Form **990**

Department of the Treasury
Internal Revenue Service

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

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning 10/01/23 , and ending 09/30/24

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: Shepard Meadows Equestrian Center, Inc.

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): 733 Hill Street

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: Bristol CT 06010

D Employer identification number: 32-0155596

E Telephone number: 860-314-0007

G Gross receipts $: 476,383

F Name and address of principal officer:
Pearl O'Rourke
733 Hill St
Bristol CT 06010

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

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

If "No," attach a list. See instructions.

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

J Website: www.shepardmeadows.org

H(c) Group exemption number:

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

L Year of formation:

M State of legal domicile: CT

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	9
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	12
6	Total number of volunteers (estimate if necessary)	50
7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	537,745	336,925
9	Program service revenue (Part VIII, line 2g)	98,058	91,000
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,171	662
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	53,508	30,845
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	690,482	459,432
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	208,925	261,107
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) 11,063		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	205,079	273,377
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	414,004	534,484
19	Revenue less expenses. Subtract line 18 from line 12	276,478	-75,052

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,216,162	2,152,726
21	Total liabilities (Part X, line 26)	487,808	469,398
22	Net assets or fund balances. Subtract line 21 from line 20	1,728,354	1,683,328

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: Pearl O'Rourke President — Date:

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Michael J. Samartino CPA	Michael J. Samartino CPA	01/16/25		P01260243

Firm's name: Adams Samartino & Company, PC — Firm's EIN: 06-1149587

Firm's address: 751 Farmington Ave, Bristol, CT 06010 — Phone no. 860-583-8675

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 475,365 including grants of $) (Revenue $ 92,055)

Provided equine assisted activities to persons with disabilities. Held two 8 week sessions for spring and fall and two four week sessions in the summer. Sessions comprise of activities, primarily therapeutic riding and caring for farm animals.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

N/A

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

N/A

4d Other program services (Describe on Schedule O.)

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

4e Total program service expenses 475,365

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete *Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete *Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete *Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete *Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete *Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete *Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete *Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete *Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete *Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete *Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete *Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete *Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete *Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete *Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete *Schedule D, Part X*	11f		X
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
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing *Schedule D, Parts XI and XII* is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete *Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? If "Yes," complete *Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete *Schedule F, Parts II and IV*	15		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	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete *Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete *Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete *Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete *Schedule I, Parts I and II*	21		X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a: 12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year. 7d:			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12. 10a:			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b:			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders. 11a:			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b:			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b:			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b:			
c	Enter the amount of reserves on hand. 13c:			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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

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

Section A. Governing Body and Management

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

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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

☐ Own website ☐ Another's website [X] Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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
Bristol CT 06010 860-314-0007

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.

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

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

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

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

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 0

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	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, and similar amounts not included above	1f	336,925				
	g Noncash contributions included in lines 1a-1f	1g	$				
	h Total. Add lines 1a–1f			336,925			
Program Service Revenue		Business Code					
	2a Equine Assisted Therapy	624100		91,000	91,000		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a–2f			91,000			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			662	662		
	4 Income from investment of tax-exempt bond proceeds						
	5 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)						
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory 7a						
	b Less: cost or other basis and sales exps. 7b						
	c Gain or (loss) 7c						
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18	8a	45,846				
	b Less: direct expenses	8b	16,951				
	c Net income or (loss) from fundraising events			28,895			28,895
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	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						
Miscellaneous Revenue		Business Code					
	11a CC Rewards			1,950	1,950		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a–11d			1,950			
	12 Total revenue. See instructions			459,432	93,612	0	28,895

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	238,307	238,307		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	910	910		
10 Payroll taxes	21,890	21,890		
11 Fees for services (nonemployees):				
a Management	1,312	1,312		
b Legal				
c Accounting	8,625		8,625	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	25	25		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	5,497		5,497	
12 Advertising and promotion	10,304			10,304
13 Office expenses	18,409		18,409	
14 Information technology	2,828		2,828	
15 Royalties				
16 Occupancy	7,478	7,478		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	11,938		11,938	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	79,837	79,837		
23 Insurance	13,053	12,401	326	326
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Equine Care & Feeding	89,189	89,189		
b Utilities	17,328	16,462	433	433
c Other Program Expenses	7,554	7,554		
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	534,484	475,365	48,056	11,063
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		59,327	1	59,442
	2	Savings and temporary cash investments		340,730	2	15,600
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,214,979			
	b	Less: accumulated depreciation	10b 460,933	1,789,510	10c	1,754,046
	11	Investments—publicly traded securities		26,595	11	323,638
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		2,216,162	16	2,152,726
Liabilities	17	Accounts payable and accrued expenses		14,096	17	10,100
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties		473,712	23	459,298
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		487,808	26	469,398
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		1,704,489	27	1,655,388
	28	Net assets with donor restrictions		23,865	28	27,940
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		1,728,354	32	1,683,328
	33	Total liabilities and net assets/fund balances		2,216,162	33	2,152,726

Part XI Reconciliation of Net Assets

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	459,432
2	Total expenses (must equal Part IX, column (A), line 25)	2	534,484
3	Revenue less expenses. Subtract line 2 from line 1	3	-75,052
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,728,354
5	Net unrealized gains (losses) on investments	5	16,693
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	13,333
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,683,328

Part 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.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis	2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization	Employer identification number
Shepard Meadows Equestrian Center, Inc.	32-0155596

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f)) — 14 %

15 Public support percentage from 2022 Schedule A, Part II, line 14 — 15 %

16a **33 1/3% support test — 2023.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support test — 2022.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test — 2023.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test — 2022.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	341,802	551,884	662,836	537,749	316,925	2,431,192
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	40,823	108,537	97,058	101,229	93,612	441,260
3 Gross receipts from activities that are not an unrelated trade or business under section 513	41,083	38,556	60,123	72,926	45,844	258,533
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	423,708	698,977	820,017	711,900	476,381	3,130,985
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						3,130,985

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6	423,708	698,977	820,017	711,900	476,381	3,130,985
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	423,708	698,977	820,017	711,900	476,381	3,130,985

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	100.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2023** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2022** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests — 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support tests — 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	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 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		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	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		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	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		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* **Part VI**.	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in* **Part VI** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (***see instructions***).*

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer lines 2a and 2b below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. ***Answer lines 3a and 3b below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* **Part VI**.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*	3b		

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

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

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

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

Section D – Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required—provide details in **Part VI**)	5	
6 Other distributions (describe in **Part VI**). See instructions.	6	
7 **Total annual distributions.** Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	8	
9 Distributable amount for 2023 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E – Distribution Allocations (see instructions)	(i) **Excess Distributions**	(ii) **Underdistributions Pre-2023**	(iii) **Distributable Amount for 2023**
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required–explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f **Total** of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions.			
7 **Excess distributions carryover to 2024.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization
Shepard Meadows Equestrian Center, Inc.

Employer identification number
32-0155596

Organization type (check one):

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

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

General Rule

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

Special Rules

[ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year ..... $ .....

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

Name of organization: Shepard Meadows Equestrian Center,

Employer identification number: 32-0155596

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 156,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 16,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 8,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 8,963	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 10,083	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: Shepard Meadows Equestrian Center,

Employer identification number: 32-0155596

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8		$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
Shepard Meadows Equestrian Center, Inc.

Employer identification number
32-0155596

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

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

		(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)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements

Complete if the organization answered "Yes" on 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 education)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of a historically important land area
- ☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included on line 2a	2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

a Revenue included on Form 990, Part VIII, line 1 $

b Assets included in Form 990, Part X $

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

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

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements

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

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

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

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

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

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

Part V Endowment Funds

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

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

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

- a Board designated or quasi-endowment ____ %
- b Permanent endowment ____ %
- c Term endowment ____ %

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

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

	Yes	No
(i) Unrelated organizations?	3a(i)	
(ii) Related organizations?	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		2,214,979	460,933	1,754,046
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B).)*				1,754,046

Part VII Investments – Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, line 12, col. (B))*		

Part VIII Investments – Program Related

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, line 13, col. (B))*		

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Part XIII Supplemental Information (continued)

SCHEDULE G (Form 990)

Department of the Treasury
Internal Revenue Service

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: Shepard Meadows Equestrian Center, Inc.

Employer identification number: 32-0155596

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund-raiser have custody or control of contributions? Yes	(iii) Did fund-raiser have custody or control of contributions? No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

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

		(a) Event #1 Farmyard Party (event type)	(b) Event #2 (event type)	(c) Other events None (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	42,974			42,974
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	42,974			42,974
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	12,916			12,916
	10 Direct expense summary. Add lines 4 through 9 in column (d)				12,916
	11 Net income summary. Subtract line 10 from line 3, column (d)				30,058

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

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

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain:

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a %
b	An outside facility	13b %

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

Name

Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

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

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

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation $

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

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

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

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization	Employer identification number
Shepard Meadows Equestrian Center, Inc.	32-0155596

Form 990 - Organization's Mission or Most Significant Activities

Provided Equine Assisted Services (EAS) for individuals with disabilities and others under three ubrellas: Horsemanship, Learning, and Therapy. Programs run year-round in cycles and include therapeutic horseback riding, horsemanship, equine-assisted learning and psychotherapy, veterans and youth at risk.

Form 990 - Organization's Mission

Provided Equine Assisted Services (EAS) for individuals with disabilities and others under three ubrellas: Horsemanship, Learning, and Therapy. Programs run year-round in cycles and include therapeutic horseback riding, horsemanship, equine-assisted learning and psychotherapy, 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 Disclosure Explanation

Available upon request to the public.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Book / Tax Depreciation Difference	$ 13,333

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

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

OMB No. 1545-0172

2023

Attachment Sequence No. **179**

Name(s) shown on return: Shepard Meadows Equestrian Center, Inc.

Identifying number: 32-0155596

Business or activity to which this form relates: Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	1,160,000
2	Total cost of section 179 property placed in service (see instructions)	2	17,290
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,890,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	1,160,000

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7		
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7		8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8		9	0
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562		10	38,241
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions		11	0
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11		12	0
13	Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	38,241	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	22,554
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	55,998
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	☐	

Section B—Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property		5,736	5.0	HY	200DB	1,147
c	7-year property						
d	10-year property						
e	15-year property		2,750	15.0	HY	150DB	138
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	79,837
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
5-year GDS Property:												
57	Generator	10/18/23	5,900			X	1,180	5	HY	200DB	0	4,956
59	Generator	1/31/24	3,390			X	1,356	5	HY	200DB	0	2,305
60	Horse - Doodle	2/25/24	8,000			X	3,200	5	HY	200DB	0	5,440
			17,290				5,736				0	12,701
15-year GDS Property:												
58	Swale for Arena Driveway	11/29/23	13,750			X	2,750	15	HY	150DB	0	11,138
			13,750				2,750				0	11,138
Prior MACRS:												
1	Arena Work	9/30/06	4,468				4,468	5	HY	200DB	4,468	0
2	Calvin	9/30/04	1,000			X	500	5	HY	200DB	1,000	0
3	Fencing, Arena, Paddocks	9/30/05	1,338				1,338	5	HY	200DB	1,338	0
4	Fencing, Arena, Paddocks	9/30/06	707				707	5	HY	200DB	707	0
5	Fencing, Arena, Paddocks	9/30/07	8,583				8,583	5	HY	200DB	8,583	0
6	Fencing, Arena, Paddocks	9/30/08	5,952			X	2,976	5	HY	200DB	5,952	0
7	Fencing, Arena, Paddocks	9/30/09	3,612			X	1,806	5	HY	200DB	3,612	0
8	Fencing, Arena, Paddocks	9/30/10	15,514			X	0	5	HY	200DB	15,514	0
9	Land Development	9/30/06	4,800				4,800	5	HY	200DB	4,800	0
10	Land Development	9/30/07	19,185				19,185	5	HY	200DB	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	5	HY	200DB	1,000	0
13	Frodo	9/30/08	1,000			X	500	5	HY	200DB	1,000	0
15	Computers from Ed & Mary Smith Fund	9/30/06	6,421				6,421	5	HY	200DB	6,421	0
16	Computers	9/30/07	828				828	5	HY	200DB	828	0
17	Rod	9/30/11	1,000			X	0	5	HY	200DB	1,000	0
18	Daphne	9/30/12	1,000			X	500	5	HY	200DB	1,000	0
19	Moses	9/30/15	1,000				1,000	5	MQ	200DB	1,000	0
20	Summer	9/30/15	1,000				1,000	5	MQ	200DB	1,000	0
21	Telephone System	9/30/07	6,385				6,385	10	HY	200DB	6,385	0
22	Tractor, Cab & Plow	9/30/09	3,200			X	1,600	15	HY	150DB	3,088	112
23	Tractor, Cab & Plow	9/30/11	3,873			X	660	15	HY	150DB	3,213	264
24	Tractor, Cab & Plow	9/30/07	26,821				26,821	15	HY	150DB	26,821	0
25	Equipment & Furnishings	9/30/07	488				488	5	HY	200DB	488	0
26	Accessible Restroom	9/30/06	3,000				3,000	20	HY	150DB	2,609	156
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	5,250	0
29	Equine Buildings - Stable	9/30/10	2,589			X	270	15	HY	150DB	2,319	180
30	Equine Buildings - Stable	9/30/11	6,617			X	1,128	15	HY	150DB	5,489	451
31	Non-Equine Buildings	9/30/07	55,026				55,026	20	HY	150DB	45,011	2,862
32	Non-Equine Buildings	9/30/09	7,478			X	3,739	20	HY	150DB	5,367	383
33	Non-Equine Buildings	9/30/08	2,245			X	1,122	20	HY	150DB	1,722	116
34	Non-Equine Buildings	9/30/10	2,142			X	705	20	HY	150DB	1,437	108
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	10	HY	200DB	7,600	0
37	Carpenter Stalls	9/30/15	30,103				30,103	10	MQ	200DB	26,404	1,973
38	DECD/ADA Porch Project	9/30/15	96,355				96,355	20	MQ	150DB	45,344	4,296
39	DECD/ADA Porch Project (New Expenses)	9/30/15	19,078				19,078	20	MQ	150DB	8,978	850
40	Cheyenne	4/23/17	1,600			X	800	5	HY	200DB	1,600	0
41	New Building	3/01/17	429,462				429,462	39	MM	S/L	72,036	11,012
42	Automatic waterers	8/19/19	3,147			X	0	10	HY	200DB	3,147	0
43	Fire Alarms System	2/21/19	3,650				3,650	39	MM	S/L	433	93
44	Horse - Kentucky	4/04/19	2,800			X	0	7	HY	200DB	2,800	0
45	Equine Building - Sheds	4/04/19	8,071			X	0	15	HY	150DB	8,071	0
46	Fencing	5/01/19	6,575			X	0	15	HY	150DB	6,575	0
47	Footing for Arena	3/02/20	12,700			X	0	15	HY	S/L	12,700	0
48	Kubato	4/30/21	23,500		X	X	0	5	HY	200DB	23,500	0
49	Security System	10/30/20	7,950		X	X	0	5	HY	200DB	7,950	0
50	Exterior Lighting	3/25/21	31,740			X	0	15	HY	150DB	31,740	0
51	Sidings of Arena	1/13/21	132,500				132,500	39	MM	S/L	9,201	3,398
52	Titan Max Mower	9/26/22	6,791		X	X	0	5	HY	200DB	6,791	0
53	Hot Water Heater	3/31/22	4,371				4,371	39	MM	S/L	173	112
54	Sheds (2) - Non structural	2/15/23	19,760			X	3,952	7	HY	200DB	16,373	967
55	Riding Ring	5/25/23	40,128				40,128	39	MM	S/L	386	1,029
56	Barn	5/01/23	1,077,786				1,077,786	39	MM	S/L	10,363	27,636

Asset	Description	Date In Service	Cost	Bus %	Sec 179/Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
			2,183,979			2,010,747				504,522	55,998
	Grand Totals		2,214,979			2,019,233				504,522	79,837
	Less: Dispositions and Transfers		0			0				0	0
	Less: Start-up/Org Expense		0			0				0	0
	Net Grand Totals		2,214,979			2,019,233				504,522	79,837

CT Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	CT Prior	CT Current	Federal Current	Difference Fed - CT
5-year GDS Property:								
57	Generator	10/18/23	5,900	1,180	0	4,956	4,956	0
59	Generator	1/31/24	3,390	1,356	0	2,305	2,305	0
60	Horse - Doodle	2/25/24	8,000	3,200	0	5,440	5,440	0
			17,290	5,736	0	12,701	12,701	0
15-year GDS Property:								
58	Swale for Arena Driveway	11/29/23	13,750	2,750	0	11,138	11,138	0
			13,750	2,750	0	11,138	11,138	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	Fencing, Arena, Paddocks	9/30/05	1,338	1,338	1,338	0	0	0
4	Fencing, Arena, Paddocks	9/30/06	707	707	707	0	0	0
5	Fencing, Arena, Paddocks	9/30/07	8,583	8,583	8,583	0	0	0
6	Fencing, Arena, Paddocks	9/30/08	5,952	2,976	5,952	0	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	0	15,514	0	0	0
9	Land Development	9/30/06	4,800	4,800	4,800	0	0	0
10	Land Development	9/30/07	19,185	19,185	19,185	0	0	0
11	Land Development	9/30/09	10,337	5,168	10,337	0	0	0
12	Lola	9/30/07	1,000	1,000	1,000	0	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	Computers	9/30/07	828	828	828	0	0	0
17	Rod	9/30/11	1,000	0	1,000	0	0	0
18	Daphne	9/30/12	1,000	500	1,000	0	0	0
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	Telephone System	9/30/07	6,385	6,385	6,385	0	0	0
22	Tractor, Cab & Plow	9/30/09	3,200	1,600	3,153	47	112	65
23	Tractor, Cab & Plow	9/30/11	3,873	0	3,873	0	264	264
24	Tractor, Cab & Plow	9/30/07	26,821	26,821	26,821	0	0	0
25	Equipment & Furnishings	9/30/07	488	488	488	0	0	0
26	Accessible Restroom	9/30/06	3,000	3,000	2,665	134	156	22
27	Equine Buildings - Stable	9/30/07	1,327	1,327	1,327	0	0	0
28	Equine Buildings - Stable	9/30/08	5,250	2,625	5,250	0	0	0
29	Equine Buildings - Stable	9/30/10	2,589	0	2,589	0	180	180
30	Equine Buildings - Stable	9/30/11	6,617	0	6,617	0	451	451
31	Non-Equine Buildings	9/30/07	55,026	55,026	46,434	2,455	2,862	407
32	Non-Equine Buildings	9/30/09	7,478	3,739	6,561	166	383	217
33	Non-Equine Buildings	9/30/08	2,245	1,122	2,020	50	116	66
34	Non-Equine Buildings	9/30/10	2,142	0	2,142	0	108	108
35	Run-in Shed	9/30/06	3,086	3,086	3,086	0	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	26,404	1,973	1,973	0
38	DECD/ADA Porch Project	9/30/15	96,355	96,355	45,344	4,296	4,296	0
39	DECD/ADA Porch Project (New Expenses)	9/30/15	19,078	19,078	8,978	850	850	0
40	Cheyenne	4/23/17	1,600	800	1,600	0	0	0
41	New Building	3/01/17	429,462	429,462	72,036	11,012	11,012	0
42	Automatic waterers	8/19/19	3,147	0	3,147	0	0	0
43	Fire Alarms System	2/21/19	3,650	0	3,650	0	93	93
44	Horse - Kentucky	4/04/19	2,800	0	2,800	0	0	0
45	Equine Building - Sheds	4/04/19	8,071	0	8,071	0	0	0
46	Fencing	5/01/19	6,575	0	6,575	0	0	0
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	Security System	10/30/20	7,950	0	7,950	0	0	0
50	Exterior Lighting	3/25/21	31,740	0	31,740	0	0	0
51	Sidings of Arena	1/13/21	132,500	132,500	9,201	3,398	3,398	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	173	112	112	0
54	Sheds (2) - Non structural	2/15/23	19,760	3,952	16,373	967	967	0
55	Riding Ring	5/25/23	40,128	40,128	386	1,029	1,029	0
56	Barn	5/01/23	1,077,786	1,077,786	10,363	27,636	27,636	0

CT Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	CT Prior	CT Current	Federal Current	Difference Fed - CT
			2,183,959	2,004,334	513,538	54,125	55,998	1,873
	Grand Totals		2,214,979	2,012,820	513,538	77,964	79,837	1,873
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		2,214,979	2,012,820	513,538	77,964	79,837	1,873

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
5-year GDS Property:												
57	Generator	10/18/23	5,900			X	1,180	5	HY	200DB	0	4,956
59	Generator	1/31/24	3,390			X	1,356	5	HY	200DB	0	2,305
60	Horse - Doodle	2/25/24	8,000			X	3,200	5	HY	200DB	0	5,440
			17,290				5,736				0	12,701
15-year GDS Property:												
58	Swale for Arena Driveway	11/29/23	13,750			X	2,750	15	HY	150DB	0	11,138
			13,750				2,750				0	11,138
Prior MACRS:												
1	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	HY	200DB	1,000	0
3	Fencing, Arena, Paddocks	9/30/05	1,338				1,338	5	HY	150DB	1,338	0
4	Fencing, Arena, Paddocks	9/30/06	707				707	5	HY	150DB	707	0
5	Fencing, Arena, Paddocks	9/30/07	8,583				8,583	5	HY	150DB	8,583	0
6	Fencing, Arena, Paddocks	9/30/08	5,952			X	2,976	5	HY	200DB	5,952	0
7	Fencing, Arena, Paddocks	9/30/09	3,612			X	1,806	5	HY	200DB	3,612	0
8	Fencing, Arena, Paddocks	9/30/10	15,514			X	0	5	HY	200DB	15,514	0
9	Land Development	9/30/06	4,800				4,800	5	HY	150DB	4,800	0
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	5	HY	150DB	1,000	0
13	Frodo	9/30/08	1,000			X	500	5	HY	200DB	1,000	0
15	Computers from Ed & Mary Smith Fund	9/30/06	6,421				6,421	5	HY	150DB	6,421	0
16	Computers	9/30/07	828				828	5	HY	150DB	828	0
17	Rod	9/30/11	1,000			X	0	5	HY	200DB	1,000	0
18	Daphne	9/30/12	1,000			X	500	5	HY	200DB	1,000	0
19	Moses	9/30/15	1,000				1,000	5	MQ	150DB	1,000	0
20	Summer	9/30/15	1,000				1,000	5	MQ	150DB	1,000	0
21	Telephone System	9/30/07	6,385				6,385	10	HY	150DB	6,385	0
22	Tractor, Cab & Plow	9/30/09	3,200			X	1,600	15	HY	150DB	3,153	47
23	Tractor, Cab & Plow	9/30/11	3,873			X	0	15	HY	150DB	3,873	0
24	Tractor, Cab & Plow	9/30/07	26,821				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	20	HY	150DB	2,665	134
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	5,250	0
29	Equine Buildings - Stable	9/30/10	2,589			X	0	15	HY	150DB	2,589	0
30	Equine Buildings - Stable	9/30/11	6,617			X	0	15	HY	150DB	6,617	0
31	Non-Equine Buildings	9/30/07	55,026				55,026	20	HY	150DB	46,434	2,455
32	Non-Equine Buildings	9/30/09	7,478			X	3,739	20	HY	150DB	6,561	166
33	Non-Equine Buildings	9/30/08	2,245			X	1,122	20	HY	150DB	2,020	50
34	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	10	HY	150DB	3,086	0
36	Run-in Shed	9/30/08	7,600			X	3,800	10	HY	200DB	7,600	0
37	Carpenter Stalls	9/30/15	30,103				30,103	10	MQ	150DB	25,182	2,625
38	DECD/ADA Porch Project	9/30/15	96,355				96,355	20	MQ	150DB	45,344	4,296
39	DECD/ADA Porch Project (New Expenses)	9/30/15	19,078				19,078	20	MQ	150DB	8,978	850
40	Cheyenne	4/23/17	1,600			X	800	5	HY	200DB	1,600	0
41	New Building	3/01/17	429,462				429,462	39	MM	S/L	72,036	11,012
42	Automatic waterers	8/19/19	3,147			X	0	10	HY	200DB	3,147	0
43	Fire Alarms System	2/21/19	3,650				3,650	39	MM	S/L	433	93
44	Horse - Kentucky	4/04/19	2,800			X	0	7	HY	200DB	2,800	0
45	Equine Building - Sheds	4/04/19	8,071			X	0	15	HY	150DB	8,071	0
46	Fencing	5/01/19	6,575			X	0	15	HY	150DB	6,575	0
47	Footing for Arena	3/02/20	12,700			X	0	15	HY	S/L	12,700	0
48	Kubato	4/30/21	23,500		X	X	0	5	HY	200DB	23,500	0
49	Security System	10/30/20	7,950		X	X	0	5	HY	200DB	7,950	0
50	Exterior Lighting	3/25/21	31,740			X	0	15	HY	150DB	31,740	0
51	Sidings of Arena	1/13/21	132,500				132,500	39	MM	S/L	9,201	3,398
52	Titan Max Mower	9/26/22	6,791		X	X	0	5	HY	200DB	6,791	0
53	Hot Water Heater	3/31/22	4,371				4,371	39	MM	S/L	173	112
54	Sheds (2) - Non structural	2/15/23	19,760			X	3,952	7	HY	200DB	16,373	967
55	Riding Ring	5/25/23	40,128				40,128	39	MM	S/L	386	1,029
56	Barn	5/01/23	1,077,786				1,077,786	39	MM	S/L	10,363	27,636

AMT Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
			2,183,939				2,007,984				509,099	54,870
	Grand Totals		2,214,979				2,016,470				509,099	78,709
	Less: Dispositions and Transfers		0				0				0	0
	Net Grand Totals		2,214,979				2,016,470				509,099	78,709

Bonus Depreciation Report
Form 990, Page 1

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		0	0	500	500
6	Fencing, Arena, Paddocks	9/30/08	5,952		0	0	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	3,213	660
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	2,319	270
30	Equine Buildings - Stable	9/30/11	6,617		0	0	5,489	1,128
32	Non-Equine Buildings	9/30/09	7,478		0	0	3,739	3,739
33	Non-Equine Buildings	9/30/08	2,245		0	0	1,123	1,122
34	Non-Equine Buildings	9/30/10	2,142		0	0	1,437	705
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	Kubuto	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	0	15,808	3,952
57	Generator	10/18/23	5,900		0	4,720	0	1,180
58	Swale for Arena Driveway	11/29/23	13,750		0	11,000	0	2,750
59	Generator	1/31/24	3,390		0	2,034	0	1,356
60	Horse - Doodle	2/25/24	8,000		0	4,800	0	3,200
	Grand Total		239,733		0	22,554	134,951	43,987

Depreciation Adjustment Report
All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACRS Adjustments:						
Page 1	1	1	Arena Work	0	0	0
Page 1	1	2	Calvin	0	0	0
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	Land Development	0	0	0
Page 1	1	10	Land Development	0	0	0
Page 1	1	11	Land Development	0	0	0
Page 1	1	12	Lola	0	0	0
Page 1	1	13	Frodo	0	0	0
Page 1	1	15	Computers from Ed & Mary Smith Fund	0	0	0
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	Misses	0	0	0
Page 1	1	20	Summer	0	0	0
Page 1	1	21	Telephone System	0	0	0
Page 1	1	22	Tractor, Cab & Plow	112	47	65
Page 1	1	23	Tractor, Cab & Plow	264	0	264
Page 1	1	24	Tractor, Cab & Plow	0	0	0
Page 1	1	25	Equipment & Furnishings	0	0	0
Page 1	1	26	Accessible Restroom	156	134	22
Page 1	1	27	Equine Buildings - Stable	0	0	0
Page 1	1	28	Equine Buildings - Stable	0	0	0
Page 1	1	29	Equine Buildings - Stable	180	0	180
Page 1	1	30	Equine Buildings - Stable	451	0	451
Page 1	1	31	Non-Equine Buildings	2,862	2,455	407
Page 1	1	32	Non-Equine Buildings	383	166	217
Page 1	1	33	Non-Equine Buildings	116	50	66
Page 1	1	34	Non-Equine Buildings	108	0	108
Page 1	1	35	Run-in Shed	0	0	0
Page 1	1	36	Run-in Shed	0	0	0
Page 1	1	37	Carpenter Stalls	1,973	2,625	-652
Page 1	1	38	DECD/ADA Porch Project	4,296	4,296	0
Page 1	1	39	DECD/ADA Porch Project (New Expenses)	850	850	0
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	93	93	0
Page 1	1	44	Horse - Kentucky	0	0	0
Page 1	1	45	Equine Building - Sheds	0	0	0
Page 1	1	46	Fencing	0	0	0
Page 1	1	47	Footing for Arena	0	0	0
Page 1	1	48	Kabuto	0	0	0
Page 1	1	49	Security System	0	0	0
Page 1	1	50	Exterior Lighting	0	0	0
Page 1	1	51	Sidings of Arena	3,398	3,398	0
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	967	967	0
Page 1	1	55	Riding Ring	1,029	1,029	0
Page 1	1	56	Barn	27,636	27,636	0
Page 1	1	57	Generator	4,956	4,956	0
Page 1	1	58	Swale for Arena Driveway	11,138	11,138	0
Page 1	1	59	Generator	2,305	2,305	0
Page 1	1	60	Horse - Doodle	5,440	5,440	0
				79,837	78,709	1,128

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
1	Arena Work	9/30/06	4,468	0	0
2	Calvin	9/30/04	1,000	0	0
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	Fencing, Arena, Paddocks	9/30/08	5,952	0	0
7	Fencing, Arena, Paddocks	9/30/09	3,612	0	0
8	Fencing, Arena, Paddocks	9/30/10	15,514	0	0
9	Land Development	9/30/06	4,800	0	0
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	Frodo	9/30/08	1,000	0	0
15	Computers from Ed & Mary Smith Fund	9/30/06	6,421	0	0
16	Computers	9/30/07	828	0	0
17	Red	9/30/11	1,000	0	0
18	Daphne	9/30/12	1,000	0	0
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	Tractor, Cab & Plow	9/30/09	3,200	0	0
23	Tractor, Cab & Plow	9/30/11	3,873	264	0
24	Tractor, Cab & Plow	9/30/07	26,821	0	0
25	Equipment & Furnishings	9/30/07	488	0	0
26	Accessible Restroom	9/30/06	3,000	157	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	90	0
30	Equine Buildings - Stable	9/30/11	6,617	451	0
31	Non-Equine Buildings	9/30/07	55,026	2,861	2,455
32	Non-Equine Buildings	9/30/09	7,478	384	167
33	Non-Equine Buildings	9/30/08	2,245	116	50
34	Non-Equine Buildings	9/30/10	2,142	109	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	1,726	2,296
38	DECD/ADA Porch Project	9/30/15	96,355	4,295	4,295
39	DECD/ADA Porch Project (New Expenses)	9/30/15	19,078	851	851
40	Cheyenne	4/23/17	1,600	0	0
41	New Building	3/01/17	429,462	11,011	11,011
42	Automatic waterers	8/19/19	3,147	0	0
43	Fire Alarms System	2/21/19	3,650	94	94
44	Horse - Kentucky	4/04/19	2,800	0	0
45	Equine Building - Sheds	4/04/19	8,071	0	0
46	Fencing	5/01/19	6,575	0	0
47	Footing for Arena	3/02/20	12,700	0	0
48	Kabuto	4/30/21	23,500	0	0
49	Security System	10/30/20	7,950	0	0
50	Exterior Lighting	3/25/21	31,740	0	0
51	Sidings of Arena	1/13/21	132,500	3,397	3,397
52	Titan Max Mower	9/26/22	6,791	0	0
53	Hot Water Heater	3/31/22	4,371	112	112
54	Sheds (2) - Non structural	2/15/23	19,760	692	692
55	Riding Ring	5/25/23	40,128	1,029	1,029
56	Barn	5/01/23	1,077,786	27,635	27,635
57	Generator	10/18/23	5,900	378	378
58	Swale for Arena Driveway	11/29/23	13,750	261	261
59	Generator	1/31/24	3,390	434	434
60	Horse - Doodle	2/25/24	8,000	1,024	1,024
			2,214,979	57,371	56,315
	Grand Totals		2,214,979	57,371	56,315

Asset	Description	Date In Service	Cost	CT
Prior MACRS:				
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	Fencing, Arena, Paddocks	9/30/06	707	0
5	Fencing, Arena, Paddocks	9/30/07	8,583	0
6	Fencing, Arena, Paddocks	9/30/08	5,952	0
7	Fencing, Arena, Paddocks	9/30/09	3,612	0
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	Lola	9/30/07	1,000	0
13	Frodo	9/30/08	1,000	0
15	Computers from Ed & Mary Smith Fund	9/30/06	6,421	0
16	Computers	9/30/07	828	0
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	Telephone System	9/30/07	6,385	0
22	Tractor, Cab & Plow	9/30/09	3,200	0
23	Tractor, Cab & Plow	9/30/11	3,873	0
24	Tractor, Cab & Plow	9/30/07	26,821	0
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	Equine Buildings - Stable	9/30/10	2,589	0
30	Equine Buildings - Stable	9/30/11	6,617	0
31	Non-Equine Buildings	9/30/07	55,026	2,455
32	Non-Equine Buildings	9/30/09	7,478	167
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	Carpenter Stalls	9/30/15	30,103	1,726
38	DECD/ADA Porch Project	9/30/15	96,355	4,295
39	DECD/ADA Porch Project (New Expenses)	9/30/15	19,078	851
40	Cheyenne	4/23/17	1,600	0
41	New Building	3/01/17	429,462	11,011
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	Fencing	5/01/19	6,575	0
47	Footing for Arena	3/02/20	12,700	0
48	Kabuto	4/30/21	23,500	0
49	Security System	10/30/20	7,950	0
50	Exterior Lighting	3/25/21	31,740	0
51	Sidings of Arena	1/13/21	132,500	3,397
52	Titan Max Mower	9/26/22	6,791	0
53	Hot Water Heater	3/31/22	4,371	112
54	Sheds (2) - Non structural	2/15/23	19,760	692
55	Riding Ring	5/25/23	40,128	1,029
56	Barn	5/01/23	1,077,786	27,635
57	Generator	10/18/23	5,900	378
58	Swale for Arena Driveway	11/29/23	13,750	261
59	Generator	1/31/24	3,390	434
60	Horse - Doodle	2/25/24	8,000	1,024
			2,214,979	55,651
	Grand Totals		2,214,979	55,651

Form **990**	**Event Income and Deduction Worksheet**	**2023**
	Description Farmyard Party	

Name	Taxpayer Identification Number
Shepard Meadows Equestrian Center,	32-0155596

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	42,974
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. **Total revenue.** Add lines 1 through 6	7.	42,974
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	12,916
15. **Total expenses.** Add lines 8 through 14	15.	12,916
16. **Net Income/Loss.** Line 7 minus Line 15	16.	30,058

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code _____ Seq # _____

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
Total Exempt Activity Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	12,916
Total Fundraising Expense	12,916

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Form 990	Event Income and Deduction Worksheet Description Merchandise Sale	2023

Name: Shepard Meadows Equestrian Center,

Taxpayer Identification Number: 32-0155596

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	876
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. **Total revenue.** Add lines 1 through 6	7.	876
8. Cost of Goods Sold	8.	3,499
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	
15. **Total expenses.** Add lines 8 through 14	15.	3,499
16. **Net Income/Loss.** Line 7 minus Line 15	16.	-2,623

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	3,499
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	3,499

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code _____ Seq # _____

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
Total Exempt Activity Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	
Total Fundraising Expense	

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Form **990**	**Event Income and Deduction Worksheet**	**2023**
	Description Pie Sale	

Name	Taxpayer Identification Number
Shepard Meadows Equestrian Center,	32-0155596

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	626
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. **Total revenue.** Add lines 1 through 6	7.	626
8. Cost of Goods Sold	8.	536
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	
15. **Total expenses.** Add lines 8 through 14	15.	536
16. **Net Income/Loss.** Line 7 minus Line 15	16.	90

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	536
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	536

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code _____ Seq # _____

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
Total Exempt Activity Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	
Total Fundraising Expense	

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Form **990**	**Event Income and Deduction Worksheet** Description Traveler Golf	**2023**

Name: Shepard Meadows Equestrian Center,

Taxpayer Identification Number: 32-0155596

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. **Total revenue.** Add lines 1 through 6	7.	
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	
15. **Total expenses.** Add lines 8 through 14	15.	
16. **Net Income/Loss.** Line 7 minus Line 15	16.	

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code _____ Seq # _____

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for 501(c)(7)/(9)/(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
Total Exempt Activity Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	
Total Fundraising Expense	

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Form **990**	**Event Income and Deduction Worksheet**	**2023**
	Description Dressa Down	

Name	Taxpayer Identification Number
Shepard Meadows Equestrian Center,	32-0155596

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	1,370
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. **Total revenue.** Add lines 1 through 6	7.	1,370
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	
15. **Total expenses.** Add lines 8 through 14	15.	
16. **Net Income/Loss.** Line 7 minus Line 15	16.	1,370

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code _____ Seq # _____

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
Total Exempt Activity Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	
Total Fundraising Expense	

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Form **990**

Two Year Comparison Report

For calendar year 2023, or tax year beginning 10/01/23 , ending 09/30/24

2022 & 2023

Name: Shepard Meadows Equestrian Center, Inc.

Taxpayer Identification Number: 32-0155596

			2022	2023	Differences
Revenue	1. Contributions, gifts, grants	1.	537,745	336,925	-200,820
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.			
	4. Program service revenue	4.	98,058	91,000	-7,058
	5. Investment income	5.	1,171	662	-509
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.			
	8. Net income or (loss) from fundraising events	8.	51,508	28,895	-22,613
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.	2,000	1,950	-50
	12. **Total revenue.** Add lines 1 through 11	12.	690,482	459,432	-231,050
Expenses	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.			
	16. Salaries, other compensation, and employee benefits	16.	208,925	261,107	52,182
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	16,782	15,459	-1,323
	19. Occupancy, rent, utilities, and maintenance	19.	8,106	7,478	-628
	20. Depreciation and Depletion	20.	53,791	79,837	26,046
	21. Other expenses	21.	126,400	170,603	44,203
	22. **Total expenses.** Add lines 13 through 21	22.	414,004	534,484	120,480
	23. **Excess or (Deficit).** Subtract line 22 from line 12	23.	276,478	-75,052	-351,530
Other Information	24. Total exempt revenue	24.	690,482	459,432	-231,050
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	152,737	122,507	-30,230
	27. Total assets	27.	2,216,162	2,152,726	-63,436
	28. Total liabilities	28.	487,808	469,398	-18,410
	29. Retained earnings	29.	1,728,354	1,683,328	-45,026
	30. Number of voting members of governing body	30.	10	9	
	31. Number of independent voting members of governing body	31.	10	9	
	32. Number of employees	32.	11	12	
	33. Number of volunteers	33.	50	50	

Form **990**	**Tax Return History**	**2023**

Name	Employer Identification Number
Shepard Meadows Equestrian Center, Inc.	32-0155596

	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants	341,802	551,884	662,836	537,745	336,925	
Membership dues						
Program service revenue	40,740	108,352	96,342	98,058	91,000	
Capital gain or loss						
Investment income	81	185	717	1,171	662	
Fundraising revenue (income/loss)	25,200	19,833	45,104	51,508	28,895	
Gaming revenue (income/loss)						
Other revenue				2,000	1,950	
Total revenue	407,825	680,254	804,999	690,482	459,432	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation	157,278	186,287	181,345	208,925	261,107	
Professional fees	9,086	18,986	13,099	16,782	15,459	
Occupancy costs	12,875	12,255	18,220	8,106	7,478	
Depreciation and depletion	39,891	91,695	34,861	53,791	79,837	
Other expenses	94,402	96,275	122,643	126,400	170,603	
Total expenses	313,532	405,498	370,168	414,004	534,484	
Excess or (Deficit)	94,293	274,756	434,831	276,478	-75,052	
Total exempt revenue	407,825	680,254	804,999	690,482	459,432	
Total unrelated revenue						
Total excludable revenue	66,023	128,370	142,163	152,737	122,507	
Total Assets	839,142	1,515,833	1,946,617	2,216,162	2,152,726	
Total Liabilities	190,761	504,382	500,227	487,808	469,398	
Net Fund Balances	648,381	1,011,451	1,446,390	1,728,354	1,683,328	

Federal Statements

Taxable Interest on Investments

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs ($ or %)
Interest						
	$ 372			CT		
Total	$ 372					

Taxable Dividends from Securities

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs ($ or %)
Dividends						
	$ 290					
Total	$ 290					

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
	$ 5,497	$	$ 5,497	$
Total	$ 5,497	$ 0	$ 5,497	$ 0

Schedule A, Part III, Line 1(e)

Description	Amount
Other Contributions	$ 122,879
Robert Rosenheim Foundation	
Cash Contribution	156,000
Barnes Group Foundation	
Cash Contribution	16,000
Connecticut Care	
Cash Contribution	5,000
Harry & Carol Barnes Family	
Cash Contribution	8,000
Amanda Malkowski	
Cash Contribution	8,963
Amanda Nickey	
Cash Contribution	10,083
Christine DeFilippo	
Cash Contribution	5,000
WR Berkley Corporation Charitable	
Cash Contribution	5,000
Total	$ 336,925

Schedule A, Part III, Line 2(e)

Description	Amount
Equine Assisted Therapy	$ 91,000
Interest	372
Dividends	290
CC Rewards	1,950
Total	$ 93,612

Federal Statements

Schedule A, Part III, Line 3(e)

Description	Amount
Farmyard Party	$ 42,974
Merchandise Sale	876
Pie Sale	626
Traveler Golf	
Dress Down	1,370
Total	$ 45,846