PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2023 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number Address change FLYING HORSE FARMS

Name 20-3498125 Doing business as change Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 419-751-7077 5260 STATE ROUTE 95 4,327,695. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended MT. GILEAD, OH 43338 H(a) Is this a group return return
Application
pending F Name and address of principal officer: NICHOLE E. for subordinates? Yes X No SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions WWW.FLYINGHORSEFARMS.ORG H(c) Group exemption number **K** Form of organization: X Corporation Other L Year of formation: 2005 M State of legal domicile: OH Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: FLYING HORSE FARMS MAKES **Activities & Governance** POSSIBLE FOR CHILDREN WITH SERIOUS ILLNESS TO HEAL, GROW, AND THRIVE 2 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) Number of independent voting members of the governing body (Part VI, line 1b) 4 82 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 1387 6 173,478. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 6,549,485. 4,003,252. Contributions and grants (Part VIII, line 1h) 8 89,475. 0. Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) -5,0544,674. 10 -2,098.-3,197.Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 6,542,333. 4,094,204 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,248,163. 2,833,677. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,688,223. 1,164,278. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,997,955. 3,936,386. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,605,947. 96,249. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** Ы 20,038,101 19,702,242. Total assets (Part X, line 16) 210,680. 125,009 21 Total liabilities (Part X, line 26) 三年 491,562. 913,09222 Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign NICHOLE E. DUNN, PRESIDENT/CEO Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 09/04/24 self-employed P01225377 Paid NATOSHA CARR NATOSHA CARR CLARK, SCHAEFER, Firm's EIN 31-0800053 Firm's name HACKETT & CO. Preparer 4449 EASTON WAY, SUITE 400 Use Only Firm's address Phone no. 614-885-2208 COLUMBUS, OH 43219

May the IRS discuss this return with the preparer shown above? See instructions LHA For Paperwork Reduction Act Notice, see the separate instructions.

332001 12-21-23

Form **990** (2023)

No

X Yes

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO ENRICH THE LIVES OF CHILDREN WITH SERIOUS ILLNESSES AND THEIR
	FAMILIES BY PROVIDING THE OPPORTUNITY FOR TRANSFORMATIONAL EXPERIENCES
	THROUGH YEAR-ROUND, MEDICALLY SAFE AND COST-FREE CAMP EXPERIENCES.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? 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 \$2, 932, 342. including grants of \$) (Revenue \$ 89, 475.
	IN 2023, FHF MADE REMARKABLE STRIDES IN ITS MISSION TO SERVE AND
	SUPPORT KIDS WITH SERIOUS ILLNESSES. THROUGHOUT THE YEAR, FHF
	POSITIVELY IMPACTED THE LIVES OF 927 CAMPERS, WITH ACTIVITIES SPANNING
	5 RESIDENTIAL CAMP SESSIONS ACCOMMODATING 356 INDIVIDUALS, 5 FAMILY
	CAMP WEEKENDS HOSTING 409 FAMILY MEMBERS, ALONGSIDE VARIOUS IMPACTFUL
	IN-PERSON PARTNER PROGRAMS ENGAGING 144 CAMPERS, AND ADDITIONAL
	OUTREACH EFFORTS REACHING 18 MORE INDIVIDUALS.
	THE YEAR WAS MARKED BY SEVERAL CELEBRATORY MILESTONES, INCLUDING THE
	JOYOUS WELCOME OF THE 10,000TH CAMPER THROUGH THE GATES, THE HOSTING OF
	THE 150TH CAMP SESSION, AND A NOTABLE 30% INCREASE IN NEW CAMPER
	ENGAGEMENT FOR SUMMER RESIDENTIAL CAMPS.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program convice expenses 2 932 342.

Form 990 (2023) FLYING HORSE FARMS 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		Х
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		37	
	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Х	
	Part VI	11a		
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	441.		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
٨	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
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		х
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
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		<u> </u>
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	40	х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20a	·	20a 20b		<u> </u>
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
۲۱	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
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Form 990 (2023) FLYING HORSE FARMS
Part IV | Checklist of Required Schedules (continued)

	Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		res	NO
22		22		Х
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			ı \
	, , , , , , , , , , , , , , , , , , ,	23	x	
24 2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	25		
24 a	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	V	х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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		Х
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		Х
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		<u> </u>
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			37
	"Yes," complete Schedule L, Part IV	28c	Х	X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Δ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			Х
24	contributions? If "Yes," complete Schedule M	30 31		X
31 32	Did the organization required the complete scriedule N, Part I	31		
32		32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- JZ		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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?		٦,	
Par	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
ı aı				
	Check if Schedule O contains a response or note to any line in this Part V		V	N-
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 28		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 20 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	(gambling) winnings to prize winners?	1c	х	
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Form 990	(2023) FLIIN	G HOKSE	CMARIO	20-3430123	Page
Part V	Statements Regarding	Other IRS	Filings and Tax Compliance	(continued)	

			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	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	X	
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
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
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).		7.7	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			7.7
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		v
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		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	0		
а	Did the appropriate association make any toyable distributions and a certific 10000	9a		
b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	0.0		
а	Initiation fees and capital contributions included on Part VIII, line 12			
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:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	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			7.7
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			77
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or 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?	17		
	If "Yes," complete Form 6069.			

332005 12-21-23

20-3498125 Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 23 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 21 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? Х 8a **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х on Schedule O how this was done 12c Х Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official Х 15a Other officers or key employees of the organization Х 15b 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 Х taxable entity during the year? 16a 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 NONE List the states with which a copy of this Form 990 is required to be filed 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 Another's website X Upon request Own website Other (explain on Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records SUSAN MURRAY - 419-751-7077

Form **990** (2023)

43338

OH

5260 STATE ROUTE 95, MT. GILEAD.

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 the 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.

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

- 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.

Name and title Average hours per week (list any hours for related organizations below line) (1) NICHOLE DUNN CEO (2) BETHANY UHL MEDICAL DIRECTOR (3) KARA LEWIS PAST CHAIR (4) SAMIR DAHMAN Average hours per week (list any hours for related organizations and related organizations) Average hours per week (list any hours for related organizations) (1) NICHOLE DUNN The past of the compensation of the compensation of from the organizations organization (W-2/1099-MISC/ 1099-NEC) Average hours per week (list any hours for related organizations) Average hours per week (list any hours for related organizations) Average hours per week (list any hours for related organizations) Average hours per week (list any hours for related organizations) Average hours per week (list any hours for related organization (W-2/1099-MISC/ 1099-NEC) Average hours per week (list any hours for related organization (W-2/1099-MISC/ 1099-NEC) Average hours per week than one box, unless person is both an officer and a director/trustee) In past of the compensation from the organizations (W-2/1099-MISC/ 1099-NEC) Average hours per week (list any hours for related organizations (W-2/1099-MISC/ 1099-NEC) Average hours per week (list any hours for related organizations (W-2/1099-MISC/ 1099-NEC) Average hours per week (W-2/1099-MISC/ 1099-NEC) Average hours per we had one box, unless person is both an officer and a director/trustee) Average hours per week (W-2/1099-MISC/ 1099-NEC) Average hours per we had one for the compensation (W-2/1099-MISC/ 1099-NEC) Average hours per we had officer and a director/trustee) Average hours per we had officer and a director/trustee) Average hours per we had officer and a director/trustee) Average hours per we had officer and a director/trustee) Average hours per we had officer and a director/trustee) Average hours per we had officer and a director/trustee) Average hours per we had officer and a director/trustee) Average hours per we had officer and a director/trustee) Average hours p	(A)	(B)	J	. nza	(C		.pu	Juli	(D)	(E)	(F)
week (list any hours for related organizations below line) (1) NICHOLE DUNN (2) BETHANY UHL MEDICAL DIRECTOR (3) KARA LEWIS PAST CHAIR (4) SAMIR DAHMAN (CHAIR (Iist any hours for related organizations below line) (I) SAMIR DAHMAN (A) SAMIR DAHMAN (CHAIR (Iist any hours for related (list any hours for related organizations) (I) NICHOLE DUNN		Average	(do		Posi	ition		one	Reportable	Reportable	Estimated
(list any hours for related organizations below line) (1) NICHOLE DUNN (2) BETHANY UHL MEDICAL DIRECTOR (3) KARA LEWIS PAST CHAIR (4) SAMIR DAHMAN CHAIR (list any hours for related organizations below line) (I) SAMIR DAHMAN (A) SAMIR DAHMAN (Bist any hours for related organizations below line) (I) NICHOLE DUNN (I) NICHOLE											
(1) NICHOLE DUNN CEO (2) BETHANY UHL MEDICAL DIRECTOR (3) KARA LEWIS PAST CHAIR (4) SAMIR DAHMAN CHAIR 1.00 X 253,722. 0. 19,889 X 179,229. 0. 7,884 0. 0. 0. 0.			tor								compensation
(1) NICHOLE DUNN CEO (2) BETHANY UHL MEDICAL DIRECTOR (3) KARA LEWIS PAST CHAIR (4) SAMIR DAHMAN CHAIR 1.00 X 253,722. 0. 19,889 X 179,229. 0. 7,884 0. 0. 0. 0.		, ,	r direc				ted		organization		from the
(1) NICHOLE DUNN CEO (2) BETHANY UHL MEDICAL DIRECTOR (3) KARA LEWIS PAST CHAIR (4) SAMIR DAHMAN CHAIR 1.00 X 253,722. 0. 19,889 X 179,229. 0. 7,884 0. 0. 0. 0.			istee c	truste		eo	pensa			1099-NEC)	organization
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(3) KARA LEWIS	(2) BETHANY UHL	1.00									
PAST CHAIR	MEDICAL DIRECTOR					Х			179,229.	0.	7,884.
(4) SAMIR DAHMAN	(3) KARA LEWIS	0.00									
CHAIR X X X 0. 0. 0	PAST CHAIR		X		Х				0.	0.	0.
	· ·	0.00									_
(5) BILL D'ONOFRIO $\left \begin{array}{c} O_{-} OO \\ \end{array} \right \left \begin{array}{c} O \\ \end{array} \right $			X		X				0.	0.	0.
	· ·	0.00									•
		0.00	Х		Х		_		0.	0.	0.
(6) NICK PAVLIK 0.00		0.00	.,								•
		0.00	X						0.	0.	0.
(7) MICHAEL REPASKY 0.00		0.00	. ,							_	•
BOARD MEMBER X 0. 0. 0		0 00	Λ						0.	0.	0.
		0.00	v							0	0.
(9) TARA ASCHENBRAND 0.00		0 00	Δ						0.	0.	· ·
		0.00	x						0.	0.	0.
(10) SCOTT HAUPTMAN 0.00		0.00	-25						•	•	
			х						0.	0.	0.
(11) TODD SWENSON 0.00	(11) TODD SWENSON	0.00									
	BOARD MEMBER		Х						0.	0.	0.
(12) JENNI BELFORD 0.00	(12) JENNI BELFORD	0.00									
BOARD MEMBER X 0. 0.	BOARD MEMBER		Х						0.	0.	0.
(13) PATRICIA RAIMER 0.00	(13) PATRICIA RAIMER	0.00									
	BOARD MEMBER		Х						0.	0.	0.
(14) JOSEPH ROSS, MD 0.00	(14) JOSEPH ROSS, MD	0.00									
	BOARD MEMBER		Х						0.	0.	0.
(15) RENEE ROMANO 0.00	(15) RENEE ROMANO	0.00								_	_
			Х						0.	0.	0.
(16) KEVIN HAKE 0.00	ŀ	0.00									_
		0 00	X						0.	0.	0.
(17) MICHAEL BONADIES 0.00	ŀ	0.00									_
			Х						0.	0.	0 • Form 990 (2023)

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rollii 990 (2023)	<u> </u>								20 3470	III Tage
Part VII Section A. Officers, Directors, Trus	stees, Key Em	oloy	ees,	and	Hi	ghes	st C	ompensated Employee	s (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Posi			one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week		cer an	a a a	recto	r/trus	tee)	from	from related	other
	(list any	ndividual trustee or director						the	organizations	compensation
	hours for related	or dir	e e			ated		organization	(W-2/1099-MISC/	from the
	organizations	stee	truste		a	bens		(W-2/1099-MISC/	1099-NEC)	organization
	below	nal tru	ional		ploye	t com		1099-NEC)		and related
	line)	divid	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(18) OLA SNOW	0.00	드	드	JO	λ	= =	요			
BOARD MEMBER	0.00	Х						0.	0.	0.
(19) JOSEPH VANDERMARK	0.00									
BOARD MEMBER		Х						0.	0.	0.
(20) CONNIE GALLAHER	0.00									
BOARD MEMBER		Х						0.	0.	0.
(21) MATT MONTGOMERY	0.00									
BOARD MEMBER		Х						0.	0.	0.
(22) STEVE WEISS	0.00									
BOARD MEMBER		Х						0.	0.	0.
(23) KIM ZAVLISAK	0.00									
BOARD MEMBER		Х						0.	0.	0.
(24) CHARLES FOWLER	0.00									
BOARD MEMBER EMERITUS		Х						0.	0.	0.
(25) DAVID BELFORD	0.00									
BOARD MEMBER EMERITUS		Х						0.	0.	0.
1b Subtotal	1				1		/	432,951.	0.	27,773.
c Total from continuation sheets to Part V			W				•	0.	0.	0.
d Total (add lines 1b and 1c)								432,951.	0.	27,773.
2 Total number of individuals (including but r			-) wh	o re		,000 of reportable	-

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

			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	3		Х
4				
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	
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	5		X

Section B. Independent Contractors

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

(C) Compensation
153,490.

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

20-3498125

ue

		Check if Schedule O contains a res	sponse (or note to anv lin	e in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
SS	1 2	Federated campaigns1	а					
ant			b					
Contributions, Gifts, Grants and Other Similar Amounts			c	1,019,890.				
			d					
ig ig				416,846.				
tributions, (Other Simi		3 \	e	410,040.				
utio	T	All other contributions, gifts, grants, and	.	2 566 516				
ĕ			f	2,566,516.				
ont	_	·	g \$	241,200.	4 002 252			
<u>0</u> 8	n	Total. Add lines 1a-1f		D	4,003,252.			
		TVD1 GE D1DEVED G		Business Code	00.455	00 455		
S	2 a	IMPACT PARTNERS		900099	89,475.	89,475.		
Program Service Revenue	b							
Scent	С	·						_
ran Sev	d	l						_
60 F	е						,	
4	f	All other program service revenue						
	g	Total. Add lines 2a-2f			89,475.			
	3	Investment income (including dividend	s, intere	st, and				
		other similar amounts)			2,854.			2,854.
	4	Income from investment of tax-exempt						
	5	Royalties						
		(i) F	Real	(ii) Personal				
	6 a	Gross rents 6a 17	3,478.					
		Less: rental expenses 6b	0.					
			3,478.					
		Net rental income or (loss)			173,478.		173,478.	
		Gross amount from sales of (i) Sec	urities	(ii) Other				
		assets other than inventory 7a		27,263.				
	b	Less: cost or other basis						
<u>o</u>		and sales expenses 7b		25,443.				
her Revenue	c	Gain or (loss) 7c		1,820.				
ev		Net gain or (loss)	_	·	1,820.			1,820.
er F		Gross income from fundraising events (not			,			,
Ğ.	O u	including \$ 1,019,890.						
Ŭ		contributions reported on line 1c). See						
		Part IV, line 18		28,406.				
	h	Less: direct expenses		208,048.				
		Net income or (loss) from fundraising e		, ,	-179,642.			-179,642.
		Gross income from gaming activities.						
	Ja							
	h	Part IV, line 19						
		Less: direct expenses Net income or (loss) from gaming activ						
			illes					
	io a	Gross sales of inventory, less returns	40-					
		and allowances						
		Less: cost of goods sold		1				
7	С	Net income or (loss) from sales of inver	itory	Business Osd				
ध्		MI COEL L'ANEOUS		Business Code	2.065			2.067
eor re		MISCELLANEOUS		900099	2,967.			2,967.
Miscellaneous Revenue	b							
3eV	С							
Mis		All other revenue			2 2 2 =			
		e Total. Add lines 11a-11d			2,967.			
	12	Total revenue. See instructions	<u></u>		4,094,204.	89,475.	173,478.	-172,001.

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_		(A)	his Part IX(B)	(C)	(D)
	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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,	460 504		44 006	00 177
	trustees, and key employees	460,724.	323,563.	44,986.	92,175
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	4 006 445	1 222 722	21.000	
7	Other salaries and wages	1,836,145.	1,298,783.	174,898.	362,464
8	Pension plan accruals and contributions (include	20.250	10.000		п 222
	section 401(k) and 403(b) employer contributions)	30,360.	18,932.	4,095.	7,333 76,384
9	Other employee benefits	316,260.	197,216.	42,660.	76,384
0	Payroll taxes	190,188.	128,101.	23,187.	38,900
1	Fees for services (nonemployees):				
а	Management				
b	Legal	20 205	1 205	12 701	12 21
С	Accounting	28,325.	1,305.	13,701.	13,319
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	40.020	2 205	04 105	00 400
	column (A), amount, list line 11g expenses on Sch 0.)	49,832.	2,295.	24,105.	23,432
2	Advertising and promotion	38,330.	11 040		23,432 37,438 5,190
3	Office expenses	20,212.	11,048.	3,974.	5,190
4	Information technology				
5	Royalties	172 /21	165 760	7 650	
6	Occupancy	173,421.	165,762.	7,659.	2 563
7	Travel	26,140.	13,576.	10,001.	2,563
8	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials	28,480.	20,702.	3,520.	4,258
9	Conferences, conventions, and meetings	198.	20,702.	198.	4,230
0	Interest	190.		130.	
21	Payments to affiliates	671,607.	671,607.		
2	Depreciation, depletion, and amortization	72,535.	67,813.	4,722.	
3	Other expenses Itemize expenses not covered	14,333.	01,013.	4,144.	
4	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 0.)	10,760.			10 764
	BAD DEBT CONTRACT LABOR	5,602.	5,602.		10,760
b	DUES AND LICENSES	827.	5,004.		82
C	POED VIAD TICEMSES	041.			04
d	All other evenesses	38,009.	6,037.	19,239.	12,733
	All other expenses Add lines 1 through 24s	3,997,955.	2,932,342.	377,837.	687,776
<u>5</u>	Total functional expenses. Add lines 1 through 24e	3,331,333.	4,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	311,031•	001,170
6	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
	renomen in communicia inimi costs from a combined — L				
	educational campaign and fundraising solicitation.			1	

Form 990 (2023)

Part X | Balance Sheet

Par	t 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		
	1	Cash - non-interest-bearing	3,189,836.	1	3,674,938		
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net	3,076,462.	3	2,561,170		
	4	Accounts receivable, net	3,158.	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			
က္က	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use		8			
۲	9	Prepaid expenses and deferred charges	45,493.	9	48,747		
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 17,481,503. 10b 6,421,288.					
	b	Less: accumulated depreciation 10b 6,421,288.	11,140,295.	10c	11,060,215		
	11	Investments - publicly traded securities	2,231.	11			
	12	Investments - other securities. See Part IV, line 11		12			
	13	Investments - program-related. See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	2,244,767.	15	2,693,031		
	16	Total assets. Add lines 1 through 15 (must equal line 33)	19,702,242.	16	20,038,101		
	17	Accounts payable and accrued expenses	184,345.	17	84,133		
	18	Grants payable	4 705	18	C 104		
	19	Deferred revenue	4,725.	19	6,184		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21			
es	22	Loans and other payables to any current or former officer, director,					
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%					
lak		controlled entity or family member of any of these persons		22			
_	23	Secured mortgages and notes payable to unrelated third parties		23			
	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					
			21,610.	0.5	34,692		
	26	of Schedule D Total liabilities. Add lines 17 through 25	210,680.	25 26	125,009		
	20	Organizations that follow FASB ASC 958, check here	210,0001	20	123,003		
Se		and complete lines 27, 28, 32, and 33.					
Š	27	Net assets without donor restrictions	16,217,628.	27	14,835,916		
3ale	28	Net assets with donor restrictions	3,273,934.	28	5,077,176		
<u>ا</u> ۾		Organizations that do not follow FASB ASC 958, check here			, , , ,		
Fu		and complete lines 29 through 33.					
5	29	Capital stock or trust principal, or current funds		29			
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30			
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31			
Net Assets or Fund Balances	32	Total net assets or fund balances	19,491,562.	32	19,913,092		
4	33	Total liabilities and net assets/fund balances	19,702,242.	33	20,038,101		

Pa	rt 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		,09		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	,99	7,9	55.
3	Revenue less expenses. Subtract line 2 from line 1	3		9	6,2	49.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	19	, 49	1,5	62.
5	Net unrealized gains (losses) on investments	5				
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		32	5,2	80.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	19	,91	3,0	91.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
		>			Yes	No
1	Accounting method used to prepare the Form 990: Cash X 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?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2 b	X	
	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,	,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule (Э.			
За	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		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

(Form 990)

Total

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.

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

Employer identification number Name of the organization FLYING HORSE FARMS 20-3498125 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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: 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). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? organization (described on lines 1-10 support (see instructions) support (see instructions) above (see instructions))

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.)

Sec	tion A. Public Support						4
Cale	ndar 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.")	4248235.	2398169.	5278988.	6549485.	4009252.	22484129.
2	Tax revenues levied for the organ-						
	ization'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	4248235.	2398169.	5278988.	6549485.	4009252.	22484129.
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)						2449630.
6	Public support. Subtract line 5 from line 4.						20034499.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	4248235.	2398169.	5278988.	6549485.	4009252.	22484129.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	239.	1,485.	153.	660.	2,854.	5,391.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on		5,600.	49,482.	61,141.	173,478.	289,701.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	10,538.	141,057.	15,962.	89,246.		259,770.
11	Total support. Add lines 7 through 10						23038991.
	Gross receipts from related activities,	· ·				12	89,475.
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
_	organization, check this box and stop						
	ction C. Computation of Publi						06.06
	Public support percentage for 2023 (li					14	86.96 %
	Public support percentage from 2022					15	81.66 %
16a	33 1/3% support test - 2023. If the c						
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the c						
	and stop here. The organization qual						
17a	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						
þ		ū				•	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-circu						
18	Private foundation. If the organization	n did not check a	oox on line 13, 16a	a, 16b, 1/a, or 17b	, cneck this box ar		(Form 990) 2023

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.)

Se	ction A. Public Support	,, ,	•				4
Cale	ndar 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	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization'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			4			
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	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			5			
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		W 200	() 2224	T ()		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	C					
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, t	fourth, or fifth tax	year as a section 5	01(c)(3) organizatio	on,
_	check this box and stop here						
Se	ction C. Computation of Publi	ic Support Per	centage			т т	
	Public support percentage for 2023 (column (f))		15	%
	Public support percentage from 2022					16	%
_	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	a 33 1/3% support tests - 2023. If the						7 is not
L	more than 33 1/3%, check this box at						
ĸ	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						H

332023 12-21-23

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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

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

		Yes	No
	1		
	2		
4	За		
	Ja		
	3b		
	3с		
	30		
	4a		
	46		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	_		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		

332024 12-21-23 Schedule A (Form 990) 2023

Par	TIV Suppo	rting Organizations (continued)			
				Yes	No
11	Has the organiz	ation accepted a gift or contribution from any of the following persons?			
а	A person who d	irectly 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	er of a person described on line 11a above?	11b		
С	A 35% controlle	d 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		
Sect	tion B. Type	Supporting Organizations			
				Yes	No
1	Did the governir	ng body, members of the governing body, officers acting in their official capacity, or membership of one or			
		organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		stees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	-	scribe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the nizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		ation operate for the benefit of any supported organization other than the supported			
		hat operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		viding such benefit carried out the purposes of the supported organization(s) that operated,			
		ontrolled the supporting organization.	2		
Sect	tion 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			
		ach of the organization's supported organization(s)? If "No," describe in Part VI how control			
		of the supporting organization was vested in the same persons that controlled or managed			
	the supported o		1		
Sect	tion D. All Ty	pe III Supporting Organizations	•		
				Yes	No
1	Did the organiza	ation provide to each of its supported organizations, by the last day of the fifth month of the		100	110
	-	ax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		overning documents in effect on the date of notification, to the extent not previously provided?	1		
	-	organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		maintained a close and continuous working relationship with the supported organization(s).	2		
		e relationship described on line 2, above, did the organization's supported organizations have a			
		e in the organization's investment policies and in directing the use of the organization's			
		is at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		nizations played in this regard.	3		
Sect		III Functionally Integrated Supporting Organizations			
		next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
· a		nization satisfied the Activities Test. Complete line 2 below.	•		
b		nization is the parent of each of its supported organizations. Complete line 3 below.			
c		nization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in-	struction	c)	
		Answer lines 2a and 2b below.	Struction	Yes	No
		y all of the organization's activities during the tax year directly further the exempt purposes of		100	110
		rganization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		ed organizations and explain how these activities directly furthered their exempt purposes,			
4		ation was responsive to those supported organizations, and how the organization determined			
			2a		
		ties constituted substantially all of its activities. s described on line 2a, above, constitute activities that, but for the organization's involvement,	Zu		
7		the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		, ,			
		ons for the organization's position that its supported organization(s) would have engaged in	2b		
		out for the organization's involvement. orted Organizations. Answer lines 3a and 3b below.	ZU		
		ation have the power to regularly appoint or elect a majority of the officers, directors, or			
	_		3a		
		n of the supported organizations? If "Yes" or "No" provide details in Part VI. ation exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	-	organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	or its supported	organizations:]["Yes," describe in Fait vi the role diaved by the organization in this regard.	JU		

Sche	dule A (Form 990) 2023 FLYING HORSE FARMS			20-3498125 Page 6
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (<i>explain ir</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		·	
Sect	ion 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	1	
Sect	ion 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		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,)		
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount, Subtract line 5 from line 4 unless subject to			

Schedule A (Form 990) 2023

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

instructions)

emergency temporary reduction (see instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continue}	d)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	;	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	e 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	
Secti	on 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 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
<u>a</u>	From 2018				
<u>b</u>	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	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: \$				
<u>a</u>	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
с	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:				
а	Excess from 2019				
b	Excess from 2020				
С	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
MISCELLANEOUS INCOME
2019 AMOUNT: \$ 10,538.
2020 AMOUNT: \$ 141,057.
2021 AMOUNT: \$ 15,962.
2022 AMOUNT: \$ 89,246.
2023 AMOUNT: \$ 2,967.
<u> </u>

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

FLYING HORSE FARMS 20-3498125 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** X 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;

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

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

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

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc.,

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

"N/A" in column (b) instead of the contributor name and address), II, and III.

or (ii) Form 990-EZ, line 1. Complete Parts I and II.

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

FLYING	HOBGE	FADMC	
LUIING	HOKSE	FARMS	

20-3498125

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	4
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 664,294.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 204,328.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>124,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and Zir Y Y	\$100,943.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$ <u>416,846.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization Employer identification number

FLYING HORSE FARMS

20-3498125

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	7 3470123
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	-0,
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
$ \begin{bmatrix} - \end{bmatrix}$		\$	
453 12-26-	00	*	Schedule B (Form 990) (20)

Schedule B (Form 990) (2023) Page **4**

Name of organization **Employer identification number** FLYING HORSE FARMS 20-3498125 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift from (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

Name of the organization

FLYING HORSE FARMS

Employer identification number 20-3498125

Par	t I Organizations Maintaining Donor Advised	Funds or Other S	Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.		
		(a) Donor advis	ed 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 w	riting that the assets h	eld in donor advi	sed funds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ac	lvisors in writing that gr	ant funds can be	e used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for a	ny other purpose	conferring
	impermissible private benefit?			Yes No
Par	t II Conservation Easements. Complete if the org	anization answered "Ye	es" on Form 990	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreat	ion or education)	Preservation (of a historically important land area
	Protection of natural habitat		Preservation of	of a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the complete 2a through 2d if through 2d i	ed conservation contrib	oution in the form	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	cture included on line 2	?a	2c
d	Number of conservation easements included on line 2c acquire			
	on a historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or	terminated by th	e organization during the tax
	year			
4	Number of states where property subject to conservation ease			-
5	Does the organization have a written policy regarding the peri		tion, handling of	
_	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, a	nd enforcing cor	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and e	oforcina conserv	ation easements during the year
•		ing or violations, and or	noroning contact v	ation casemonic daring the year
8	Does each conservation easement reported on line 2d above	satisfy the requirement	s 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	n easements in its reve	nue and expense	e statement and
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's	s financial staten	nents that describes the
	organization's accounting for conservation easements.			
Par			easures, or O	ther 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	3, not to report in its rev	enue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for public	lic exhibition, educatior	i, or research in t	rurtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that des	scribes these ite	ns.
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenu	e statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, o	or research in fur	therance of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			
				· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical trea	sures, or other similar a	assets for financi	al gain, provide
	the following amounts required to be reported under FASB AS	-		
а	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2023

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection terms (check all that apply). a Public exhibition d Loan or exchange program b Scholarly research e Other c Preservation for future generations d 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 is collections and explain how they further the organization's exempt purpose in Part XIII. 6 Part IV Excrow and Custodial Arrangements Complete if the organization's collection? Ves No		t III Organizations Maintaining Co	ollections of Ar		asures. o	r Othe		sets (cont		age 🗲
a Public exhibition d Loan or exchange program b Scholarly research e Other		•						-	nueu)	
a Public exhibition d	3		ii, and other records	s, check any or the r	Ollowing that	i iiiake si	grillicant use or	11.5		
b Scholarly research ce	_		.i							
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answared "Yea" on Form 990, Part IV, Ilipe 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, Ilipe 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, Iline 21, for escribing that the organization and the organization and the organization include an amount on Form 990, Part X, Iline 21, for escribing that the organization include an amount on Form 990, Part X, Iline 21, for escribing that the organization include an amount on Form 990, Part X, Iline 21, for escribing that the organization include an amount on Form 990, Part X, Iline 21, for escribing that the organization include an amount on Form 990, Part X, Iline 21, for escribing that the organization include an amount on Form 990, Part X, Iline 21, for escribing that the organization has been provided in Part XIII Part XIII Part Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Pa										
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? Ves		· ·	е	Other						-
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? 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. Is the organization an angent, furstee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Is the organization answered "Yes" No If "Yes," explain the arrangement in Part XIII and complete the following table:						,			4	
to be sold to raise funds rather than to be maintained as part of the organization is collection? Yes No 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, 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, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: 1c Beginning balance 1d Additions during the year 1e Distributions during the year 1f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial absount liability? Yes No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII In Interveniant of the Amount Interveniant Int								Part XIII.		
Part V 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?	5									
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? b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part X, line 10. (a) Current year (b) Piror year (c) Piror 990, Part IV, line 10. (a) Current year (d) Piror year (e) Piror 990, Part IV, line 10. (b) Contributions (2, 235, 689, 1, 705, 366, 1) C Net investment earnings, gains, and losses (2, 235, 689, 1, 705, 366, 1) C 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-indowment 19, 7000 % b Permanent endowment 13, 1000 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in this possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iv) Related organizations answered "Yes" on Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) Description of property (a) Cost or other basis (investment) Description of property (a) Cost or other basis (investment) Description of property (a) Cost or other basis (investment) Description of property (a) Cost or other basis (investment) Description of property (b) Cost or other c) Azid, and 22, 32, 32, 32, 32, 32, 33, 32, 02, 02, 11, 1, 421, 8712, 43, 41, 421, 8712, 421, 8712, 43, 421,	Do								Y	∐No
Tall is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Complete the following table:	Pai			te if the organization	answered "	Yes" on	Form 990, Part	IV, line 9, or		
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. C Net investment earnings, gains, and losses 1 2, 235, 689, 1, 705, 366. b Contributions 1 27, 500, 468, 938, 1, 705, 362. c Net investment earnings, gains, and losses 3 25, 280, 51, 385. 4. d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2, 688, 469, 2, 235, 689, 1, 705, 366. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 19, 7000 % b Permanent endowment 7 3.1000 % c Term endowment 7 3.000, % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment 1 inthe possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Pleated organizations? (iii) Related organizations? (iii) Pleated organizations and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describin of property (a) Cost or other basis (other) depreciation depreciation 1 4, 342, 898, 5, 1,69,615, 9,173,283. c Lessehold improvements 1, 236,182, 916,133, 320,049. d Equipment 20,3440, 75,329, 1455,011.		· · · · · · · · · · · · · · · · · · ·					:		-	
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance	та							□ Vaa	/_	7 N/a
Amount C Beginning balance C 1d								Yes		_ NO
C Beginning balance 1c 1d 1d 1d 1d 1d 1d 1d 1d 1d 1d 1d 1d 1d 1d 1d	D	ir "Yes," explain the arrangement in Part XIII a	ina complete the fol	lowing table:				Атоги		
d Additions during the year Distributions during the year Ending balance		De alicado a habana a					4	Amou	11.	
Example Distributions during the year 1										
## Finding balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part V Endowment FundS Complete if the organization answered "Yes" on Form 990, Part IV, line 10. a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four	d									
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment FundS Complete if the organization answered "Yes" on Form 990, Part X, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (d) Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Contributions (d)	е									
Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV. line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (_
Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.		_					ity?	· L Yes	늗	_ No
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years										
1a Beginning of year balance	Pai	Endowment Funds Complete if								
b Contributions		-	•	1,	(c) Two yea	rs back	(d) Three years b	ack (e) Fol	ır years	back
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 19 · 7000	1a									
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance	b	Contributions	-		1,70					
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2,688,469, 2,235,689, 1,705,366. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 19,7000 % b Permanent endowment 73.1000 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land (b) Buildings (c) Leasehold improvements (d) Book value depreciation 1a Land (b) Buildings (c) Leasehold improvements (d) Book value 320, 340, 75,329, 145,011.	С	Net investment earnings, gains, and losses	325,280.	61,385.		4.				
## Administrative expenses ## End of year balance 2,688,469. 2,235,689. 1,705,366.	d	Grants or scholarships								
## Administrative expenses g End of year balance	е	Other expenditures for facilities								
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment		and programs								
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	f	Administrative expenses								
a Board designated or quasi-endowment	g	End of year balance	2,688,469.	2,235,689.	1,70	5,366.				
b Permanent endowment 73.1000 % c Term endowment 7.2000 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? b If "Yes" on line 3a(ii), are the related 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 (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation 1a Land b Buildings 14,342,898. 5,169,615. 9,173,283. c Leasehold improvements 1,682,083. 260,211. 1,421,872. d Equipment 220,340. 75,329. 145,011.	2	Provide the estimated percentage of the curre		e (line 1g, column (a)) held as:					
c Term endowment	а	Board designated or quasi-endowment	19.7000	_%						
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings 14,342,898. 5,169,615. 9,173,283. c Leasehold improvements 4 Equipment 1,236,182. 916,133. 320,049. e Other Other	b	Permanent endowment 73.1000	%							
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) b Buildings 14,342,898 5,169,615 9,173,283. c Leasehold improvements 1,682,083 260,211 1,421,872. d Equipment 220,340 75,329 145,011.	С	Term endowment 7.2000 9	6							
Vest No		The percentages on lines 2a, 2b, and 2c should	ld equal 100%.							
(i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iv) Related organizations. (iv) Related organizations	За	Are there endowment funds not in the posses	sion of the organiza	ition that are held an	nd administer	ed for th	е			
(ii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings 14,342,898. 5,169,615. 9,173,283. c Leasehold improvements 4 Equipment 1,682,083. 260,211. 1,421,872. d Equipment 220,340. 75,329. 145,011.		organization by:							Yes	No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings 14,342,898. 5,169,615. 9,173,283. c Leasehold improvements 4 Description of property (a) Cost or other basis (other) 14,342,898. 5,169,615. 9,173,283. c Leasehold improvements 1,682,083. 260,211. 1,421,872. d Equipment 220,340. 75,329. 145,011.		(i) Unrelated organizations?						3a(i)	X	
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 Buildings c Leasehold improvements d Equipment 220,340. 75,329. Description of property (d) Book value (d) Book value 11a, 342,898. 5,169,615. 9,173,283. 14,342,898.		(ii) Related organizations?						3a(ii)		Х
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 Buildings c Leasehold improvements d Equipment 220,340. 75,329. Description of property (d) Book value (d) Book value 11a, 342,898. 5,169,615. 9,173,283. 14,342,898.	b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requir	ed on Schedule R?				3b		
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	4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.						
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation	Par	t VI Land, Buildings, and Equipme	ent							
basis (investment) basis (other) depreciation 1a Land 14,342,898. 5,169,615. 9,173,283. c Leasehold improvements 1,682,083. 260,211. 1,421,872. d Equipment 1,236,182. 916,133. 320,049. e Other 220,340. 75,329. 145,011.		Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11a. S	ee Form 990	, Part X,	line 10.			
1a Land 14,342,898. 5,169,615. 9,173,283. c Leasehold improvements 1,682,083. 260,211. 1,421,872. d Equipment 1,236,182. 916,133. 320,049. e Other 220,340. 75,329. 145,011.		Description of property	(a) Cost or o	ther (b) Cost	or other	(c) A	ccumulated	(d) Boo	ok valu	е
b Buildings 14,342,898. 5,169,615. 9,173,283. c Leasehold improvements 1,682,083. 260,211. 1,421,872. d Equipment 1,236,182. 916,133. 320,049. e Other 220,340. 75,329. 145,011.			basis (investn	nent) basis	(other)	de	preciation			
b Buildings 14,342,898. 5,169,615. 9,173,283. c Leasehold improvements 1,682,083. 260,211. 1,421,872. d Equipment 1,236,182. 916,133. 320,049. e Other 220,340. 75,329. 145,011.	1a	Land								
c Leasehold improvements 1,682,083. 260,211. 1,421,872. d Equipment 1,236,182. 916,133. 320,049. e Other 220,340. 75,329. 145,011.						5,3	169,615.			
d Equipment 1,236,182. 916,133. 320,049. e Other 220,340. 75,329. 145,011.	_ c			1,68	2,083.			1,42	1,8	72.
e Other 220,340. 75,329. 145,011.	d		I	1,23	6,182.					
	_		I	22	0,340.					
	_									

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 FLYING HORSE	FARMS	20-3498125 _{Pag}
Part VII Investments - Other Securities	- Farma 000 David IV lines	11b Cas Farm 000 Dart V line 10
Complete if the organization answered "Yes" o (a) Description of security or category (including name of security)	(b) Book value	
	(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)		
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" o	n Form 000 Dort IV line 1	11a Cas Form 000 Part V line 19
(a) Description of investment		(c) Method of valuation: Cost or end-of-year market value
	(b) Book value	(c) Method of Valuation. Cost of end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		
Part IX Other Assets		
Complete if the organization answered "Yes" o		
	Description	(b) Book value
(1) BENEFICIAL INTEREST IN ASS	ETS HELD BY C	
(2) OPERATING RIGHT-OF-USE		4,56
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
otal. (Column (b) must equal Form 990, Part X, line 15, col.	(B))	2,693,03
Part X Other Liabilities		
Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line 25.
. (a) Description of liability		(b) Book value
(1) Federal income taxes		
(2) FINANCE LEASE OBLIGATION		11,13
(3) OPERATING LEASE OBLIGATION		3,56
(4) LT DEBT		20,00
(5)		

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

Schedule D (Form 990) 2023

34,692.

(7) (8) (9)

Par	T XI Reconciliation of Revenue per Audited Financial State		Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			E 617 100
1				1	5,617,100.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1			
а	Net unrealized gains (losses) on investments		000 560	-	
b	Donated services and use of facilities		989,568.	-	
С.	Recoveries of prior year grants	1 - 1	225 200	-	
d	Other (Describe in Part XIII.)		325,280.		1 214 949
e	Add lines 2a through 2d			2e	1,314,848. 4,302,252.
3	Subtract line 2e from line 1			3	4,302,232.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	الما			
a	Investment expenses not included on Form 990, Part VIII, line 7b		-208,048.	-	
b	Other (Describe in Part XIII.)	·····	· ·	4.	-208,048.
c	Add lines 4a and 4b			4c	
Pai	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Stat	ements With	Expenses per F	Return	1
	Complete if the organization answered "Yes" on Form 990, Part IV, line			iotaii	•
1	Total expenses and losses per audited financial statements			1	5,195,570.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				3,133,370
a	Donated services and use of facilities	2a	989,568.		
b	Prior year adjustments		303,300.	-	
C				-	
d	Other losses Other (Describe in Part XIII.)		208,048.	-	
e	Add lines 2a through 2d			2e	1,197,616.
3	Subtract line 2e from line 1			3	3,997,954.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				3/33//3310
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.			5	3,997,954.
	rt XIII Supplemental Information	,			3 / 3 3 . / 3 3 2 1
	ide 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)	(line 2: Part XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			,	, =,,
PAF	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
CHZ	ANGE IN BENEFICIAL INTEREST				325,280.
					•
PAF	RT XI, LINE 4B - OTHER ADJUSTMENTS:				
DIF	RECT FUNDRAISING EXPENSES				-208,048.
PAF	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
DIF	RECT FUNDRAISING EXPENSES				208,048.

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					Employer identification number			
FLYING :	20-3498							
Part I Fundraising Activities.	Complete if the organization answer	ered "Yes" o	on Form 990, Part IV, lin	e 17. Form 990-EZ	' filers are not			
required to complete this part								
1 Indicate whether the organization rais	ed funds through any of the followin	g activities.	Check all that apply.					
a Mail solicitations	e Solicita	tion of non-	government grants					
b Internet and email solicitations	f Solicita	tion of gove	ernment grants					
c Phone solicitations	g Special	fundraising	j events					
d In-person solicitations								
2 a Did the organization have a written o				es, or				
key employees listed in Form 990, Pa			-	Yes				
b If "Yes," list the 10 highest paid indiv		ant to agree	ements under which the	fundraiser is to be	•			
compensated at least \$5,000 by the	organization.							
		(iii) Did		(v) Amount paid	(2) A			
(i) Name and address of individual	(ii) Activity	(iii) Did fundraiser have custody		to (or retained by)	(vi) Amount paid to (or retained by)			
or entity (fundraiser)		or control of contributions	from activity	fundraiser listed in col. (i)	organization			
		Yes No		.,	+			
		165 140						
	.60							
			+		-			
	V							
Total								
3 List all states in which the organizatio	n is registered or licensed to solicit o	contribution	s or has been notified it	is exempt from re	gistration			
or licensing.								
, —								
"								

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

Schedule G (Form 990) 2023

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

		of fundraising event contributions and gro				s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
					NONE	(add col. (a) through
			CAMPFIRE			
			(event type)	(event type)	(total number)	col. (c))
Revenue			. , , , ,		· · · · · · · · · · · · · · · · · · ·	
Υe	4	Gross receipts	1,048,296.			1,048,296.
Be	'	Gross receipts	1,010,2500			1,010,2501
	_	Lacer Centributions	1,019,890.			1,019,890.
		Less: Contributions	1,010,000			1,013,030.
		Overes in course (line 4 verieurs line 0)	28,406.			28,406.
	3	Gross income (line 1 minus line 2)	20,400.			20,400.
		Ocal arises				
	4	Cash prizes				
	_					
'n	5	Noncash prizes				
ses	_	D 1/6 1111				
per	6	Rent/facility costs				
Direct Expenses			70 147			70 147
ect	7	Food and beverages	70,147.			70,147.
ä			1 750			1 750
	8	Entertainment	1,750. 136,151.			1,750. 136,151.
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through				208,048.
	11	Net income summary. Subtract line 10 from line				-179,642.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				T
ē			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				billigo/progressive billigo		coi. (a) trirough coi. (c))
Rev						
	1	Gross revenue				
			· ·			
es	2	Cash prizes				
Direct Expenses						
ă	3	Noncash prizes				
ct E						
) jre	4	Rent/facility costs				
	_5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	L No	No	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)			
	_					
		ter the state(s) in which the organization condu				
		he organization licensed to conduct gaming ac				Yes No
b	If "	No," explain:				
						
		ere any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·		/ear?	Yes No
b	If "	Yes," explain:				

332082 09-13-23 Schedule G (Form 990) 2023

Schedule G (Form 990) 2023 FLYING HORSE FARMS	20-3498125 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	
THE Effect the flathe and address of the person who propares the organization's gaming/special events books and reco	Tus.
Name	
Name	
Address	
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 a	mount
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	
	Yes No
retain the state gaming license?	
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	A. and Dart III. lines O. Ob. 10b
	/); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	

Schedule G (Form 990)

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

FLYING HORSE FARMS

Employer identification number 20-3498125

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			v
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 504(a)(2), 504(a)(4), and 504(a)(20) associations must complete lines 5.0			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
5	contingent on the revenues of:			
•		5a		х
a h	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.	00		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
Ū	contingent on the net earnings of:			
а	The organization?	6a		х
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
•	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	I-2 and/or 1099-MISo	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		reported as deferred on prior Form 990	
(1) NICHOLE DUNN	(i)	223,722.	30,000.	0.	7,612.	12,277.	273,611.	0.
	(ii)	0.	0.	0.	0.	0.		0.
(2) BETHANY UHL	(i)	179,229.	0.	0.	5,377.	2,507.	187,113.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
·	(ii)							
	(i)							
·	(ii)							
	(i)							
	(ii)							
	(i)	·						
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)	7						
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Open to Public Inspection

FLYING HORSE FARMS

Employer identification number 20-3498125

Par	rt I Types of Property								
		(a)	(b)	(c)		(c			
		Check if	Number of contributions or	Noncash contri amounts report		Method of o			/
		applicable		Form 990, Part VI		noncash contrib	oution a	mount	3
1	Art - Works of art				, 9				<u> </u>
2	Art - Works of art Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications						_		—
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock					<u> </u>			
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19									
	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts	V		160	772	CO CITI			
25	Other (CAMP SUPPLIES)	X	8		<u>,773.</u>				
26	Other (MISCELLANEOUS)	X	11		<u>,745.</u>				
27	Other (CAPITAL EQUIPME)	X	3	34	,750.	COST			
28	Other (
29	Number of Forms 8283 received by the organiz	ation during	the tax year for co	ontributions					
	for which the organization completed Form 828	3, Part V, D	onee Acknowledge	ement	29				
								Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines	s 1 throug	h 28, that it			
	must hold for at least 3 years from the date of t	he initial co	ntribution, and whi	ch isn't required to	be used f	or			
	exempt purposes for the entire holding period?						30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard	l contribut	ions?	31		Х
	Does the organization hire or use third parties of					***************************************			
	contributions?						32a		Х
b	If "Yes," describe in Part II.						320		
	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column	(a) is chec	ked			
, 55	describe in Part II.	2.3 (0) 101		.s. mion column	(4) 10 01100	,			
For F	Paperwork Reduction Act Notice, see the Instr	ructions for	Form 990			Schedule	M (For	n 990\	2023

332142 09-11-23

Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

FLYING HORSE FARMS

Employer identification number 20-3498125

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
BY PROVIDING MEDICALLY AND EMOTIONALLY SAFE EQUITABLE CAMP EXPERIENCES.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
A SIGNIFICANT HIGHLIGHT OF FHF'S ENDEAVORS WAS THE GROUNDBREAKING
LAUNCH OF MENTAL HEALTH AS A PRIMARY DIAGNOSIS FOCUS. THIS INITIATIVE
SAW THE ESTABLISHMENT OF MENTAL HEALTH CAMP, A TRANSFORMATIVE WEEKLONG
RESIDENTIAL SESSION DEVELOPED IN PARTNERSHIP WITH SYNTERO. FURTHERMORE,
FHF PARTNERED WITH NATIONWIDE CHILDREN'S HOSPITAL CENTER FOR SUICIDE
PREVENTION AND RESEARCH TO INTRODUCE MENTAL HEALTH FAMILY CAMP,
EXTENDING VITAL SUPPORT TO FAMILIES.
MOREOVER, IN ITS COMMITMENT TO MISSION DELIVERY, FHF WARMLY EMBRACED
1,374 VOLUNTEERS THROUGHOUT THE YEAR AND ENLISTED 38 SEASONAL STAFF
DURING THE SUMMER, EFFECTIVELY DOUBLING THE OVERALL WORKFORCE, AND
ENSURING THE SEAMLESS EXECUTION OF ITS PROGRAMS THROUGHOUT THE YEAR.
FORM 990, PART VI, SECTION A, LINE 1A:
THE ORGANIZATION HAS AN EXECUTIVE COMMITTEE THAT PROVIDES RECOMMENDATIONS
TO THE BOARD. IN ADDITION, DECISIONS THE FULL BOARD WOULD LIKE LOOKED INTO
MORE IN DEPTH ARE DELEGATED TO THE EXECUTIVE COMMITTEE FOR FURTHER REVIEW.
FORM 990, PART VI, SECTION A, LINE 2:

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

JENNI BELFORD AND DAVID BELFORD HAVE FAMILIAR RELATIONSHIP.

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2

Name of the organization

FLYING HORSE FARMS

Employer identification number 20-3498125

FORM 990, PART VI, SECTION A, LINE 8B:

NO COMMITTEE HAS THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS REVIEWED BY THE TREASURER. UPON APPROVAL BY THE TREASURER, THE 990 IS THEN SUBMITTED TO THE EXECUTIVE COMMITTEE BEFORE BEING FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION INSISTS THAT OFFICERS, DIRECTORS AND KEY EMPLOYEES

DISCLOSE ANY INTERESTS THAT COULD GIVE RISE TO A CONFLICT AS SOON AS THEY

BECOME AWARE OF THE ISSUE.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION IS AFFILIATED WITH THE SERIOUS FUN CHILDREN'S NETWORK,

WHICH IS AN ASSOCIATION OF INTERNATIONAL CAMPS THAT SUPPORT CHILDREN WITH

LIFE THREATENING DISEASES. IN DETERMING COMPENSATION, THE ORGANIZATION

USED COMPARABILITY DATA FROM OTHER SERIOUS FUN NETWORK ORGANIZATIONS AND

OTHER NON-PROFITS IN THE CENTRAL OHIO AREA WHEN DETERMINING COMPENSATION

FOR TOP MANAGEMENT OFFICIALS AND KEY EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN BENEFICIAL INTEREST

325,280.

Schedule O (Form 990) 2023	Page 2
Name of the organization FLYING HORSE FARMS	Employer identification number 20-3498125
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION DID NOT CHANGE THE OVERSIGHT PROCESS OR S	ELECTION
PROCESS DURING THE YEAR.	

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2024

Name FLYING HORSE FARMS	Employer Identification Number 20 – 3498125
Based on the information provided with this return, the following are possible carryover amounts to next year.	
FEDERAL POST-2017 NET OPERATING LOSS - USE OF FACILITY	TIES 122,635
	~ \ \
	2
	<u> </u>
r	

Name: FLYING HORSE FARMS FEIN: 20-3498125

Type a	and Entity: USE 382 Annual Limitation	OF FACILITIES	POST-2017 NO	L FED	DETAIL C	ARRYOVER SCH	IEDULE				
Year Origi- nated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for							
	1,094.										
2021	44,265.										
2023	42,002.										
A 2020 3 2021 2022 2023											
1											
A A A A A A A A A A A A A A A A A A A											
1 1											
Q											
3											
- J											
) / V											
	E Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
Detail Type	S Used for B C	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for
	С										
3											
A 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5											
à H											
<											
/I											
1											
Λ Λ Λ Λ Λ Λ Λ Λ Λ Λ Λ Λ Λ Λ Λ Λ Λ Λ Λ											
3											
5											
) /											
V											

312571 04-01-23 Name: FLYING HORSE FARMS FEIN: 20-3498125

Type a	and Entity: NET	POSITIVE ACE	ADJUSTMENT F. Section 382 Carryover	ED	DETAIL C	ARRYOVER SCH	IEDULE				
Year Origi- nated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
2020 2021	2,833. 34,490.										
2021	34,490.										
2020											
,											
	E Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
Detail Type	S Used for B C	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for
	c										
			10								
,											

312571 04-01-23 EXTENDED TO NOVEMBER 15, 2024

Form	Form 990-T Exempt Organization Business Income Tax Return					
			(and proxy tax under section 6033(e))		0000	
		For ca	lendar year 2023 or other tax year beginning , and ending		2023	
Depart Interna	ment of the Treasury Il Revenue Service	I	Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a $501(c)(3)$.		Open to Public Inspection for 501(c)(3) Organizations Only	
A [Check box if address changed.		Name of organization (Check box if name changed and see instructions.)	D Em	nployer identification number	
	empt under section	Print	FLYING HORSE FARMS		20-3498125	
X] 501(c)(3)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions.	E Gro	oup exemption number ee instructions)	
	408(e) 220(e)	',,,,	5260 STATE ROUTE 95	_		
F	408A530(a)		City or town, state or province, country, and ZIP or foreign postal code	<u> </u>		
	529(a)529A	<u> </u>	MT. GILEAD, OH 43338	⊣F └	Check box if	
	No o al composito aki and		ok value of all assets at end of year	State	an amended return. e college/university	
G (Check organization	туре	6417(d)(1)(A) Applicable entity	J State	conege/university	
H (Check if filing only to	o claim		ent amo	ount from Form 3800	
			ation filing a consolidated return with a 501(c)(2) titleholding corporation			
			ed Schedules A (Form 990-T)		1	
K	Ouring the tax year,	was th	e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No	
	f "Yes," enter the na	ame an	d identifying number of the parent corporation			
				419-	-751-7077	
Pai	rt I Total Uni	elate	d Business Taxable Income			
1	Total of unrelated	d busine	ess taxable income computed from all unrelated trades or businesses (see instructions)	1	0.	
2				2		
3				3	0	
4			(see instructions for limitation rules)	4	0.	
5 6			s taxable income before net operating losses. Subtract line 4 from line 3	<u>5</u>		
7			ting loss. See instructions ess taxable income before specific deduction and section 199A deduction.	-		
•			5	7		
8	Specific deduction	on (gene	erally \$1,000, but see instructions for exceptions)		1,000.	
9			eduction. See instructions	9		
10			lines 8 and 9	10	1,000.	
11			able income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.	
Pai	rt II Tax Com	•				
1			as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.	
2			rates. See instructions for tax computation. Income tax on the amount on			
•			Tax rate schedule or Schedule D (Form 1041)	2		
3 4			ons instructions	4		
5			Instructions	5		
6			acility income. See instructions			
7			gh 6 to line 1 or 2, whichever applies	7	0.	
Pai	rt III Tax and					
1a	Foreign tax credi	t (corpo	orations attach Form 1118; trusts attach Form 1116) 1a			
b			· · · · · · · · · · · · · · · · · · ·	_		
С			Attach Form 3800 (see instructions) 1c	_		
d			mum tax (attach Form 8801 or 8827) 1d			
e				1e	0	
2			rt II, line 7	2	0.	
3a h	Amount due from Amount due from		014			
C						
d						
e						
f		•	lines 3a through 3e	3f	0.	
4			nd 3f (see instructions).			
	section 1294. E	Enter ta	x amount here	4	0.	
5	Current net 965 t	ax liabi	lity paid from Form 965-A, Part II, column (k)	5	0.	

Form 990-T (2023) Page 2 Tax and Payments (continued) Part III Payments: Preceding year's overpayment credited to the current year Current year's estimated tax payments. Check if section 643(g) election applies Tax deposited with Form 8868 6c С Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions) 6e Credit for small employer health insurance premiums (attach Form 8941) Elective payment election amount from Form 3800 6g Payment from Form 2439 h 6h 6i Credit from Form 4136 Other (see instructions) j 7 Total payments. Add lines 6a through 6j Estimated tax penalty (see instructions). Check if Form 2220 is attached 8 8 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 9 9 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 10 Enter the amount of line 10 you want: Credited to 2024 estimated tax Part IV | Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a

	foreign trust?		 <u>^</u>
	If "Yes," see instructions for other forms the organization may have to file.		
3	Enter the amount of tax-exempt interest received or accrued during the tax year	\$	
4	Enter available pre-2018 NOL carryovers here \$ Do no	ot include any post-2017 NOL carryover	
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by	y any deduction reported on Part I, line 6.	
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-20	17 NOL carryovers. Don't reduce	
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 f	for the tax year. See instructions.	
	Business Activity Code	Available post-2017 NOL carryover	
	532000	\$ 80,633.	
		\$	
		\$	
		\$	
6 a	Reserved for future use		
b	Reserved for future use		
Part	V Supplemental Information		

Provide any additional information. See instructions.

Sign				axpayer) is based on all information of which preparer has any knowledge.						
Here			1	PRESIDENT/CEO				the IRS discuss this returned the reparer shown below (see		
	Signature of officer		Date	Title			instru	ctions)? X Yes	No	
	Print/Type prepa	arer's name	Preparer's signature		Date	Check	if	PTIN		
Paid						self-employe	d			
Preparer	NATOSHA	CARR	NATOSHA CAR	kR	09/04/24			P0122537	17	
Use Only		CLARK, SC	HAEFER, HACKET	T & CO.		Firm's EIN		31-08000)53	
Joe Jing		4449 EA	STON WAY, SUIT	E 400						
	Firm's address	COLUMBU	S, OH 43219			Phone no.	61	4-885-220	8 (
								- 000	T (0000	

Under penalties of periury. 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

Form **990-T** (2023)

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990T for instructions and the latest information.

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

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

							50 I(C)(3) Organizations Only
A N	lame of the organization FLYING HORSE FARMS				B Employer 20-34		eation number
<u>с</u> .	Unrelated business activity code (see instructions) 53200	0			D Sequenc	e: -	L of 1
<u>E [</u>	Describe the unrelated trade or business	ITI	ES				
Pa	TI Unrelated Trade or Business Income		(A) Income		(B) Expense	es	(C) Net
1a	Gross receipts or sales						
b	Less returns and allowances c Balance	1c					
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a					
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b					
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
	statement)	5					
6	Rent income (Part IV)	6	173,4	78.			173,478.
7	Unrelated debt-financed income (Part V)	7					
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17)						
	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10					
11	Advertising income (Part IX)	11					
12	Other income (see instructions; attach statement)	12					
13	Total. Combine lines 3 through 12	13	173,4	78.			173,478.
Pai	Deductions Not Taken Elsewhere. See instruct directly connected with the unrelated business in	ions f come	or limitations o	on deduct	ions. Ded	luction	s must be
1	Compensation of officers, directors, and trustees (Part X)					1	
2	Salaries and wages					2	112,089.
3	Repairs and maintenance					3	
4	Bad debts					4	
5	Interest (attach statement). See instructions					5	
6	Taxes and licenses			·····		6	
7	Depreciation (attach Form 4562). See instructions			4	<u>5,393.</u>		
8	Less depreciation claimed in Part III and elsewhere on return		8a			8b	45,393.
9	Depletion					9	
10	Contributions to deferred compensation plans					10	
11	Employee benefit programs					11	
12	Excess exempt expenses (Part VIII)					12	
13	Excess readership costs (Part IX)		~~~			13	FR 000
14	Other deductions (attach statement)					14	57,998.
15	Total deductions. Add lines 1 through 14					15	215,480.
16	Unrelated business income before net operating loss deduction. S						40.000
_	column (C)					16	-42,002.
17	Deduction for net operating loss. See instructions					17	-42,002.
<u>18</u>	Unrelated business taxable income. Subtract line 17 from line 10	o				18	
ror F	aperwork Reduction Act Notice, see instructions.				;	scneau	e A (Form 990-T) 2023

323741 01-19-24

	ule A (Form 990-T) 2023				Page 2
Part		nod of inventory valuat	ion		
1	Inventory at beginning of year				
2	Purchases				
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter h	·			
9	Do the rules of section 263A (with respect to property p				Yes No
Part	, , , ,				
1	Description of property (property street address, city, s				220
	A USE OF FACILITIES 5260 S	STATE ROUTE	95, MT. GIL	EAD, OH 43	338
	В 💹				
	c				
	D				1
		A	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%	•			
	but not more than 50%)	0.			
b	From real and personal property (if the				
	percentage of rent for personal property exceeds	100 400			
	50% or if the rent is based on profit or income)	173,478.			
С	Total rents received or accrued by property.	152 450			
	Add lines 2a and 2b, columns A through D	173,478.			
					152 450
3	Total rents received or accrued. Add line 2c, columns A	through D. Enter here	e and on Part I, line 6, o	column (A)	173,478.
	Deductions directly connected with the income				
4	in lines 2a and 2b (attach statement)	0.			
					0
5 Part	Total deductions. Add line 4, columns A through D. Er V Unrelated Debt-Financed Income (sc		, line 6, column (B)		0.
		ee instructions)			
1	Description of debt-financed property (street address, o	city, state, ZIP code). C	theck if a dual-use. See	e instructions.	
	A				
	В				
	C				
	D	Δ.	В		
•	Current in a current function of a three halfs to de hit fine and a	Α	В	С	D
2	Gross income from or allocable to debt-financed				
•	property Deductions directly connected with or allegable				
3	Deductions directly connected with or allocable				
_	to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	9/	<u>%</u>
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D).	. Enter here and on Pa	rt I, line 7, column (A)	······	0.
^	Allocable deductions Market Rev. C. J. P. C.		1		1
9	Allocable deductions. Multiply line 3c by line 6	ough D. Fetaultan	d on Dort Libra 7 and	mn /D)	0.
10	Total allocable deductions. Add line 9, columns A thr Total dividends-received deductions included in line				0.
11	rotar dividendo-received deductions included in line	10			<u> </u>

Sched	ule A (Form 990-T) 2023	::::::::::::::::::::::::::::::::::::::	and Da	ta F	0 1	III O				Page 3	
Part	VI Interest, Annu	uities, Re	oyanies, and Re	ints Froi	iii Contro			,			
		_				т —		lled Organization		T	
	1. Name of controlle	2. Employer				al of specified	5. Part of column 4 that is included in the		6. Deductions directly		
	organization	identification	1	· / · /		nents made	controlling organiza		. Connected with		
		number	(see instructions)				tion's gross income		income in column 5		
<u>(1)</u>											
(2)											
(3)											
(4)											
					Controlled O		I				
7	7. Taxable Income		Net unrelated	1	9. Total of specified		10. Part of column 9 that is included in the		11. Deductions direct		
		1	come (loss)	pay	yments mad	е		organization's	in	connected with	
		(566	e instructions)				gross	income	П	icome in column 10	
<u>(1)</u>									-		
(2)											
(3)											
(4)											
								ns 5 and 10. and on Part I.	1	ld columns 6 and 11. ter here and on Part I,	
								olumn (A).		line 8, column (B).	
T-4-1-								0.		0.	
Totals Part		Income	of a Section 50	1(c)(7) (0) or (17)	Organ	nization (-		U •	
1 urt		cription of		1(0)(1), (T .			ee instructions)	-asides	5. Total deductions	
	I. Desi	cription of	income		2. Amou incor		3. Deduction			,	
							(attach stater	,		(add cols 3 and 4)	
(1)											
(2)						7					
(3)											
(4)											
`					Add amo	unts in				Add amounts in	
					column 2					column 5. Enter	
					here and o line 9, colu	,				here and on Part I, line 9, column (B).	
Totals					,	0.				0.	
Part	VIII Exploited E	xempt A	ctivity Income,	Other T	han Adve	ertising	Income (see instructions))		
1	Description of exploite							,			
2	Gross unrelated busin	•		ness. Enter	r here and o	n Part I,	line 10, columi	n (A)	2		
3	Expenses directly con										
	line 10, column (B)								3		
4	Net income (loss) from	1									
	lines 5 through 7								4		
5	Gross income from ac	tivity that i	s not unrelated busi	ness incon	ne				5		
6	Expenses attributable								6		
7	Excess exempt expen										
	4. Enter here and on F								7		

Schedule A (Form 990-T) 2023

Part	IX Adver	tising Income					
1	Name(s) of pe	riodical(s). Check box if repor	ting two or more p	periodicals on	a consolidated basis	S.	
	Α 🗌						
	в 🔲 🚃						4
	с 🖂 💳						
	D						
Enter a	mounts for eac	h periodical listed above in th	ne correspondina a	column.			
		i	<u> </u>	Α	В	С	D
2	Gross advertis	sing income					
		A through D. Enter here and	· · · · · · · · · · · · · · · · · · ·	column (A)	•	•	0.
а		3	,	()			
3	Direct advertis	sing costs by periodical					
а		A through D. Enter here and		column (B)	•		0.
		o	, ,				
4	Advertising ga	ain (loss). Subtract line 3 from	line				
		umn in line 4 showing a gain,					
		s 5 through 8. For any columr	n in				
		g a loss or zero, do not compl					
5	-	osts					
6		come					
7		ship costs. If line 6 is less that					
		t line 6 from line 5. If line 5 is					
		ter -0-					
8		rship costs allowed as a					
		r each column showing a gai	n on				
		ne lesser of line 4 or line 7					
а		lumns A through D. Enter the		e 8a columns t	otal or -0- here and o	n	
	Part II, line 13	-					0.
Part	X Comp	ensation of Officers, D	Directors, and	Trustees	(see instructions)		
						3. Percentage	4. Compensation
		1. Name		2. Title		of time devoted	attributable to
						to business	unrelated business
(1)						%	
(2)						%	
(3)						%	
(4)						%	
		I on Part II, line 1	<u></u>				0.
Part	XI Suppl	emental Information	(see instructions)				
		· ·					
		*					
	+						
-							
7							
•							
>							

					
FORM 990-T	(A)	OTHER DEDUC	STATEMENT 1		
DESCRIPTION				AMOUNT	
OUTSIDE CON				37,031. 4,546.	
SUPPLIES CREDIT CARD				10,929.	
DUES & SUBS MARKETING ASSET PURCH		2,881. 892. 1,378.			
TOTAL TO SC	HEDULE A, PART II,	, LINE 14		57,998.	
990-T SCH A	POST-201	L7 NET OPERATING	G LOSS DEDUCTION	STATEMENT 2	
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
12/31/20	1,094.	0.	1,094.	1,094.	
12/31/21 12/31/22	35,274. 44,265.	0.	35,274. 44,265.	35,274. 44,265.	
NOL CARRYOV	ER AVAILABLE THIS	YEAR	80,633.	80,633.	

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

OMB No. 1545-0172

Attachment Sequence No. **179**

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

Business or activity to which this form relates

A PG1

1

Identifying number

FLYING HORSE FARMS			USE OF FA	CILITIES		20-3498125
Part I Election To Expense Certain Propert	y Under Section 179	Note: If you have	any listed property	, complete Part	V before y	
1 Maximum amount (see instructions)					1	1,160,000.
2 Total cost of section 179 property place	d in service (see ir	nstructions)			2	
3 Threshold cost of section 179 property	before reduction ir	limitation			3	2,890,000.
4 Reduction in limitation. Subtract line 3 f	rom line 2. If zero	or less, enter -0			4	
5 Dollar limitation for tax year. Subtract line 4 from line	I. If zero or less, enter -0-	. If married filing separate	ly, see instructions		5	
6 (a) Description of pro	perty	(b) Cos	st (business use only)	(c) Elected	cost	
7 Listed property. Enter the amount from						
8 Total elected cost of section 179 proper					8	
9 Tentative deduction. Enter the smaller						
10 Carryover of disallowed deduction from			,		I	
11 Business income limitation. Enter the sr		•			11	
12 Section 179 expense deduction. Add lir13 Carryover of disallowed deduction to 20	·				12	
Note: Don't use Part II or Part III below for I			13			
Part II Special Depreciation Allowar		,	include listed prop	ertv.)		
14 Special depreciation allowance for quali						
the tax year		1		·	14	
15 Property subject to section 168(f)(1) elec					—	
16 Other depreciation (including ACRS)					16	45,393.
Part III MACRS Depreciation (Don't						•
		Section A	1			
17 MACRS deductions for assets placed in	service in tax yea	rs beginning before	2023		17	
18 If you are electing to group any assets placed in service	ce during the tax year into	o one or more general ass	et accounts, check here			
Section B - Assets	Placed in Service	During 2023 Tax	Year Using the Ge	eneral Deprecia	tion Syste	em
(a) Classification of property	(b) Month and year placed in service	(c) Basis for deprecia (business/investment only - see instruction	use (d) Recover	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs		S/L	
	/		27.5 yrs		S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
Section C - Assets P	/	Juring 2023 Tay V	ar Heina the Alte	rnative Depreci	S/L	l tem
			our coming the Ante	mante Depree	ation cyc	
	laced in Service L	Juling 2020 Tax TV			9/1	
20a Class life	laced in Service L	Juling 2020 Tax TV	12 yrs		S/L	
b 12-year	/	Juling 2020 Tax TV	12 yrs. 30 yrs.	MM	S/L	
b 12-year c 30-year	/	Juling 2020 Tax TV	30 yrs.	MM	S/L S/L	
b 12-year c 30-year d 40-year	/	Juling 2020 Tax TV		MM MM	S/L	
b 12-year c 30-year d 40-year Part IV Summary (See instructions.)	/ /		30 yrs. 40 yrs.		S/L S/L	
b 12-year c 30-year d 40-year Part IV Summary (See instructions.) 21 Listed property. Enter amount from line	/ /		30 yrs. 40 yrs.	ММ	S/L S/L S/L	
b 12-year c 30-year d 40-year Part IV Summary (See instructions.)	/ / 28	s 19 and 20 in colu tnerships and S co	30 yrs. 40 yrs. mn (g), and line 21 rporations - see ins	MM	S/L S/L S/L	45,393.

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.) Part V

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Secti	ion A - Depreciation	on and Other In	formation (C	autio	n: See	the ir	nstruc [.]	tions for lii	mits for p	oasseng	er autom	nobiles.)			
24a Do you have evider	nce to support the bu	siness/investment	t use claimed?		Yes		No	24b If "Y	es," is th	ne evider	nce writt	en?	Yes [No	
(a)	(a) (b) (c)		(d)	(e) (f)			(g)			(h)		(i)			
Type of property	Date placed in	Business/ investment	ess/ Cost or		Basis for (busines			Recovery	Me	thod/		ciation		cted n 179	
(list vehicles first)	service	use percentage	other bas	SiS use only)			period	Convention		dedu	ıction		st		
25 Special depreciat	ion allowance for q	ualified listed pr	operty placed	d in se	rvice di	uring	the ta	x year and	t						
used more than 5	0% in a qualified b	usiness use								25					
26 Property used mo	ore than 50% in a q	ualified busines	s use:												
	: :	%													
	: :	%													
	: :	%													
27 Property used 50 ^o	% or less in a quali	fied business us	se:												
		%							S/L -						
		%							S/L-						
	: :	%							S/L -						
28 Add amounts in c	column (h), lines 25	through 27. Ent	ter here and c	n line	21, pag	ge 1				28					
29 Add amounts in c												29			
			ection B - Info												
Complete this section	for vehicles used	by a sole proprie	etor, partner,	or oth	er "mor	e tha	n 5%	owner," or	related	person.	If you pr	ovided v	ehicles		
to your employees, fir															
, , ,	·		,						7						
			(a)		(b) (c)			(d)		(6	(e)		(f)		
30 Total business/inves	Total business/investment miles driven during the			Vehicle 1			Ve	ehicle 3	1	cle 4	_	Vehicle 5		Vehicle 6	
	commuting miles)	· ·													
31 Total commuting															
32 Total other persor			_												
•		·													
33 Total miles driven		<u>-</u>													
	ugh 32														
34 Was the vehicle a			Yes No	Y	es	No	Yes	No	Yes	No	Yes	No	Yes	No	
	ours?														
35 Was the vehicle u															
than 5% owner or															
36 Is another vehicle	•	nal													
use?	aramasis isi persi														
	Section C	- Questions fo	r Employers	Who I	Provide	Vehi	icles 1	for Use by	Their E	mplove	es	· · · · · · ·	·		
Answer these questio								-				ren't			
more than 5% owners				i ipiotii	.g 0001	1011 B	101 10	J. 110100 400	or by on	picyccc	Willo Ca	0			
37 Do you maintain a			nibits all perso	onal u	se of ve	hicle	s incli	udina com	mutina	by your			Yes	No	
	2 11 11011 20110) 010									by you.			1.00	110	
38 Do you maintain a	a written policy stat	tement that prob	nibits persona	al use	of vehic	les. e	except	t commuti	na by va	our					
	the instructions for	· ·	· ·				-								
39 Do you treat all us															
40 Do you provide m															
	nicles, and retain th														
41 Do you meet the															
	wer to 37, 38, 39, 4														
Part VI Amortiza		0, 01 41 13 1 03	, don't comp	note O	COLIOITI	5 101	1110 00	overed ven	10103.						
7 direction	(a)		(b)		(c)			(d)		(e)			(f)		
Desc	ription of costs	Date an	nortization	Amo	ortizable mount		Code section		Amortization period or percentage		An fo	nortization r this year			
42 Amortization of co	nsts that hegins du	•	egins tax vear:				_			portou or per	oontays	10	,		
TE / IIIO IIZAIIOII OI OI	coto triat bogino do		:												
		:					-								
43 Amortization of co	nete that hegan ha	fore your 2022 +	av vear								43				
44 Total. Add amour				to ren	ort						44				
TT IVIAI MUU AIIIOU	nto in columni in al	a une monucilo	113 IUI WITEE		41.1										

Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Taxpayer identification number (TIN) Name of exempt organization, employer, or other filer, see instructions. Type or **Print** 20-3498125 FLYING HORSE FARMS File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 5260 STATE ROUTE 95 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. 43338 MT. GILEAD, OH Enter the Return Code for the return that this application is for (file a separate application for each return) 07 Application Is For Return | Application Is For Return Code Code Form 4720 (other than individual) Form 990 or Form 990-EZ 01 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) Form 8870 12 05 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 Form 5330 (other than individual) 07 14 Form 990-T (corporation) Form 1041-A 08 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of SUSAN MURRAY 5260 STATE ROUTE 95 - MT. GILEAD, OH 43338 Telephone No. 419-751-7077 Fax No. If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) ______. If this is for the whole group, check this . If it is for part of the group, check this box _____ and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15 , 20 24 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 23 or tax year beginning ______, 20 _____, and ending ___ If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Зс