempt Activity Expense:
Labor		Repairs and Maintenance
Section 263A costs		Bad debts
Other costs		Taxes/licenses
Ending inventory		Charitable contributions
Total Cost of Goods Sold		Dividend recd deductions
		Readership costs
Expense Details - Employment Expense:		Other expenses
Compensation of officers	95	Total Exempt Activity Expense
Other salaries and wages	<u> </u>	
Pension plan contributions		Expense Details - Fundraising Expense:
Other employee benefits		Cash prizes
Payroll taxes		Non-cash prizes
Total Employment Expense		Rent and facility costs
		Food & beverages (Part II only)
Expense Details - Fees for Services:		Entertainment (Part II only)
Management		Other direct expenses
Legal		Total Fundraising Expense
Accounting		
Lobbying		
Professional fundraising		
Investment management		
Investment management	<u> </u>	
Other		
Total Fees for Services	<u>a</u>	
Information is indicated for use on Form 990	0-T. Schedule A	Allocation of Expense to Program Service Accomplishments:
Schedule A, UBIT Activity Code		조건 100 전에 있는 프라스티스 스타스 - 전에 15 10 10 10 10 10 10 10 10 10 10 10 10 10
Part V, Debt Financing	Jod #	First
		Second
Part VII, Controlled Org Income		Third
Part VIII, Investments for C(7)(9)(17)		All other
Part VIII, Exploited Activities		
Part IX, Advertising Income		

	Form 99	0	Two Year (Com	parison Re	port		4	2021 & 2022
		I .	dar year 2022, or tax year beginning	1	10/01/22	, end	ing 09/30	0/23	
Nan	ne					,			er Identification Number
2	hepar	d Meadows E	questrian Center,					50° 1550	
	nc.	;	<u>.</u>					32-0	155596
			1		2021		2022		Differences
	1. Contri	butions, gifts, grants		1.	662	,836	537	7,745	-125,091
	2. Memb	ership dues and assess	sments	2.				***	1987
	3. Gover	nment contributions and	grants	3.					
n e	4. Progra	am service revenue		4.	96	,342	98	3,058	1,716
_	Invest	ment income		5.		717		1,171	454
>	6. Procee	eds from tax exempt bo	nds	6.				N.	
R.			assets other than inventory	7.					
	8. Net in	come or (loss) from fun-	draising events	8.	45	,104	51	L,508	6,404
	9. Net in	come or (loss) from gan	ning	9.		0.6		1/2	V.i
	10. Net ga	ain or (loss) on sales of	inventory	10.					
	11. Other	revenue		11.			2	2,000	
	12. Total	revenue. Add lines 1 th	rough 11	12.	804	,999	690	,482	-114,517
	13. Grants	and similar amounts p	aid	13.				352	VI.5
	14. Benefi	ts paid to or for membe	rs	14.					
S	15 . Comp	ensation of officers, dire	ctors, trustees, etc.	15.					
			and employee benefits	16.	181	,345	208	3,925	27,580
9	17. Profes	sional fundraising fees	***************************************	17.			010		
a.	18. Other	professional fees		18.	13	,099	16	5,782	3,683
ш	19 . Occup	ancy, rent, utilities, and	maintenance	19.		,220		3,106	
				20.		,861		3,791	18,930
	21 . Other	expenses		21.		,643	126	5,400	3,757
	22. Total	expenses. Add lines 13	through 21	22.		,168		1,004	
		s or (Deficit). Subtrac		23.		,831		5,478	
	24. Total	exempt revenue		24.	804	,999	690	,482	-114,517
_	25. Total	unrelated revenue		25.			00.11111		
tio	26. Total	excludable revenue		26.		,163		2,737	
ma	27. Total	assets		27.	1,946			,162	
ᅙ	28. Total	liabilities		28.		,227		7,808	
_	29. Retain	ed earnings		29.	1,446	,390	1,728	3,354	281,964
Ę.	30. Numb	er of voting members of	governing body	30.	10		10		
0	31. Numb	er of independent voting	members of governing body	31.	10		10		
	32. Numb	er of employees		32.	10		11		
	33. Numb	er of volunteers		33.	50		50		

Form 990		Tax R	Tax Return History			2022
Name Shepard Me	Meadows Equestrian	an Center,			Employer I	Employer Identification Number 32-0155596
	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants	386,832	341,802	551,884	662,836	537,745	
Membership dues			200			
Capital gain or loss	±+,0/±	40,740	TOO, 532	75,07	00,000	
Investment income	14	83	185	717	1,171	
Fundraising revenue (income/loss)	17,220	25,200	19,833	45,104	51,508	
Other revenue		u-0	w - o	3	2,000	
Grants and similar amounts paid	446,040	407,825	680,254	804,999	690,482	
Benefits paid to or for members				5-7	\$2	
Compensation of officers, etc.				9 7		
Other compensation	165,400	157,278	186,287	181,345	208,925	
Professional fees		9,086	-	- 1	-	
Occupancy costs	13,926	12,875	12,255	18,220	DS 151	
Depreciation and depletion	١ ١	39,891	91,695	-	•	
Other expenses	73,897	94,402		- 1	6,	
	309,527	313,532	405,498	370,168	414,004	
Excess or (Deficit)	136,513	94,293	274,756	434,831	276,478	
Total exempt revenue	446,040	407,825	680,254	804,999	690,482	
Total excludable revenue	59,208	66,023	128,370	142,163	152,737	
Total Assets		839,142	1,515,833	1,946,617		
Total Liabilities		190,761		500,227	487,	
Net Fund Balances	543,387	648,381	1,011,451	1,446,390	1,728,354	

SMR09 Shepard Meadows Equestrian Center, 1/29/2024 **Federal Statements** 32-0155596 Page 1 FYE: 9/30/2023 Taxable Interest on Investments Description Unrelated Exclusion Postal Acquired after US Obs (\$ or %) Amount Business Code Code 6/30/75 Interest 989 CT 989 Total Taxable Dividends from Securities Description Unrelated Exclusion Postal Acquired after US **Business** Code Code 6/30/75 Obs (\$ or %) Amount Dividends 182 182 Total

SMR09 Shepard Meadows Equestrian Center,

32-0155596 FYE: 9/30/2023

Federal Statements

1/29/2024 Page 2

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

	Description	
r.		
10.678	Expenses	Total
S.	ř	

Total

₹\$÷	₩	
10,678	10,678	Expenses

10,678

SMR09 Shepard Meadows Equestrian Center,

32-0155596 FYE: 9/30/2023

Federal Statements

1/29/2024 Page 3

Schedule A, Part III, Line 1(e)

	• 100 miles (100 miles
Description	Amount
Other Contributions	\$ 88,449
(1	
Cash Contribution	125,000
Barnes Group Foundation	
Cash Contribution	10,000
The Clinton S. Roberts Foundation	
Cash Contribution	20,000
Cash Contribution	5,200
Torrington Savings Foundation	
Cash Contribution	7,600
Harry & Carol Barnes Family	
ash Contribution	9,000
Lynn Lefreancois	
Stock Donation	
Main Street Community Foundation	
Cash Contribution	9,400
City of Bristol	
Cash Contribution	253,000
Amanda Hickey	
Cash Contribution	10,096
Total	\$ 537,745
Schedule A, Part III, Line 2(e)	
Description	Amount
Equine Assisted Therapy Other Program Income	\$ 97,040 1,018
Interest Dividends	989 182
CC Rewards	2,000

Total

101,229

SMR09 Shepard Meadows Equestrian Center,

32-0155596 FYE: 9/30/2023

Federal Statements

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Schedule A, Part III, Line 3(e)

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