## Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2014

OMB No. 1545-1150

Open to Public Inspection

Form **990-EZ** (2014)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A F	or the	2014 calend	ar year, or tax year beginning 01/01 , 2014, a	nd ending		12/31	, 20 14
В	Check if a	pplicable:	C Name of organization		D Emple	oyer identifi	cation number
	Address o	change		01-0670216			
	Name cha	ange	E Telephone number				
=	Initial retu		PO Box 598			352-52	8-3445
=	Final retui Amended	rn/terminated	City or town, state or province, country, and ZIP or foreign postal code		<b>F</b> Grou	p Exempti	on
=		on pending	Williston, FL, 32696			ber ▶	
_		ting Method:	✓ Cash	н	Check D	▶ ✓ if the	organization is not
	Vebsite	•					Schedule B
JΤ	ax-exer	mpt status (che	eck only one) — ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or		(Form 99	90, 990-EZ	, or 990-PF).
			✓ Corporation ☐ Trust ☐ Association ☐ Other				
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or m	ore, or if tota	al assets		
(Pa	rt II, col	lumn (B) belov	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ			<b>▶</b> \$	28,552
Р	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balance	es (see the	instruc	tions for	
			the organization used Schedule O to respond to any question in	•			•
	1		ons, gifts, grants, and similar amounts received			1	27,832
	2		ervice revenue including government fees and contracts			2	720
	3	-	ip dues and assessments			3	0
	4	Investmen	•			4	0
	5a		unt from sale of assets other than inventory   5a		0		
	b		or other basis and sales expenses		0		
	C		ss) from sale of assets other than inventory (Subtract line 5b from line)	ne 5a)		5c	0
	6		d fundraising events	,			
	a	_	ome from gaming (attach Schedule G if greater than				
Пe	_				o		
Revenue	b	Gross inco		contribution			
ě			aising events reported on line 1) (attach Schedule G if the				
ш			h gross income and contributions exceeds \$15,000)   6b		o		
	С	Less: direc	t expenses from gaming and fundraising events 6c		0		
	d		e or (loss) from gaming and fundraising events (add lines 6a and	6b and su	btract		
					[	6d	0
	7a	Gross sale	s of inventory, less returns and allowances   7a		o		
	b		of goods sold		0		
	С		it or (loss) from sales of inventory (Subtract line 7b from line 7a) .			7c	0
	8		nue (describe in Schedule O)			8	0
	9	Total reve	<b>nue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		. ▶	9	28,552
	10		I similar amounts paid (list in Schedule O)			10	0
	11		aid to or for members			11	0
S	12		ther compensation, and employee benefits			12	0
Expenses	13		al fees and other payments to independent contractors			13	900
bei	14		/, rent, utilities, and maintenance			14	372
Ä	15		ublications, postage, and shipping			15	0
	16		enses (describe in Schedule O) .See Schedule O, Statement 1			16	17,880
	17		enses. Add lines 10 through 16			17	19,152
	18		deficit) for the year (Subtract line 17 from line 9)			18	9,400
ets	19		or fund balances at beginning of year (from line 27, column (A))				2,100
Net Assets			r figure reported on prior year's return)			19	9,202
ìt ⊿	20		iges in net assets or fund balances (explain in Schedule O)		۱	20	0
ž	21		or fund halances at end of year. Combine lines 18 through 20		<u> </u>	21	19 602

Form 990-EZ (2014)

Page 2

Part III Ralance Sheets (see the instructions for Part II)

ıa	Balance Sneets (see the instructions to	,		D		
	Check if the organization used Schedule	O to respond to ar	y question in this	Part II	•	(B) End of year
22	Cook sovings and investments		_	., , ,	22	
22 23	Cash, savings, and investments			3,934 2,500		
24	Other assets (describe in Schedule O)			2,768	_	
25	Total assets			9,202	_	
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column			9,202	_	
Par	t III Statement of Program Service Accom	· / •				
	Check if the organization used Schedule	•		•		Expenses
Wha	t is the organization's primary exempt purpose?	Provide therapeutic	riding to disabled in	dividuals.		equired for section 1(c)(3) and 501(c)(4)
Desc	cribe the organization's program service accomplis	shments for each of	its three largest p	rogram services.		ganizations; optional for
as n	neasured by expenses. In a clear and concise m	anner, describe the			oth	ners.)
	ons benefited, and other relevant information for ea					
28	2014 was a productive year we increased the riders it	by 14 and were able t	o take 10 riders to Sp	oecial		
	Olympics					
	· · · · · · · · · · · · · · · · · · ·	includes foreign gra			28	a 0
29						
	(Curanta (th. 1971)	in all relations for the same and			00	
30	(Grants \$ ) If this amount				29	a
30						
	(Grants \$ ) If this amount	includes foreign gra	nts check here	▶ □	30	a
31	Other program services (describe in Schedule O)					<u> </u>
٠.	(Grants \$ 0) If this amount	includes foreign gra	nts. check here .	<u> ▶ □</u>	31	a 0
32			,	· · · · —		
O_	Total program service expenses (add lines 28a t	hrough 31a)		🕨	32	2 0
Par	Total program service expenses (add lines 28a t				_	-
	Total program service expenses (add lines 28a t	Employees (list each	one even if not com	oensated—see the in	_	-
	Total program service expenses (add lines 28a t t IV List of Officers, Directors, Trustees, and Key	Employees (list each	one even if not com ny question in this (c) Reportable	pensated—see the in Part IV (d) Health benefits,	nstru	uctions for Part IV)
	Total program service expenses (add lines 28a t t IV List of Officers, Directors, Trustees, and Key	O to respond to ar  (b) Average hours per week	one even if not comp ny question in this	pensated—see the in Part IV	nstru	uctions for Part IV)
	Total program service expenses (add lines 28a t t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	Employees (list each O to respond to ar (b) Average	one even if not compay question in this  (c) Reportable compensation	pensated—see the in Part IV	nstru · ree (e	uctions for Part IV)
Par	Total program service expenses (add lines 28a t t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	O to respond to ar  (b) Average hours per week	one even if not comply question in this  (c) Reportable compensation  (Forms W-2/1099-MISC)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstru · ree (e	uctions for Part IV)
Par	Total program service expenses (add lines 28a to tall to tall to tall tall to tall tall	O to respond to ar  (b) Average hours per week devoted to position	one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstru ree (e	e) Estimated amount of other compensation
Robe Vice	Total program service expenses (add lines 28a to total program service expenses (add lines 28a to total program service expenses (add lines 28a to total program service expenses (add lines 28a total program	O to respond to ar  (b) Average hours per week devoted to position	one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	nstru ree (e	e) Estimated amount of other compensation
Robe Vice Sand	Total program service expenses (add lines 28a to the IV)  List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  ert H Schoepf  President	Cemployees (list each O to respond to ar (b) Average hours per week devoted to position	one even if not comply question in this  (c) Reportable compensation  (Forms W-2/1099-MISC)  (if not paid, enter -0-)	pensated—see the in Part IV	nstru ree (e	e) Estimated amount of other compensation
Robe Vice Sand Press	Total program service expenses (add lines 28a to the list of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  ert H Schoepf President dra Arbour sident of Jentsch	Cemployees (list each O to respond to ar (b) Average hours per week devoted to position	one even if not comply question in this  (c) Reportable compensation  (Forms W-2/1099-MISC)  (if not paid, enter -0-)	pensated—see the in Part IV	nstru ree (e	e) Estimated amount of other compensation
Robe Vice Sand Pres Card Secr	Total program service expenses (add lines 28a to total program service expenses) (add lines 28a to total program service expenses) (add lines 28a total program service expenses) (add lines 28a total program services, and Key Check if the organization used Schedule (a) Name and title  ert H Schoepf President dra Arbour sident of Jentsch	(b) Average hours per week devoted to position  2  30	one even if not comply question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0	pensated—see the in Part IV	nstru	e) Estimated amount of other compensation  0
Robe Vice Sand Pres Card Secr	Total program service expenses (add lines 28a to the IV)  List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  ert H Schoepf President dra Arbour sident of Jentsch retary bie Putnam	Cemployees (list each O to respond to an (b) Average hours per week devoted to position 2	one even if not comply question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	nstru ree (e n	e) Estimated amount of other compensation
Robe Vice Sand Pres Card Secr Debl	Total program service expenses (add lines 28a to 11	PEmployees (list each O to respond to ar (b) Average hours per week devoted to position 2 30	one even if not comply question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0	pensated—see the in Part IV	nstru	e) Estimated amount of other compensation  0  0  0
Robo Vice Sano Pres Carc Secr Debl Trea Kris	Total program service expenses (add lines 28a to 11	(b) Average hours per week devoted to position  2  30	one even if not comply question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0	pensated—see the in Part IV	nstru	e) Estimated amount of other compensation  0
Robo Vice Sano Pres Carc Secr Debl Trea Kris	Total program service expenses (add lines 28a to 11	PEmployees (list each O to respond to ar (b) Average hours per week devoted to position 2 30	one even if not comply question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0	pensated—see the in Part IV	nstru	e) Estimated amount of other compensation  0  0  0
Robo Vice Sano Pres Carc Secr Debl Trea Kris	Total program service expenses (add lines 28a to 11	PEmployees (list each O to respond to ar (b) Average hours per week devoted to position 2 30	one even if not comply question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0	pensated—see the in Part IV	nstru	e) Estimated amount of other compensation  0  0  0
Robo Vice Sano Pres Carc Secr Debl Trea Kris	Total program service expenses (add lines 28a to 11	PEmployees (list each O to respond to ar (b) Average hours per week devoted to position 2 30	one even if not comply question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0	pensated—see the in Part IV	nstru	e) Estimated amount of other compensation  0  0  0
Robo Vice Sano Pres Carc Secr Debl Trea Kris	Total program service expenses (add lines 28a to 11	PEmployees (list each O to respond to ar (b) Average hours per week devoted to position 2 30	one even if not comply question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0	pensated—see the in Part IV	nstru	e) Estimated amount of other compensation  0  0  0
Robo Vice Sano Pres Carc Secr Debl Trea Kris	Total program service expenses (add lines 28a to 11	PEmployees (list each O to respond to ar (b) Average hours per week devoted to position 2 30	one even if not comply question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0	pensated—see the in Part IV	nstru	e) Estimated amount of other compensation  0  0  0
Robo Vice Sano Pres Carc Secr Debl Trea Kris	Total program service expenses (add lines 28a to 11	PEmployees (list each O to respond to ar (b) Average hours per week devoted to position 2 30	one even if not comply question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0	pensated—see the in Part IV	nstru	e) Estimated amount of other compensation  0  0  0
Robo Vice Sano Pres Carc Secr Debl Trea Kris	Total program service expenses (add lines 28a to 11	PEmployees (list each O to respond to ar (b) Average hours per week devoted to position 2 30	one even if not comply question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0	pensated—see the in Part IV	nstru	e) Estimated amount of other compensation  0  0  0
Robo Vice Sano Pres Carc Secr Debl Trea Kris	Total program service expenses (add lines 28a to 11	PEmployees (list each O to respond to ar (b) Average hours per week devoted to position 2 30	one even if not comply question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0	pensated—see the in Part IV	nstru	e) Estimated amount of other compensation  0  0  0
Robo Vice Sano Pres Carc Secr Debl Trea Kris	Total program service expenses (add lines 28a to 11	PEmployees (list each O to respond to ar (b) Average hours per week devoted to position 2 30	one even if not comply question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0	pensated—see the in Part IV	nstru	e) Estimated amount of other compensation  0  0  0
Robo Vice Sano Pres Carc Secr Debl Trea Kris	Total program service expenses (add lines 28a to 11	PEmployees (list each O to respond to ar (b) Average hours per week devoted to position 2 30	one even if not comply question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0	pensated—see the in Part IV	nstru	e) Estimated amount of other compensation  0  0  0
Robo Vice Sano Pres Carc Secr Debl Trea Kris	Total program service expenses (add lines 28a to 11	PEmployees (list each O to respond to ar (b) Average hours per week devoted to position 2 30	one even if not comply question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0	pensated—see the in Part IV	nstru	e) Estimated amount of other compensation  0  0  0
Robo Vice Sano Pres Carc Secr Debl Trea Kris	Total program service expenses (add lines 28a to 11	PEmployees (list each O to respond to an (b) Average hours per week devoted to position 2 30 10	one even if not comply question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0	pensated—see the in Part IV	nstru	e) Estimated amount of other compensation  0  0  0
Robo Vice Sano Pres Carc Secr Debl Trea Kris	Total program service expenses (add lines 28a to 11	PEmployees (list each O to respond to an (b) Average hours per week devoted to position 2 30 10	one even if not comply question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0	pensated—see the in Part IV	nstru	e) Estimated amount of other compensation  0  0  0

Form 990-EZ (2014)

Part	·			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
	detailed description of each activity in Schedule O	33		~
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		<b>~</b>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		ン
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b 38a	Did the organization file <b>Form 1120-POL</b> for this year?	37b		~
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		~
b 39	If "Yes," complete Schedule L, Part II and enter the total amount involved	_		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 $\blacktriangleright$			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		/
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed ▶			
42a			8-3600	)
la.	Located at ► 10 SW 7th street, Williston, FL 32696 ZIP + 4 ►	320	596	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ✓
	If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		<b>✓</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. )	<b>▶</b> □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		٧
С	Did the organization receive any payments for indoor tanning services during the year?	44c		/
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		V

Page 3

Form 99	90-EZ (20	014)								Р	age 4
46	Did th	ne organization engage, directly or in	ndirectly, in political c	ampaign activities	on be	ehalf of or	in opposit	tion		Yes	No
Part	VI	ndidates for public office? If "Yes," of Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51.	only						46 les f	or line	<b>√</b> es
		Check if the organization used Sch	nedule O to respond	I to any guestion i	n this	Part VI					
										Yes	No
47		he organization engage in lobbying If "Yes," complete Schedule C, Par		section 501(h) elec			during the	tax	47		<i>\</i>
48	-	organization a school as described in		i)? If "Yes." comple	te Sc	hedule F			48		~
49a		ne organization make any transfers to						.	49a		1
b		es," was the related organization a se		_					49b		
50		plete this table for the organization's		sated employees (	other	than offic	ers, direct	tors, t			d ke
	emple	oyees) who each received more than	\$100,000 of comper	nsation from the or	ganiz	ation. If th	ere is non	e, ent	er "N	lone."	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	h	(d) Health ontributions tenefit plans, a compen	to employee and deferred			d amou pensat	
None											
	T-4-1		\$1.00.000								
		number of other employees paid over									
51		plete this table for the organization' ,000 of compensation from the orga			ent co	ontractors	wno eacr	1 rece	eivea	more	tnar
	(a)	Name and business address of each independ	lent contractor	(b) Type of s	service		(c)	) Comp	ensati	on	
None											
				_							
				_							
				_							
				-							
	Total	number of other independent contra	actors each receiving	Over \$100,000	_						
52		the organization complete Schedu	_		naniz	rations m	uet attack	າ ລ			
-		oleted Schedule A						 	Yes		No
Under n	<u> </u>	of perjury, I declare that I have examined this r	eturn, including accompan	ying schedules and state	ements	s, and to the	best of mv kr				
		d complete. Declaration of preparer (other than						,	•	ŕ	
		<b>\</b>									
Sign		Signature of officer				Date	•				
Here		Sandra Arbour, President Type or print name and title									
		1	Preparer's signature	T	Date		T -		PTIN		
Paid		Print/Type preparer's name	i reparer s signature		Date		Check self-emplo	l if	1111		
Prep		Final and a second						yeu			
Use (	Only	Firm's name					's EIN ▶				
Mav th	ne IRS	Firm's address ► discuss this return with the preparer	shown above? See	instructions		PIIOI	ne no.	<b>▶</b> □	Yes		No.

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

## **Public Charity Status and Public Support**

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

Department of the Treasury Internal Revenue Service

Т

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name	or the organization					Employer identification	1 number
	ORROWS EQUESTRIAN CENTER IN						70216
Par							ons.
The o	organization is not a private founda		,		-	•	
1	A church, convention of churc			ibed in <b>s</b> e	ection 17	′0(b)(1)(A)(i).	
2	A school described in <b>section</b>						
3	A hospital or a cooperative ho	•	=				
4	A medical research organization hospital's name, city, and state	e:					
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned d	r operate	ed by a government	al unit described in
6 7	<ul> <li>☐ A federal, state, or local gover</li> <li>☑ An organization that normally described in section 170(b)(1)</li> </ul>	receives a subs	tantial part of its sup				n the general public
8	A community trust described i		· ·	Part II.)			
9	An organization that normally receipts from activities related support from gross investme acquired by the organization a	receives: (1) mod to its exempt and income and	ore than 331/3% of its functions—subject to unrelated business	support certain taxable i	exceptio ncome (l	ns, and (2) no more less section 511 ta	than 331/3% of its
10	☐ An organization organized and	operated exclus	sively to test for public	c safety.	See <b>sect</b>	ion 509(a)(4).	
11	An organization organized and one or more publicly supported the box in lines 11a through 11	d organizations d	escribed in section 5	<b>09(a)(1)</b> o	r section	509(a)(2). See sect	<b>ion 509(a)(3).</b> Check
а	☐ <b>Type I</b> . A supporting organize the supported organization(supported organization. <b>You must com</b>	) the power to re	egularly appoint or ele				
b	<b>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.						
С	Type III functionally integra its supported organization(s)						y integrated with,
d	☐ Type III non-functionally in that is not functionally integr requirement (see instructions	ated. The organi	zation generally must	satisfy a	distribut	ion requirement and	
е		ation received a	written determination	from the	IRS that	tit is a Type I, Type I	I, Type III
f	Enter the number of supported of	organizations .					
g		-	orted organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			(See Instructions))	Yes	No	1	
(A)							
(B)							
(C)							
(D)							
(E)							
Tota	I						0

18

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) 2010 **(b)** 2011 (c) 2012 (d) 2013 **(e)** 2014 (f) Total grants, contributions, 1 membership fees received. (Do not include any "unusual grants.") . . . 13,048 19,840 17,264 19,030 28,552 97,734 2 revenues levied organization's benefit and either paid to or expended on its behalf . . . 0 0 0 0 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . 0 0 Total. Add lines 1 through 3. . . . 4 13,048 19,840 17,264 19,030 28,552 97,734 5 The portion of total contributions by each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . **Public support.** Subtract line 5 from line 4. 97,734 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 7 Amounts from line 4 . . . . . . 13,048 19,840 17,264 19,030 28,552 97,734 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 . . . . . 0 0 0 O 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . 0 0 0 0 **Total support.** Add lines 7 through 10 11 97,734 12 0 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f) . . . . . 14 100 % Public support percentage from 2013 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . . 15 331/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test-2013. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ~ 17a 10%-facts-and-circumstances test - 2014. 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 10%-facts-and-circumstances test - 2013. 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

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

<del></del>	in the organization rails to quality	under the te	SIS IISIEU DEN	ow, piease co	implete i ait	11.)	
	on A. Public Support		T	T			
	dar year (or fiscal year beginning in) ▶	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.")  Gross receipts from admissions, merchandise						
2	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
	on B. Total Support			1	I	I	I
	dar year (or fiscal year beginning in) ▶	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
9	Amounts from line 6						
10a							
	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						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in 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						
46	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
	and 12.)		 	al alabad 6 12	6:60	<u> </u>	- F04(-)(0)
14	First five years. If the Form 990 is for the	•					* / * /
Coot:	organization, check this box and stop he						
	on C. Computation of Public Suppor			10		45	0/
15	Public support percentage for 2014 (line 8						%
16 Secti	Public support percentage from 2013 School D. Computation of Investment Inc				<u> </u>	16	%
	<u> </u>			v lino 12 politi	mp (f))	17	0/
17 10	Investment income percentage for 2014 (Investment income percentage from 2013)			-		17	<u>%</u>
18	Investment income percentage from 2013 331/3% support tests—2014. If the organi						
19a	17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box						
L	33 <sup>1</sup> /3% support tests—2013. If the organiz	_	_	-		_	
b	line 18 is not more than 33½%, check this b						
20	<b>Private foundation.</b> If the organization di	_	=				

## Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of 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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	103	140
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 <b>Part VI</b> 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 (b) and (c) 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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in <b>Part VI</b> 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 11a or 11b in Part I, answer (b) and (c) 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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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 (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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			
С	designated in the organization's organizing document?  Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	7		
0	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 <b>Part VI.</b>	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
С	the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b> Did a disqualified person (as defined in line 9(a)) 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 <b>Part VI.</b>	9b		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)	9с		
100	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	iva		
D	determine whether the organization had excess business holdings.)	10b		

Part	V Supporting Organizations (continued)					
			Yes	No		
11	Has the organization accepted a gift or contribution from any of the following persons?					
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)					
	below, the governing body of a supported organization?	11a				
	A family member of a person described in (a) above?	11b				
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c				
Section	on B. Type I Supporting Organizations					
_			Yes	No		
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the					
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or					
	controlled the organization's activities. If the organization had more than one supported organization,					
	describe how the powers to appoint and/or remove 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 <b>Part</b>					
	<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated,					
	supervised, or controlled the supporting organization.	2				
Section	on C. Type II Supporting Organizations					
	<i>y</i> 11 0 0		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	on D. All Type III Supporting Organizations					
			Yes	No		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the					
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax					
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>					
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2				
Ū	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 <b>Part VI</b> the role the organization's					
	supported organizations played in this regard.	3				
Section	on E. Type III Functionally-Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	netru	ctions	e).		
a	The organization satisfied the Activities Test. Complete line 2 below.			-/-		
a b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>					
c	The organization is the parent of each of its supported organizations. Complete <b>interes</b> below.	ee ins	tructi	ons)		
2	Activities Test. Answer (a) and (b) below.		Yes	No		
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of					
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>					
	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.	0-				
h	·	2a				
b	Did the activities described in (a) 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 <b>Part VI</b> 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. <i>Answer (a) and (b) below.</i>	20				
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or					
u	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	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 <b>Part VI</b> the role played by the organization in this regard.	3b				

Page **6** 

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations			
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the containing of the containing organization or the containing or the containing organization organization or the containing organization or					
Section A - Adjusted Net Income	Section A - Adjusted Net Income				
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				
<ul> <li>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)</li> <li>7 Other expenses (see instructions)</li> </ul>	6				
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>b</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				
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):					
2 Acquisition indebtedness applicable to non-exempt-use assets	2				
3 Subtract line 2 from line 1d	3				
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% 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 .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 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				
<b>6 Distributable Amount</b> . 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-functionall instructions).	y-in	tegrated Type III support	ing organization (see		

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)				
Secti	on D - Distributions	,	,	Current Year			
1	Amounts paid to supported organizations to accomplish exempt purposes						
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive				
	(provide details in <b>Part VI</b> ). See instructions.	· ·					
9	Distributable amount for 2014 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014			
1	Distributable amount for 2014 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2014						
-	(reasonable cause required-see instructions)						
3	Excess distributions carryover, if any, to 2014:						
a							
b							
C							
d							
е	From 2013						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2014 distributable amount						
i_	Carryover from 2009 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2014 from Section						
	D, line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2014 distributable amount						
C	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).						
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).						
7	Excess distributions carryover to 2015. Add lines 3j and 4c.						
8	Breakdown of line 7:						
а							
b							
С							
d	Excess from 2013						
е	Excess from 2014						

	Chedule A (Form 990 or 990-EZ) 2014						
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; an Part III, line 12. Also complete this part for any additional information. (See instructions.)	d					

#### **SCHEDULE 0** (Form 990 or 990-EZ)

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Name of the organization	Employer identification number
TOMORROWS EQUESTRIAN CENTER INC	01-0670216
Form 990-EZ, Part II, Line 24 - Note Receivable 1028.00 Property Improvements Power 8216	

TOMORROWS EQUESTRIAN CENTER INC 01-0670216

Form: 990-EZ Page: 1

Line Number: Part I Line 16

## Other Expenses Structured Explanation

Description	Amount
Auction Expenses	1,647
Blacksmith	1,074
Tack and Repair	178
Veterinary	813
Advertising	658
Bank Charges	1
Continuing Education	200
Dues and Subscriptions	830
Farm Supplies	223
Feed and Hay	3,086
Horse Show Expenses	492
Insurance	869
Office	946
Small Tools	150
Special Olympics	1,086
Taxes and Licenses	133
Telephone	1,159
Travel	2,550
Volunteer Apreciation	1,785
Total:	17,880