CARR, RIGGS & INGRAM, LLC 3700 COLONNADE PARKWAY, SUITE 300 BIRMINGHAM, AL 35243

> THE RED BARN 2700 BAILEY ROAD LEEDS, AL 35094

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Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 9.x products and later products, select "None"in the "Page Scaling" selection box in the Adobe "Print" dialog.

CLIENT'S COPY

CRIcpa.com blog.CRIcpa.com



The Red Barn 2700 Bailey Road Leeds, AL 35094 Attention: Joy O'Neal

Dear Joy:

Enclosed is the organization's 2016 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by May 15, 2017.

Please review the return for completeness and accuracy.

We appreciate this opportunity to be of service to you. If you have any questions, please call.

Very truly yours,

Brian Barksdale

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2016

Prepared for	
	The Red Barn 2700 Bailey Road Leeds, AL 35094
Prepared by	Carr, Riggs & Ingram, LLC 3700 Colonnade Parkway, Suite 300 Birmingham, AL 35243
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-E0 to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-E0 to us by May 15, 2017.

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FEDERAL INFORMATIONAL FORMS

6

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

-*3191

2016

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
THE EMMET O'NEAL, III FOUNDATION	323,000.	284,332.
HILLCREST FOUNDATION	120,000.	81,332.
TUM TUM TREE FOUNDATION	140,000.	101,332.
THE O'NEAL FOUNDATION	95,000.	56,332.
EMMET AND JOY O'NEAL	364,414.	325,746.
THE PELICAN FOUNDATION	53,000.	14,332.
JAMES AND CATHY BLACK	50,000.	11,332.
Total Excess Contributions to Schedule A, Part II, Line 5		874,738.

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

2016

Department of the Treasury Internal Revenue Service

dar year 2016, or fiscal year beginning	, 2016, and ending
-	

Do not send to the IRS. Keep for your records.
 Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

79eo. Employer identification number

Name of exempt organization

For calen

-*3191

, 20

THE RED BARN

Name and title of officer
JOY O'NEAL
PRESIDENT
Part I Type of Return and Return Information (Whole Dollars Only)
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box
on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b,
whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more

than 1 line in Part I.

1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	778,733.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

LHA For Paperwork Reduction Act Notice, see instructions.	Form 8879-EO (2016)
	Form - See Instructions IRS Unless Requested To Do So
ERO's signature	Date
I certify that the above numeric entry is my PIN, which is my signature on the confirm that I am submitting this return in accordance with the requirement <i>e-file</i> Providers for Business Returns.	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	63132096621 do not enter all zeros
Part III Certification and Authentication	
Officer's signature	Date
	ure on the organization's tax year 2016 electronically filed return. If I have with a state agency(ies) regulating charities as part of the IRS Fed/State creen.
	/ filed return. If I have indicated within this return that a copy of the return of the IRS Fed/State program, I also authorize the aforementioned ERO to
ERO firm name	Enter five numbers, bu do not enter all zeros
X lauthorize CARR, RIGGS & INGRAM, LLC	to enter my PIN 93191

623051 09-26-16

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FILEABLE FORMS

8

Form	990
Form	

Department of the Treasury

Internal Revenue Service

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

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

Information about Form 990 and its instructions is at www.irs.gov/form990.



Α	For th	e 2016 calendar year, or tax year beginning and	ending	_	
B	Check if applicab	e: C Name of organization		D Employer identifie	cation number
	Addre	THE RED BARN			
	Name	Doing business as		**_*	**3191
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final return	2700 BAILEY ROAD		205-	699-8204
_	termir ated			G Gross receipts \$	796,504.
	Amen	$\square E E D S$, AL $3 3 0 9 4$		H(a) Is this a group re	
	Applie tion pendi	F Name and address of principal officer:001 0 NEAD		for subordinates	······
		Z/00 BAILEY RD SW, LEEDS, AL 35094		H(b) Are all subordinates in	
		empt status: $X 501(c)(3) = 501(c) () \blacktriangleleft$ (insert no.) $4947(a)(1)$	or 527	1	list. (see instructions)
		te: THEREDBARN.ORG		H(c) Group exemptio	
	art I	f organization: X Corporation Trust Association Other ► Summary	L Year		I State of legal domicile: AL
		Briefly describe the organization's mission or most significant activities: TO P	ROVIDE	AND PROMOT	E EOUTNE
Governance	1'	ASSISTED ACTIVITIES TO INDIVIDUALS, ESPE		CHILDREN W	TTH
nar	2	Check this box			
ver	3	o		3	3
	4	Number of independent voting members of the governing body (Part VI, line 1b)			2
8 8	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)			30
viti		Total number of volunteers (estimate if necessary)			175
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_		Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		545,050.	680,892.
Revenue	9	Program service revenue (Part VIII, line 2g)		55,372.	62,927.
Bev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-5,479.	34,914.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		594,943.	778,733.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	······	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		315,717.	367,755.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	······	0.	0.
Den		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	30	•	•
Exp		Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		226,465.	262,809.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		542,182.	630,564.
	19	Revenue less expenses. Subtract line 18 from line 12		52,761.	148,169.
or				ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		147,002.	266,182.
	21	Total liabilities (Part X, line 26)		0.	0.
Fund	22	Net assets or fund balances. Subtract line 21 from line 20		147,002.	266,182.
P		Signature Block			

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

Sign Here	Signature of officer JOY O'NEAL, PRESIDENT Type or print name and title		I	Date			
Paid	Print/Type preparer's name BRIAN BARKSDALE	Preparer's signature	Date	Check PTIN if self-employed PO0185918			
Preparer	Firm's name 🕒 CARR, RIGGS & IN			Firm's EIN 🕨 **-***6621			
Use Only Firm's address 3700 COLONNADE PARKWAY, SUITE 300 BIRMINGHAM, AL 35243 Phone no. 205-933-7822							
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)						
	632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2016)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1 990 (2016) THE RED BARN *	*-***3191	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1			<u> </u>
•	Briefly describe the organization's mission: TO PROMOTE AND PROVIDE EQUINE ASSISTED ACTIVITIES USING R		ъc
			<u>го,</u>
	WHEN POSSIBLE, TO INDIVUDALS OF ALL ABILITIES AND CIRCUMS	TANCES,	
	ESPECIALLY CHILDREN.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XNo
	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	XNo
Ŭ	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 me	an used by evenence	_
4		• •	
	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.		007
4a	(Code:) (Expenses \$528,151. including grants of \$) (Revenue \$		927.)
	THE RED BARN, INC. IS A NON-PROFIT ORGANIZATION INCORPORA		THE
	LAWS OF ALABAMA FOR THE PURPOSE OF PROMOTING AND SUPPORTI	NG	
	EQUINE-ASSISTED ACTIVITIES TO INDIVIDUALS OF ALL ABILITIE	S AND	
	CIRCUMSTANCES, ESPECIALLY CHILDREN. THE ORGANIZATION PROV		Y
	RIDING LESSONS FOR CHILDREN WITH PHYSICAL, COGNITIVE, OR		
	DISABILITIES AND SPECIAL CIRCUMSTANCES, SUCH AS FOSTER CA		
	SOCIAL DELAYS, AND GRIEF. THE ORGANIZATION ALSO HOSTS TR		
	CAMPS FOR CHILDREN AND VETERANS AND HOSTS TRAINING SESSIO		SE
	WHO ARE INTERESTED IN IMPROVING HORSEMANSHIP SKILLS, BECO		
	INSTRUCTOR, OR FORMING AN AGENCY. THE ORGANIZATION IS FUN	DED BY A	
	COMBINATION OF CORPORATE AND INDIVIDUAL GRANTS AND DONATI	ONS,	
	FUNDRAISING EVENTS, AND PROGRAM FEES.	·	
4b			<u> </u>
40)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)		
)	
40			
40	Total program service expenses 528,151.	^	
		Form 9	90 (2016)
63200	2 11-11-16 2		
1 1 0	2 220 750210 55 02160 000 2016 02020 WHE DED DADN	FF (12501

13140328 759219 55-03160.000 2016.03020 THE RED BARN

55-035C1

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⊢orm	990	(2016)

THE RED BARN 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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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	З		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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 temporarily restricted endowments, permanent			
	endowments, or 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, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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		X
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		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		x

Form **990** (2016)

632003 11-11-16

Form	aan	(2016)
FUIII	990	(2010)

THE RED BARN Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			x
~~	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	_ <u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		x
0 4	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24		x
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?If "Yes," complete	31		
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
04		34		x
352	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000	1	<u> </u>
2	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?		L	
	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 in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	

Form **990** (2016)

632004 11-11-16

Form	990 (2016) THE RED BARN **-**3	191	F	age 5			
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance						
	Check if Schedule O contains a response or note to any line in this Part V						
			Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	(gambling) winnings to prize winners?	1c	Х				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return 2a 30						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X			
b	If "Yes," enter the name of the foreign country: ►						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit						
	any contributions that were not tax deductible as charitable contributions?	6a		X			
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
	were not tax deductible?						
7	Organizations that may receive deductible contributions under section 170(c).			x			
а							
	b If "Yes," did the organization notify the donor of the value of the goods or services provided?						
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
	to file Form 8282?						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12 10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders 11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40					
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 13b						
	Enter the amount of reserves on hand	4.4		X			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a					
d	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	(2016)			
		LOLU	1 330	(2010)			

	1990 (2016) THE RED BARN **-* T VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	**3191		Page
r ai	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	IOFA NO	respoi	ise
	Check if Schedule O contains a response or note to any line in this Part VI			
Sec	tion A. Governing Body and Management			
			Yes	I
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	3		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	X	Γ
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			
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?			
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
~		7b		
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	0a 8b	x	┢
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			┢
5	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		
			Yes	
0a	Did the organization have local chapters, branches, or affiliates?	10a	-	ť
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			⊢
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1-1-2	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the for			+
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
		12a	x	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			┢
			- 23	┢
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10-	x	
•	in Schedule O how this was done	12c		-
3	Did the organization have a written whistleblower policy?		X	┢
4	Did the organization have a written document retention and destruction policy?	14		
5	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?		1.77	
	The organization's CEO, Executive Director, or top management official			╞
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		
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		
ec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed NONE			
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s	only) availa	ble	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest polic	y, and fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	JOY O'NEAL - 205-699-8204			
	2700 BAILEY RD SW, LEEDS, AL 35094			
2006	5 11-11-16	For	m 990	(2)
	6			•
	328 759219 55-03160.000 2016.03020 THE RED BARN		-03	_

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	Ī

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 (Ď), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	more than one			Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	erson	is bot	h an	compensation	compensation	amount of
	week		cer ar	nd a d		n/trus	lee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	rustee	l trus		ee	npen		(00-2/1099-10130)		and related
	below	d ual t	utiona	L_	mploy	ist col	5			organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			5
(1) JOY O'NEAL	50.00									
PRESIDENT		1		X				0.	0.	0.
(2) EMMET O'NEAL	10.00									
TREASURER		1		X				0.	0.	0.
(3) ALEXIS BRASWELL	30.00									
VICE PRESIDENT & SECRETARY		1		Х				30,541.	0.	0.
				-						
		1								
620007 11 11 16	•							•		Earm 990 (2016)

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Form **990** (2016)

	990 (2016) THE RED E									**_**	**3	191	Pa	age 8
Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) Name and title Average Position Reportable Reportable									(F)				
	Name and title	Average hours per week	(do not check more than one				than is bot	h an	Reportable Reportable compensation compensation from from relat			an	timate nount other	
		(list any hours for	director				p		the organization	organizations (W-2/1099-MIS	5	com	pensa om th	
		related organizations	Individual trustee or director	al trustee		yee	ompensate		(W-2/1099-MISC)	,	,	org	anizat d relat	ion
		below line)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nizati	ons
					-									
1b	Sub-total				<u> </u>				30,541.		0.			0.
с	Total from continuation sheets to Part VI	I, Section A							0. 30,541.		0.			0.
 2	Total (add lines 1b and 1c) Total number of individuals (including but no		_	-					-	,000 of reportabl	-			0.
	compensation from the organization												Yes	0 No
3	Did the organization list any former officer,			e, ke	y en	nplo	yee	, or	highest compensated e	mployee on	[165	
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su	m of reportab	le co	mp	ensa	ation	n and	d otl	-			3		x
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a									idual for services		4		X
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedule	e J f	or sı	ıch p	oers	son .					5		Х
1	Complete this table for your five highest con	-	-								pens	ation f	rom	
	the organization. Report compensation for t (A)					/itn (or w	itnir	(B)			(C		
	Name and business	address	NC	ONE	3			_	Description of s	ervices	С	ompei	nsatio	n
								_						
								-						
2	Total number of independent contractors (ir	ncluding but n	ot lir	nite	d to	tho	se lis	stec	d above) who received m	nore than				
	\$100,000 of compensation from the organiz	zation 🕨				()					Form	990 (2	2016)

632008 11-11-16

Batement of Revenue Check if Schedule Q. contains a regione or note to any line in the Part VII Check if Schedule Q. contains a regione or note to any line in the Part VII Total revenue Related or common provemue Unrelated brownie Provemue Brownie P	Form	990) (ź	2016) THE RED BAI	RN			**_**3	191 Page 9
Provide									
Provide				Check if Schedule O contains a resp	onse or note to any li	ne in this Part VIII			
generation 2 a PROGRAM SERVICE FEES Business Code 324100 62,927. 62,927. a a a a a a a a a a						(A)	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under
generation 2 a PROGRAM SERVICE FEES Business Code 324100 62,927. 62,927. a a a a a a a a a a	nts nts	1	а	Federated campaigns 1a	1				
generation 2 a PROGRAM SERVICE FEES Business Code 324100 62,927. 62,927. a a a a a a a a a a	Grai		b						
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generation 2 a PROGRAM SERVICE FEES Business Code 324100 62,927. 62,927. a a a a a a a a a a	Ξŧ			similar amounts not included above 1f	680,892.	-			
generation 2 a PROGRAM SERVICE FEES Business Code 324100 62,927. 62,927. a a a a a a a a a a	ont Dd (÷.						
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See Book b c		_		DDOCDAM GEDUTCE FFEC			62 927		
g Total. Add lines 2a 21 62,927. 62,927. 3 Investment income (including dividends, interest, and other similar amounts). 62,927. 61,020. 62,927. 62,927. 62,927. 62,927. 62,927. 62,927. 62,927. 62,927. 62,927. 61,020. 61,020. 61,020. 62,927. 62,92. 62,92. 62,92. <li7,< td=""><th>vice</th><td>_</td><td></td><td>FROGRAM SERVICE FEES</td><td></td><td>02,927.</td><td>02,927.</td><td></td><td></td></li7,<>	vice	_		FROGRAM SERVICE FEES		02,927.	02,927.		
g Total. Add lines 2a 21 62,927. 62,927. 3 Investment income (including dividends, interest, and other similar amounts). 62,927. 61,020. 62,927. 62,927. 62,927. 62,927. 62,927. 62,927. 62,927. 62,927. 62,927. 61,020. 61,020. 61,020. 62,927. 62,92. 62,92. 62,92. <li7,< td=""><th>Ser</th><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></li7,<>	Ser								
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g Total. Add lines 2a:2f 62, 927. 3 Investment income (including dividends, interest, and other similar amounts). 62, 927. 4 Income from investment of tax-exempt bond proceeds 9 5 Royatties (i) Personal 6 a Gross rents (ii) Personal b Less: rental expenses (iii) Personal c Rental income or (loss) (iii) Personal d Net rental income or (loss) (iiii) Other a Gross arount from sales of including \$ (i) Securities d Net rental income or (loss) (iii) Other b Less: cost or other basis and sales expenses (iii) Other a Gross income from fundraising events (not including \$ (iii) Other a Gross income or (loss) from fundraising events (not including \$ 52, 685. b Less: direct expenses (iii) T, 7771. c Net income or (loss) from fundraising events and allowances a b Less: direct expenses b c Net income or (loss) from gaming activities. iii) iii) a Gross income from gaming activities. iii) a Gross income or (loss) from gaming activities. b Less: direct expenses b c Net income or (loss) from s	Pro			All other program service revenue					
3 investment income (including dividends, interest, and other similar amounts) 4 income from investment of tax exempt bond proceeds 5 Royatites 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net gain or (loss) d Sees incret expenses c Sei direct expenses b Less: direct expenses c Net income or (loss) from fundraising events a See si direct expenses b Net income or (loss) from gaming activities e Net income or (loss) from galing activities						62,927.			
4 income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents 0 Bess; renta lexpenses c Rental income or (loss) d Net gain or (loss) b Less: direct expenses b If 7, 7711. c Net income or (loss) from fundratising events a State still rent represes b Net income or (loss) from gaming activities e Net income or (loss) from gaming activities a Net income or (loss) from gaming activities			5						
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Image: Second		4							
6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d S a Gross income from fundraising events b Less: direct expenses b 17, 771. d S a Gross income from gaming activities. See Part IV, line 18 a Gross income from gaming activities d R oros sales of inventory, less returns and allowances a d lowances b dess: cost of goods sold b dess: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code d Miscellaneous Revenue 		5		Royalties	►				
b Less: rental expenses				(i) Rea	l (ii) Personal				
c Rental income or (loss)		6	а	Gross rents					
d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) e See Part IV, line 18 a b Less: direct expenses b Less: direct expenses b Less: direct expenses b Net income or (loss) from gaming activities. See c Net income or (loss) from gaming activities. See d Net income or (loss) from sales of inventory d Net income or (loss) from sales of inventory d Net						-			
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and sales expenses						4			
c Gain or (loss)			b						
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9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c	ð					34,914,			34 914.
Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b a b b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c						51/511.			
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Miscellaneous Revenue Business Code Image: Code Image: Code 11 a			b	Less: cost of goods sold	b				
11 a			с	Net income or (loss) from sales of invento	ory 🕨				
b c				Miscellaneous Revenue	Business Code				
c									
				All other revenue	—				
e Total. Add lines 11a-11d ▶ 12 Total revenue. See instructions. ▶ 778,733. 62,927. 0. 34,914.			e			778 733	62 927	0.	34,914
	63200		-11			,		5.	Form 990 (2016)

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

Part IX Statement of Functional Expenses

0001	Check if Schedule O contains a respons		•	, , ,	
	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	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,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	250.000	000 524		01 01 0
7	Other salaries and wages	350,282.	290,734.	38,531.	21,017.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	10 100	14 502	1 0 0 0	1 0 4 0
9	Other employee benefits	17,473.	14,503.	1,922.	1,048.
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
	Legal	12,289.	1,401.	9,673.	1,215.
	Accounting	12,209.	1,401.	9,073.	1,215.
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	2,371.	877.	636.	858.
13	Office expenses	27,850.	20,256.	4,160.	3,434.
13 14	Information technology	2770301	20,2301	1/1000	5,1510
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
.5	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,735.	4,735.		
20	Interest	· ·			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	14,500.	14,500.		
23	Insurance	19,501.	15,406.	3,232.	863.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)				
а	REPAIR AND MAINTENANCE	61,483.	61,483.		
b	HORSE CARE	54,802.	54,802.		
с	TRAINING	16,729.	16,729.		
d	POSTAGE AND PRINTING	14,035.	4,771.	4,632.	4,632.
е	All other expenses	34,514.	27,954.	3,897.	2,663.
25	Total functional expenses. Add lines 1 through 24e	630,564.	528,151.	66,683.	35,730.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				- 000 (000 10)

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Form **990** (2016)

13140328 759219 55-03160.000 2016.03020 THE RED BARN

-*3191 Page 11

		Check if Schedule O contains a response or note t	o any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		63,078.	1	97,159.
	2	Savings and temporary cash investments			2	482.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and form				
		trustees, key employees, and highest compensate	d employees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified	d persons (as defined under			
		section 4958(f)(1)), persons described in section 49	958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section	n 501(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr). Co	omplete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
Ř	8	Inventories for sale or use			8	
	9				9	2,295.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 1	0a 80,000.			
	b	Less: accumulated depreciation 1	оь 27,500.	5,000.	10c	52,500.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	113,746.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		78,924.	15	
	16	Total assets. Add lines 1 through 15 (must equal I		147,002.	16	266,182.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Pa	t IV of Schedule D		21	
es	22	Loans and other payables to current and former of				
oilit		key employees, highest compensated employees,				
Liabilities		Complete Part II of Schedule L			22	
-	23	Secured mortgages and notes payable to unrelate			23	
	24	Unsecured notes and loans payable to unrelated t			24	
	25	Other liabilities (including federal income tax, paya				
		parties, and other liabilities not included on lines 1	7-24). Complete Part X of			
				0.	25	0.
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), o				
ces	07	complete lines 27 through 29, and lines 33 and 3			07	258,182.
lan	27	Unrestricted net assets			27	8,000.
Ba	28	Temporarily restricted net assets			28	0,000.
Net Assets or Fund Balances	29		959) obook boro		29	
ц Г		Organizations that do not follow SFAS 117 (ASC	, 500), check here 🗩 📖			
s o	20	and complete lines 30 through 34.			20	
set	30	Capital stock or trust principal, or current funds			30	
As	31	Paid-in or capital surplus, or land, building, or equip	F		31	
Net	32	Retained earnings, endowment, accumulated inco		147,002.	32	266,182.
	33	Total net assets or fund balances		147,002.	33	266,182.
	34	Total liabilities and net assets/fund balances		14/,002•	34	

Form **990** (2016)

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11

Form 990 (2016)
Part X | Balance Sheet

THE RED BARN

Form	1 990 (2016) THE RED BARN	**_***	<u>3191</u>	Page 12			
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		,733.			
2	Total expenses (must equal Part IX, column (A), line 25)	2		,564.			
3							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	147	,002.			
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 in Schedule O)	9	-28	,989.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			4.0.0			
_	column (B))	10	266	,182.			
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				res 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 in Schedule			37			
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	d 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?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	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 th						
	review, or compilation of its financial statements and selection of an independent accountant?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit					
	Act and OMB Circular A-133?		3a	<u> </u>			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits						

Form **990** (2016)

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Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

494

17(a)(1)	nonexempt	charitab	le trust.
ماممادا	to Course 000		000 E7

20	10
Open to	
Inspec	stion

OMB No. 1545-0047

<u>
</u>

Department of the Treasury Internal Revenue Service

	Attach to Form 990) or Form 990-EZ.	
Information about Schedule A	(Form 990 or 990-EZ) and its instructions is	_{s at} www.irs.gov/form990.

Nan	ame of the organization Employer identification numb								
Da	rt I	Reason for Public (RED BARN	All arganizations must a	malata th	in nort) Cr	a instruction		*-***3191
					-			S.	
	organ	ization is not a private found		. .	-	,			
1	H	A church, convention of ch					I)(A)(I).		
2	\square	A school described in sect							
3	\square	A hospital or a cooperative					-		
4		A medical research organiz city, and state:	ation operated in co	njunction with a nospita	aescribed	a in sectio	A)(1)(a)011 n	.)(III). Enter	the hospital's name,
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a d	overnmental	unit describ	oed in
5		section 170(b)(1)(A)(iv). (C				led by a g	oveninentari		
6		A federal, state, or local gov	. ,	mental unit described in	section 17	70(h)(1)(A)	(v)		
7	X	An organization that norma						the general	public described in
'		section 170(b)(1)(A)(vi). (Co			ioni a gov	errinentai		ine general	
8		A community trust describe		(1)(A)(vi) (Complete Par	+ II)				
9	\square	An agricultural research org				ed in conii	inction with a	land-grant	college
•		or university or a non-land-g	•					-	-
		university:	,				,,		
10		An organization that norma	Ilv receives: (1) more	e than 33 1/3% of its sur	port from	contributi	ons. member	ship fees. a	and aross receipts from
		activities related to its exen							
		income and unrelated busir							
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to c	arry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box in
		lines 12a through 12d that	describes the type o	of supporting organizatio	n and con	nplete lines	s 12e, 12f, an	d 12g.	
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s),	typically by	y giving
		the supported organization			a majority	of the dire	ctors or truste	ees of the s	supporting
		organization. You must c	-						
b		Type II. A supporting org	-				-		-
		control or management o			ame perso	ons that co	ontrol or mana	age the sup	ported
		organization(s). You mus							
С		J Type III functionally inte	• • • •					illy integrate	ed with,
d		its supported organization						tod organi	(a)
u		J Type III non-functionally that is not functionally int						-	
		requirement (see instruct			-		-	u an alleni	IVEIIE33
е		Check this box if the orga						II Type III	
Ū		functionally integrated, or					, po ., . , po	, i, i j po iii	
f	Ente	er the number of supported of		, , ,	0 0				
		vide the following informatior							
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ing document?	(v) Amount o	,	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Tota	1								<u> </u>
-		Paperwork Reduction Act N	lotice, see the Instr	ructions for Form 990 o	r 990-EZ.	632021 09-	21-16 Sche	dule A (For	- m 990 or 990-EZ) 2016

13 13140328 759219 55-03160.000 2016.03020 THE RED BARN

Schedule A (Form 990 or 990 EZ) 2016 THE RED BARN

-*3191 Page 2

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	ction A. Public Support				-		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	241,633.	287,733.	224,879.	498,252.	680,892.	1,933,389.
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	241,633.	287,733.	224,879.	498,252.	680,892.	1,933,389.
	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)						874,738.
~							-
	Public support. Subtract line 5 from line 4.						1,058,651.
		(-) 0010	(1-) 0010	(-) 0014	(-1) 0045	(-) 0010	(6) T - + -
	ndar year (or fiscal year beginning in)	(a) 2012 241,633.	(b) 2013 287,733.	(c) 2014 224,879.	(d) 2015 498,252.	(e) 2016 680,892.	(f) Total
	Amounts from line 4	241,033.	201,135.	224,075.	40,202.	000,052.	1,933,389.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1,933,389.
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12	670,590.
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and stor						X
See	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2016 (-			14	%
	Public support percentage from 2015					15	%
16 a	33 1/3% support test - 2016. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶∟
b	33 1/3% support test - 2015. If the o	organization did no	t check a box on l	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation			▶∟
17a	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		
b	10% -facts-and-circumstances tes						
	more, and if the organization meets th						
	organization meets the "facts-and-cire						
18	Private foundation. If the organization						
	U		,				•

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 THE RED BARN

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 20	016 (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 per- formed, 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 bus-						
	iness 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 \dots						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 20	016 (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization	's first, second, th	ird, fourth, or fifth	tax year as a secti	on 501(c)(3)	organization,
	check this box and stop here						
Sec	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2016 (I	ine 8, column (f) c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2015	Schedule A, Par	t III, line 15			16	%
Sec	ction D. Computation of Invest	stment Incom	ne Percentage	9			
17	Investment income percentage for 20	16 (line 10c, colu	mn (f) divided by l	ine 13, column (f))		17	%
18	Investment income percentage from	2015 Schedule A,	, Part III, line 17			18	%
19 a	33 1/3% support tests - 2016. If the	organization did	not check the box	on line 14, and lir	ne 15 is more than	33 1/3%, ai	nd line 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	e organization qua	alifies as a publicly	supported organi	zation	
b	33 1/3% support tests - 2015. If the						1/3%, and
	line 18 is not more than 33 1/3%, che	ck this box and s	stop here. The org	anization qualifies	as a publicly sup	ported orgai	nization
20	Private foundation. If the organizatio	n did not check a	a box on line 14, 1	9a, or 19b, check	this box and see ir	nstructions	
63202	23 09-21-16				Scl	hedule A (Fo	orm 990 or 990-EZ) 2016
				15			

13140328 759219 55-03160.000 2016.03020 THE RED BARN

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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* (*b*) *and* (*c*) *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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 (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 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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 in 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 in 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 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.)

632024 09-21-16

16 13140328 759219 55-03160.000 2016.03020 THE RED BARN

10a

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	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			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
-			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	;).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
63202	5 09-21-16 Schedule A (Form 9	90 or 99	90-EZ)	2016
	17			

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Schedule A (Form 990 or 990 EZ) 2016 THE RED BARN

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

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

			(optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3	4		
Depreciation and depletion	5		
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		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		
Average monthly cash balances	1b		
Fair market value of other non-exempt-use assets	1c		
Total (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d	3		
Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by .035	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
on C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
Enter 85% of line 1	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3	4		
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	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) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) on B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities Average monthly value of securities Average monthly cash balances Fair market value of other non-exempt-use assets Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) on C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 Income tax imposed in prior year	Add lines 1 through 3 4 Depreciation and depletion 5 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 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 on B - Minimum Asset Amount 8 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a Average monthly value of securities 1a Average monthly cash balances 1b Fair market value of other non-exempt-use assets 1c Total (add lines 1a, 1b, and 1c) 1d Discount claimed for blockage or other 1 factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by .035 6 Recoveries of prior-year distributions 7	Add lines 1 through 3 4 Depreciation and depletion 5 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 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 on B - Minimum Asset Amount (A) Prior Year Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a Average monthly value of securities 1a Average monthly value of securities 1a Average monthly cash balances 1b Fair market value of other non-exempt-use assets 1c Total (add lines 1, 1b, and 1c) 1d Discount claimed for blockage or other 3 factors (explain in detall in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 Net value of non-exempt-use assets 6 Recoveries of prior-year distributions 7 Multi

instructions).

Schedule A (Form 990 or 990-EZ) 2016

632026 09-21-16

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	-	-	
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
			110 2010	
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a				
b	E 4040			
	From 2013			
	From 2014			
	From 2015			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Carryover from 2011 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
-	Applied to 2016 distributable amount Remainder. Subtract lines 4a and 4b from 4			
<u> </u>	Remaining underdistributions for years prior to 2016, if			
5	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
Ŭ	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
a				
	Excess from 2013			
	Excess from 2014			
-	Excess from 2015			
	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 THE RED BARN

	Section D, lines 5, 6, and 8; and Part V, (See instructions.)	Section E, lines 2, 5, and 6. Also complete this part f	for any additional information.
	· · ·		
32028 09-21-1	16	20	Schedule A (Form 990 or 990-EZ) a
40200	759219 55-03160.000	20 2016.03020 THE RED BARN	55-035

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2016

Employer identification number

Name of the organization

THE RED BARN

Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

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

General Rule

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

Special Rules

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

THE RED BARN

-*3191

Part I	Contributors (See instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE EMMET O'NEAL III FOUNDATION, INC. 2500 MOUNTAIN BROOK PARKWAY BIRMINGHAM, AL 35223	\$ <u>103,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	PELICAN FOUNDATION TWO METROPLEX DRIVE SUITE 400 BIRMINGHAM, AL 35209	\$53,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	UAB BENEVOLENT FUND 1720 2ND AVE S BIRMINGHAM, AL 35294	\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>No.</u>	TUM TUM TREE FOUNDATION P.O. BOX 43651 BIRMINGHAM, AL 35243	Total contributions	Type of contribution Person X Payroll
	TUM TUM TREE FOUNDATION P.O. BOX 43651		Person X Payroll Noncash (Complete Part II for
4 (a)	TUM TUM TREE FOUNDATION P.O. BOX 43651 BIRMINGHAM, AL 35243 (b)	\$ <u>45,000.</u> (c)	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d)
4 (a) No.	TUM TUM TREE FOUNDATION P.O. BOX 43651 BIRMINGHAM, AL 35243 (b) Name, address, and ZIP + 4 EMMET AND JOY O'NEAL 2500 MOUNTAIN BROOK PARKWAY BIRMINGHAM, AL 35223 (b) Name, address, and ZIP + 4	\$ 45,000. (c) Total contributions	Person X Payroll
4 (a) No. 5 (a)	TUM TUM TREE FOUNDATION P.O. BOX 43651 BIRMINGHAM, AL 35243 (b) Name, address, and ZIP + 4 EMMET AND JOY O'NEAL 2500 MOUNTAIN BROOK PARKWAY BIRMINGHAM, AL 35223 (b) Name, address, and ZIP + 4 REMY FUND, COMMUNITY FOUNDATION OF GREATER BHAM 2100 1ST AVENUE NORTH, SUITE 700 BIRMINGHAM, AL 35203	\$ <u>45,000.</u> (c) Total contributions (c) (c) Total contributions (c) Total contributions	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

THE RED BARN

Employer identification number

-*3191

Part I	Contributors (See instructions). Use duplicate copies of Part I if additionation	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	COLLEEN AND SHAY SAMPLES 2606 CALDWELL MILL LANE BIRMINGHAM, AL 35243	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	BILL AND HANNAH NIKETAS 3712 MOUNTAIN PARK DRIVE BIRMINGHAM, AL 35213	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	VA AND RD VANN FAMILY FOUNDATION P.O. BOX 530356 BIRMINGHAM, AL 35253	\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 JAMES AND CATHY BLACK 501 KING'S MOUNTAIN TRAIL	Total contributions	Type of contribution Person X Payroll
No. 10 (a)	Name, address, and ZIP + 4 JAMES AND CATHY BLACK 501 KING'S MOUNTAIN TRAIL BIRMINGHAM, AL 35242 (b)	Total contributions	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d)
No. 10 (a) No.	Name, address, and ZIP + 4 JAMES AND CATHY BLACK 501 KING'S MOUNTAIN TRAIL BIRMINGHAM, AL 35242 (b) Name, address, and ZIP + 4 TZENA GAULDIN 2224 1ST AVENUE NORTH	Total contributions \$ 25,000. (c) Total contributions	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Image: Complete Part II for noncash (d) Type of contribution Person Image: Complete Part II for noncash Noncash X (Complete Part II for
No. 10 (a) No. 11 (a)	Name, address, and ZIP + 4 JAMES AND CATHY BLACK 501 KING'S MOUNTAIN TRAIL BIRMINGHAM, AL 35242 (b) Name, address, and ZIP + 4 TZENA GAULDIN 2224 1ST AVENUE NORTH BIRMINGHAM, AL 35203 (b) Name, address, and ZIP + 4 EMMET AND JOY O'NEAL 2500 MOUNTAIN BROOK PARKWAY BIRMINGHAM, AL 35223	Total contributions \$ 25,000. (c) Total contributions \$ 15,000. (c) Total contributions \$ 238,664.	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash X (Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.) (d) (d)

THE RED BARN

Employer identification number

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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	HORSE		
11		-	
		\$15,000.	07/01/16
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions)	Date received
12	PUBLICLY TRADED SECURITIES	-	
		\$ 238,664.	07/01/16
(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
		-	
		- \$	

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	the year from any one contributor. Complete	ntributions to organizations described in sec	** - *** 3191 tion 501(c)(7), (8), or (10) that total more than \$1,000
	completing Part III, enter the total of exclusively religion	ous, charitable, etc., contributions of \$1,000 or less for	the year. (Enter this info. once.)
No.	Use duplicate copies of Part III if additio	nal space is needed.	
m rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_ .			
-		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
-			
No. m tl	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_ -			
-		(e) Transfer of gift	
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
No. m	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
tl 🗌		17 - 5	
- ·			
		(e) Transfer of gift	
	Transferee's name, address, a		Relationship of transferor to transferee
	Transferee's name, address, a		Relationship of transferor to transferee
	Transferee's name, address, a		Relationship of transferor to transferee (d) Description of how gift is held
		and ZIP + 4 I	
		and ZIP + 4 I	
		and ZIP + 4	
	(b) Purpose of gift	and ZIP + 4	(d) Description of how gift is held

13140328 759219 55-03160.000 2016.03020 THE RED BARN

Department of the Treasury

Internal Revenue Service

(Form 9	90)
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 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.

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



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13140328 759219 55-03160.000 2016.03020 THE RED BARN

Employer identification number

	THE RED BARN		**-***3191
Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir		
			(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	nds
-	are the organization's property, subject to the organization's	0	
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor of		
Par			
1	Purpose(s) of conservation easements held by the organizat	-	,
•	Preservation of land for public use (e.g., recreation or e		v important land area
	Protection of natural habitat	Preservation of a certified h	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a c	onsonvation assemant on the last
~	day of the tax year.	ned conservation contribution in the form of a c	Held at the End of the Tax Year
2	Total number of conservation easements		2a
			2b
b	Number of conservation easements on a certified historic sti	ruoturo included in (a)	20 20
	Number of conservation easements included in (c) acquired		
u			2d
2	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the orga	nization during the tax
	year	enverset in Leaster I	
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
~	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conservat	tion easements during the year
-			
7	Amount of expenses incurred in monitoring, inspecting, hand	aling of violations, and enforcing conservation e	asements during the year
~	► \$	(a, a)	
8	Does each conservation easement reported on line 2(d) abor		
~	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat	-	
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the or	rganization's accounting for
Par	t III Organizations Maintaining Collections o	f Art Historical Treasures or Other	Similar Assets
I GI	Complete if the organization answered "Yes" on Form		omilar Assets.
10	If the organization elected, as permitted under SFAS 116 (AS		and balance about works of art
Id			
	historical treasures, or other similar assets held for public ex		r public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		halanaa dhaadaa afaada biadaairad
a	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
~	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		, provide
	the following amounts required to be reported under SFAS 1		
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2016
632051	08-29-16	26	

e Other	Sche	dule D (Form 990) 2016 THE RED	-					***319		age 2
check at that apply: a b	Par	t III Organizations Maintaining C	Collections of A	rt, Historic	al Treasures,	or Othe	r Similar As	ssets(contii	nued)	
a Public exhibition d Clean or exchange programs b Scholary research e Other	3	Using the organization's acquisition, access	ion, and other record	ls, check any	of the following tha	at are a sig	pnificant use of	f its collectio	n item	s
b Scholary research e Other 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization is collections and explain how they further the organization's exempt purpose in Part XIII. 6 Description of the organization solicit or receive donations of art, historical treasures, or other similar assets to to take funds rather than to be maintained as part of the organization answered "Ves" on Form 990, Part IV, line 9, or responded an anound to 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. Intermediation and the organization answered "Ves" on Form 990, Part X, line 21. 1a Is the organization include an amount on Form 990, Part X, line 21. for escrow or distorial account liability? Ves No b If "Ves", explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part XIIII. Part XIII. Part XIII.				_						
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Schedule D (Form 990) 2016

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art VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market valu. (1) (c) Method of valuation: Cost or end-of-year market valu. (2) (c) Method of valuation: Cost or end-of-year market valu. (3) (c) Method of valuation: Cost or end-of-year market valu. (4) (c) Method of valuation: Cost or end-of-year market valu. (6) (c) (7) (c) (a) (c) (b) must equal Form 990, Part X, col. (B) line 13.) (c) (a) (c) Description (a) (c) Description (b) Book value (c) Description (c) (c) Description (a) (c) Description (c) (c) (c)	(a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or	end-of-year market value
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Pa	t XI Reconciliation of Revenue per Audited Financial Sta	atements with Reven	ue per neturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4c	
С				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	2.)		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 T XII Reconciliation of Expenses per Audited Financial S	tatements With Expe		
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12</i> t XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, li	.) tatements With Expe ne 12a.	nses per Return.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 T XII Reconciliation of Expenses per Audited Financial S	.) tatements With Expe ne 12a.	nses per Return.	
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12</i> t XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, li	.) tatements With Expe ne 12a.	nses per Return.	
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 t XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	ne 12a.	nses per Return.	
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 t XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ne 12a.	nses per Return.	
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 t XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2) tatements With Expe ne 12a. 	nses per Return.	
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 t XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2) tatements With Expe ne 12a. 2a 2b 2c	nses per Return.	
5 Pa 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 t XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2) tatements With Expe ne 12a. 2a 2b 2c 2c 2d	1	
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 t XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2) tatements With Expe ne 12a. 2a 2b 2c 2c 2d	1 1	
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 t XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2) tatements With Expe ne 12a. 2a 2b 2c 2c 2d	1 1	
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 t XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2) tatements With Expe ne 12a. 22 2b 2c 2d	1 1	
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 t XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2a 2b 2c 2d 4a	1 1	
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 t XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2a 2b 2c 2d 4a 4b	1 2e 3	

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Part XIII Supplemental Information.

Schedule D (Form 990) 2016

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

SCHEDULE G	Suppleme	ntal Information Regarding	a Fun	drais	ing or Gaming	Act	ivities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the	e organization answered "Yes" of	n Form	990, I	Part IV, line 17, 18, o			2016
Department of the Treasury Internal Revenue Service		rganization entered more than \$ Attach to Form 99	0 or Fo	rm 99	0-EZ.			Open to Public Inspection
Name of the organization	1	bout Schedule G (Form 990 or 990-E2	Z) and its	s instru	uctions is at WWW.Irs.g	gov/i	Employer i	dentification number
Eundroid	THE RED		1.112	<u> </u>	E 000 D 1 11/		**_***	
	complete this part	Complete if the organization answ t.	/ered "Y	'es" o	n Form 990, Part IV,	line	17. Form 990-	EZ filers are not
 a Mail solicitati b Internet and c Phone solicit d In-person sol 2 a Did the organization key employees listed 	ons email solicitations ations icitations n have a written o ed in Form 990, Pa	f Solicit: g Specia or oral agreement with any individua art VII) or entity in connection with	ation of ation of al fundra al (inclue profess	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, tru fundraising services?	stee ?	Y	es 🗌 No
b If "Yes," list the 10 compensated at lea	-	viduals or entities (fundraisers) purs	suant to	agree	ements under which	the f	fundraiser is to) be
(i) Name and address or entity (fund	s of individual	(ii) Activity	(iii) fundr have c or cor contrib	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	tò () Amount paid (or retained by fundraiser sted in col. (i)	
			Yes	No				
								+
								+
Total 3 List all states in white or licensing.	ch the organizatio	n is registered or licensed to solici	t contrib	oution	s or has been notified	d it is	s exempt from	ı registration
LHA For Paperwork Re	eduction Act Noti	ice, see the Instructions for Form	1 990 or	990-	EZ. S	Sche	edule G (Form	1 990 or 990-EZ) 2016

632081 09-12-16

Schedule G (Form 990 or 990-EZ) 2016 THE RED BARN

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1 BLUEGRASS AND BURGERS	(b) Event #2 WARD RACE	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
			(event type)	(event type)	(total number)	coi. (c))
	1	Gross receipts	24,737.	27,948.		52,685
	2	Less: Contributions				
		Gross income (line 1 minus line 2)	24,737.	27,948.		52,685
1	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	3,588.	521.		4,109
	8	Entertainment	500.			500
	9	Other direct expenses				13,162
1	-					17,771
1	1	•••••••••••••••••••••••••••••••	line 3, column (d)	n 990, Part IV, line 19, or r		
ar	1	Net income summary. Subtract line 10 from	line 3, column (d)			34 , 914 (d) Total gaming (add
ar	11 t I	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	ine 3, column (d)answered "Yes" on Forn	n 990, Part IV, line 19, or r	reported more than	34 , 914
	11 1	Net income summary. Subtract line 10 from Gaming. Complete if the organization	ine 3, column (d)answered "Yes" on Forn	n 990, Part IV, line 19, or r	reported more than	(d) Total gaming (add col. (a) through col. (c
ar	1 1 2	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	ine 3, column (d)answered "Yes" on Forn	n 990, Part IV, line 19, or r	reported more than	34 , 914
	1 1 2 3	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	ine 3, column (d)answered "Yes" on Forn	n 990, Part IV, line 19, or r	reported more than	34 , 914 (d) Total gaming (add
	1 1 2 3 4	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	ine 3, column (d)answered "Yes" on Forn	n 990, Part IV, line 19, or r	reported more than	34 , 914 (d) Total gaming (add
	1 1 2 3 4 5	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	ine 3, column (d)answered "Yes" on Forn	n 990, Part IV, line 19, or r	reported more than	34 , 914
	1 1 2 3 4 5 6	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	ine 3, column (d) answered "Yes" on Forn (a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming (c) Other gaming Yes% No	34 , 914 (d) Total gaming (add
	1 1 2 3 4 5 6 7	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	ine 3, column (d) answered "Yes" on Forn (a) Bingo (a) Bingo (b) Bingo (c) Bing	n 990, Part IV, line 19, or n (b) Pull tabs/instant bingo/progressive bingo	<pre>reported more than (c) Other gaming (c) Other gaming Yes% No</pre>	34 , 914

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

632082 09-12-16

Schedule G (Form 990 or 990-EZ) 2016

632083 09-12-16 Schedule G (Form 9 32	90 or 99	0-EZ) 2016
15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line	s 9, 9b, ⁻	10b, 15b,
organization's own exempt activities during the tax year > \$		
retain the state gaming license?L b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	tes	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	
17 Mandatory distributions:		
Director/officer Employee Independent contractor		
Description of services provided		
Gaming manager compensation 🕨 \$		
Name		
16 Gaming manager information:		
Address		
Name		
• in res, enter name and address of the time party.		
of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party:		
b If "Yes," enter the amount of gaming revenue received by the organization ►\$ and the amount		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	🗌 No
Address 🕨		
Name		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	I	
	3b	%
13 Indicate the percentage of gaming activity conducted in: a The organization's facility	3a	%
to administer charitable gaming?	Yes	└── No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	\neg	<u> </u>
11 Does the organization conduct gaming activities with nonmembers?	Yes	No No
11 Does the organization conduct gaming activities with nonmembers?		
LE LOGA DE VIUAUZAUUL VUUUUU VAUUUU AUDURES WUU HOUDEUDEISZ	Yee	

13140328 759219 55-03160.000 2016.03020 THE RED BARN

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2084 -01-16					Schedule G (Form 990 or 990-E2
				33	
10328	759219	55-03160.000	2016.03020	THE RED BARN	55-035C1

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2016

Department of the Treasury Internal Revenue Service

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

Open To Public Inspection

N	ame	of	the	organization
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Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

THE	RED	BARN

Employer identification number
_3191

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			THE RED DING	•					<u> </u>	
Pa	τI	Types	s of Property							
				(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		0	5
1	Art -	Works of	art							
2	Art -	Historical	treasures							
3	Art -	Fractional	l interests							
4	Bool	ks and pul	blications							
5	Clot	hing and h	nousehold goods							
6	Cars	and othe	r vehicles							
7	Boat	s and plar	nes							
8	Intel	lectual pro	operty							
9	Secu	urities - Pu	blicly traded	X	1	238,664.				
10	Secu	urities - Clo	osely held stock							
11		urities - Pa : interests	rtnership, LLC, or							
12	Secu	urities - Mi	scellaneous							
13	Qua	ified cons	ervation contribution -							
14			ures ervation contribution - Other							
15			Residential							
16			Commercial							
17			other			~				
18										
19			У							
20			dical supplies							
21										
22			acts							
23			zimens							
24			artifacts							
25			(HORSE)	X	1	15,000.				
26			()							
27		er 🕨 i	()							
28	Othe		()				·			
29			ms 8283 received by the organ	ization durin	g the tax year for c	contributions				
			organization completed Form 82						V	N -
<u> </u>	Duri					a suba d'un Daub I. Iimaa d'Abuauu			Yes	No
30a			r, did the organization receive b							
			at least three years from the dat					20-		х
Ŀ			ses for the entire holding period	۱ <i>۲</i>				30a		<u>_</u>
			ibe the arrangement in Part II.	policy that "	aguiraa tha raview	of any nonstandard as the	tiono2			х
31			nization have a gift acceptance				10HS /	31	-+	- 23
J∠a		-	nization hire or use third parties		-			220		х
b			ibe in Part II.					32a		~

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2016)

632141 08-23-16

Schedule M (Form 990) (2016) THE RED BARN

-*3191 Page 2

	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 3 is reporting in Part I, column (b), the number of contributions, the number of items received, or a contribution and the part for any additional information.	
2142 08-23-1	6	Schedule M (Form 990)
	35	

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. 2016 Open to Public Inspection

OMB No 1545-0047

THE RED BARN

Employer identification number ** - ***3191

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DISABILITIES OR SPECIAL CIRCUMSTANCES.

FORM 990, PART VI, SECTION A, LINE 2:

JOY O'NEAL AND EMMET O'NEAL ARE MARRIED TO ONE ANOTHER. ALEXIS BRASWELL IS

A DAUGHTER OF JOY O'NEAL.

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

REFER TO LINE 12C

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

GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS

ARE AVAILABLE UPON REQUEST.

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

WAGES FOR EMPLOYEES ARE DETERMINED BY INDUSTRIAL STANDARDS OF THE TWO

ACCREDITING AGENCIES - PROFESSIONAL ASSOCIATIONS OF THERAPEUTIC

HORSEMANSHIP (PATH) AND THE CERTIFIED HORSEMANSHIP ASSOCIATION (CHA).

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

REFER TO LINE 12C

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

TO CONFORM 990 TO FINANCIAL STATEMENT ACCOUNTING METHOD

-28,989.

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

Schedule O (Form 990 or 990-EZ) (2016)

36