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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

0040

		JU uary 2020)	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenu	•	••••	ZU 19
Department of the Treasury			 Do not enter social security numbers on this form Go to www.irs.gov/Form990 for instructions and 	-	•	Open to Public Inspection
AF	or th	e 2019 calend	lar year, or tax year beginning and	l ending	•	
	Check if applicab		forganization		D Employer identificat	ion number
	Addre	ge THE	RED BARN		_	
	Name	ge Doing b	usiness as		45-2593191	
	Initial return Final return	2700	and street (or P.O. box if mail is not delivered to street address) BAILEY ROAD	Room/suite	E Telephone number 205-699-82	04
	termii ated Amen	City or t ded ד בי בי ס	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	931,777.
	_return _Applie		nd address of principal officer: JOY O'NEAL		H(a) Is this a group retur	
	tion pendi		BAILEY ROAD SW, LEEDS, AL 35094		for subordinates?	
		empt status:		or [505	H(b) Are all subordinates includ	
			X 501(c)(3) 1 501(c) () ◀ (insert no.) $4947(a)(1)EDBARN.ORG$	or 527		(
			X Corporation Trust Association Other	L Voor	H(c) Group exemption n of formation: 2011 M S	
	art I	Summary				late of legal domictle. AD
	1	-	be the organization's mission or most significant activities: ${ m TO}$ ${ m F}$			FOUTNE
e			D ACTIVITIES TO INDIVIDUALS, ESPEC			
Governance	2		$x \models \square$ if the organization discontinued its operations or dispo			
veri	3		3			
ĝ	4		ting members of the governing body (Part VI, line 1a)			2
<u>م</u>	5		of individuals employed in calendar year 2019 (Part V, line 2a)			25
Activities &	6		of volunteers (estimate if necessary)			151
₹i	-				7a	0.
Ă			business taxable income from Form 990-T, line 39			0.
					Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)		597,960.	848,706.

			Prior Year	Current Year
0	8	Contributions and grants (Part VIII, line 1h)	597,960.	848,706.
evenue	9	Program service revenue (Part VIII, line 2g)	48,908.	48,199.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
В	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	21,524.	6,290.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	668,392.	903,195.
	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)	0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	442,556.	501,839.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	16,251.
pe	b	Total fundraising expenses (Part IX, column (D), line 25) 93,170.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	296,956.	343,020.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	739,512.	861,110.
	19	Revenue less expenses. Subtract line 18 from line 12	-71,120.	42,085.
or			Beginning of Current Year	End of Year
sets alan	20	Total assets (Part X, line 16)	90,608.	133,353.
t As d Bi	21	Total liabilities (Part X, line 26)	6,723.	7,383.
Fun	22	Net assets or fund balances. Subtract line 21 from line 20	83,885.	125,970 🎝

Part II Signature Block

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

Sign	Signature of officer	Date
Here	JOY O'NEAL, PRESIDENT	
	Type or print name and title	
	Print/Type preparer's name Date	Check PTIN
Paid	BRIAN BARKSDALE	self-employed P00185918
Preparer	Firm's name CARR, RIGGS & INGRAM, LLC	Firm's EIN 72-1396621
Use Only	Firm's address 3700 COLONNADE PARKWAY, SUITE 300	
	BIRMINGHAM, AL 35243	Phone no. 205.933.7822
May the II	RS discuss this return with the preparer shown above? (see instructions)	X Yes No
932001 01-2	0-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2019)
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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Pa	t III Statement of Program Service Accomplishments		Page
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: NONE		
2	Did the organization undertake any significant program services during the year which were not listed on the		
-	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes	XN
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	XNo
4	Describe the organization's program service accomplishments for each of its three largest program services, a Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth revenue, if any, for each program service reported.	• •	nd
4a	(Code:) (Expenses \$ 679,716. including grants of \$) (Rev THE RED BARN, INC. IS A NON-PROFIT ORGANIZATION INCORPORT	RATED UNDER T	199. HE
	LAWS OF ALABAMA FOR THE PURPOSE OF PROMOTING AND SUPPOR' EQUINE-ASSISTED ACTIVITIES TO LOW INCOME INDIVIDUALS OF	ALL ABILITIE	S
	AND CIRCUMSTANCES, ESPECIALLY CHILDREN. THE ORGANIZATION WEEKLY RIDING LESSONS FOR CHILDREN WITH PHYSICAL, COGNI EMOTIONAL DISABILITIES AND SPECIAL CIRCUMSTANCES, SUCH 2	TIVE, OR	 Г
	ADOPTION, SOCIAL DELAYS, AND GRIEF AS WELL AS OCCUPATION USING HORSES. THE ORGANIZATION ALSO HOSTS TRADITIONAL	NAL THERAPY	•
	CHILDREN AND VETERANS AND HOSTS TRAINING SESSIONS FOR THINTERESTED IN IMPROVING HORSEMANSHIP SKILLS, BECOMING AND	HOSE WHO ARE	
	FORMING AN AGENCY. THE ORGANIZATION IS FUNDED BY A COMB CORPORATE AND INDIVIDUAL GRANTS AND DONATIONS, FUNDRAIS	INATION OF	
4b	(Code:) (Expenses \$ including grants of \$) (Rev		
4c	(Code:) (Expenses \$ including grants of \$) (Rev	enue \$	
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 679,716.	_ (
	01-20-20 SEE SCHEDULE O FOR CONTINUATION(90 (201
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 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
	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?			37
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			77
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		77	
	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			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		x
لم	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	11c		<u></u>
u		11d		х
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	TIE		- 23
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			- 23
120	Schedule D, Parts XI and XII	12a		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1.14		
	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		х
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		х
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		х
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		Х
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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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
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 Part IV
 Checklist of Required Schedules (continued)

			Yes	No	1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			37	
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		x	
24 2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		- 23	
270	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		х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b			
	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		Х	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete				
	Schedule L, Part I	25b		X	
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x	
~~	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		~	_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV				
~	instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>				
d		28a		x	
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X	
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200			_
Ŭ	"Yes," complete Schedule L, Part IV	28c		х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation				
	contributions? If "Yes," complete Schedule M	30		Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete				
	Schedule N, Part II	32		Х	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and				
	Part V, line 1	34		X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051			
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b			
36		36		x	
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		- 23	
57		37		х	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	07			
	Note: All Form 990 filers are required to complete Schedule O	38	x		
Pa	rt 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		5			
b		<u>ן</u>			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
	(gambling) winnings to prize winners?	1c	X		_
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Form	990 (2019) THE RED BARN 45-2593 t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	191	P	age 5
1 41			V.	
0-	Enter the number of employees reported on Form W.2. Transmitted of Ware and Tay Statements		Yes	No
Za	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 25			
h	filed for the calendar year ending with or within the year covered by this return 2a 25 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
b	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to $e-file$ (see instructions)	20	- 23	
30		3a		x
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	0.0		
14	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:			
a L	Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against	-		
b				
122	amounts due or received from them.) <u>11b</u> 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	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	100		
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			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2019)

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.	Check if Schedule O contains a response or note to any line in this Part VI			
Sec	tion A. Governing Body and Management			
		1	~	Yes
1a	Enter the number of voting members of the governing body at the end of the tax year1	а	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	b	2	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship wi	th any other		
-	officer, director, trustee, or key employee?		2	X
2	Did the organization delegate control over management duties customarily performed by or under the dir			
3				
-				
4	Did the organization make any significant changes to its governing documents since the prior Form 990			_
5	Did the organization become aware during the year of a significant diversion of the organization's assets'	?	. 5	
6	Did the organization have members or stockholders?		6	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoi	nt 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, stock			
-		,	7b	
•	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by		15	
8		Ũ		v
	The governing body?		8a	X
	Each committee with authority to act on behalf of the governing body?		8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		. 9	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Code.)		
				Yes
10a	Did the organization have local chapters, branches, or affiliates?		10a	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapt			
-	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body be		11a	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			v
	Did the organization have a written conflict of interest policy? If "No," go to line 13			
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to o		. 12 b	X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,	" describe		
	in Schedule O how this was done		120	X
13	Did the organization have a written whistleblower policy?		13	X
14	Did the organization have a written document retention and destruction policy?		14	X
15	Did the process for determining compensation of the following persons include a review and approval by			
10		independent		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		45	v
	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).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	t 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			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organizat			
	exempt status with respect to such arrangements?		16b	
Sec	tion C. Disclosure		10.5	1
17		00 T (0 +:	(O)	N
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 9	90-1 (Section 501(c)	(3)s only) avaii
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on	Schedule O)		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict	ct of interest policy, a	Ind finar	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	F		
	2700 BATLEY RD SW. LEEDS. AL. 35094			
	2700 BAILEY RD SW, LEEDS, AL 35094		For	m 990

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THE RED BARN

Form 990 (2	
Part VI	Governan

/	Governance, Management, and Disclosure	For each "Yes" response to lines 2 through 7b below, and for a	"No
	to line On Ob an 10h holes of a suite the sine measures		

Form 990 (2019) THE RED BARN	45-2593191 Page 7								
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
Employees, and Independent Contractors									
Check if Schedule O contains a response or note to any line in this Part VII									
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.									
• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.									

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 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.

See instructions for the order in which to list the persons above.

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

		(B) (C) Average (do not check more than one						(D)	(E)	(F)
Name and title	Average hours per week	box offi	not c , unles cer an	Pos heck ss pei id a d	ition more rson i irecto) than o s both pr/trus	one n an tee)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related	Individual trustee or director	rustee			bensated		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization
	organizations below line)	Individual tru	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			and related organizations
(1) JOY O'NEAL	50.00									
PRESIDENT				Х				0.	0.	0.
(2) EMMET O'NEAL	10.00									
TREASURER				Х				0.	0.	0.
(3) ALEXIS BRASWELL	40.00									
VICE PRESIDENT & SECRETARY				X				38,259.	0.	0.
					-					
932007 01-20-20	1		1			1				Form 990 (2019)

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	990 (2019) THE RED			45-2593	191 Page 8						
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)	
	(A) Name and title		(B) Average hours per week (ict any)				than c is both	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
1b	Subtotal							►	38,259.	0.	0.
с	Total from continuation sheets to Part V	I, Section A							0.	0.	0.
d 2	Total (add lines 1b and 1c) Total number of individuals (including but n								38,259.	0.00 of reportable	0.
2	compensation from the organization		use	IISLEG	u au	ove	;) vvi i	0 ie	ceived more than \$100,	ooo of reportable	0
	· · · ·										Yes No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			•	•	-		Ŭ			3 X
4	For any individual listed on line 1a, is the su										0 11
	and related organizations greater than \$150										4 X
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>	-				-			-		5 X
Sec	tion B. Independent Contractors		2010	01 30	υη	5013					• • · ·
1	Complete this table for your five highest co the organization. Report compensation for	•	•							· ·	ation from
	(A)	the calendar ye			y w				(B)		(C)
	Name and business	address	NC	ONE	2				Description of s	ervices (Compensation
2	Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot lin	nited	l to t	thos (ted	above) who received mo	ore than	
											Form 990 (2019)

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				BARN	1			45-2593	191 Page 9
	rt VII		evenue						
		Check if Schedule O	contains	a respons	se or note to any lin				
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ស ស	1 a	Federated campaigns		1a					
ran	b								
°, G G	с	Fundraising events		1c					
ar /	d	Related organizations							
is, (е	Government grants (cont	ributions	i) 1e					
tion S	f	All other contributions, gifts,	, grants, a	nd					
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included			848,706.				
ontio	g	Noncash contributions included in			>	949 706			
<u></u> ō Ū	h	Total. Add lines 1a-1f			Business Code	848,706.			
	0.0	PROGRAM SERVI	ררה ה	ידים	324100	48,199.	48,199.		
Program Service Revenue	2 a b				-	40,199.	40,199.		
Ser	c b								
m Ner	d								
Bag	e				-				
r P	f	All other program service	revenue	•					
	g					48,199.			
	3	Investment income (inclu	ding divi	dends, int	erest, and				
		other similar amounts) \dots			►				
	4	Income from investment		-	-				
	5	Royalties							
				(i) Real	(ii) Personal				
	6 a								
	b								
	с С	Rental income or (loss) Net rental income or (loss	6c						
		Gross amount from sales of) Securitie	s (ii) Other				
	<i>,</i> u	assets other than inventory	7a	/					
	b	Less: cost or other basis							
e		and sales expenses	7b						
venue	с	Gain or (loss)							
5	d	Net gain or (loss)			►				
Other Re	8 a	Gross income from fundrais	-						
ð		including \$							
		contributions reported or	-		24 072				
		Part IV, line 18			8a 34,872. 8b 28,582.				
		Less: direct expenses Net income or (loss) from		<u>-</u>		6,290.			6,290.
		Gross income from gamir		- r		0,250.			0,250.
	Jd	Part IV, line 19			9a				
	b	Less: direct expenses			9b				
		Net income or (loss) from							
		Gross sales of inventory,							
		and allowances			10a				
	b	Less: cost of goods sold			l0b				
	С	Net income or (loss) from	sales of	inventory					
<u>s</u>					Business Code				
eon	11 a								
scellaneo Revenue	b								
Miscellaneous Revenue	с С								
Ξ		All other revenue Total. Add lines 11a-11d							
	12	Total revenue. See instructi				903,195.	48,199.	0.	6,290.
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9 2019.04000 THE RED BARN

2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	319,530.	262,015.	31,953.	25,562.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	77,863.	63,848.	7,786.	6,229.
10	Payroll taxes	104,446.	85,645.	10,445.	8,356.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	1,044.		1,044.	
С	0	10,597.		10,597.	
d	Lobbying	4.6.054			
е	Professional fundraising services. See Part IV, line 17	16,251.			16,251.
f	Investment management fees				
g					
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	8,485.	2,723.	2,579.	3,183.
13	Office expenses	43,686.	34,228.	5,107.	4,351.
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	16.000	1 6 0 0 0		
22	Depreciation, depletion, and amortization	16,000.	16,000.	4 705	1 100
23		34,668.	28,746.	4,725.	1,197.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	77,648.	77 649	0	0
a L	HORSE CARE REPAIR AND MAINTENANCE	63,628.	77,648. 61,155.	0.	0. 1,099.
b	POSTAGE AND PRINTING	20,444.	2,249.	5,315.	
c	PROGRAM EQUIPMENT	13,472.	13,472.	5,515.	12,880.
d		53,348.	31,987.	7,299.	14,062.
	All other expenses Add lines 1 through 24a	861,110.	679,716.	88,224.	93,170.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	001,110.	010,110.	00,224.	JJ, 1/0•
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 Figure 1 if following SOP 98-2 (ASC 958-720)				
00000			*		Form 990 (2019)
93201	0 01-20-20	10			rom 550 (2019)

1

Do not include amounts reported on lines 6b,

Grants and other assistance to domestic organizations

and domestic governments. See Part IV, line 21

7b, 8b, 9b, and 10b of Part VIII.

THE RED BARN Part IX Statement of Functional Expenses

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

(A) Total expenses

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

(D) Fundraising expenses

(C) Management and general expenses

(B) Program service expenses

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		Check if Schedule O contains a response or no	te to any line	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	53,496.	1	99,857.		
	2	Savings and temporary cash investments	5,482.	2	17,487.		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	se persons			5	
	6	Loans and other receivables from other disqual	ified person:	s (as defined			
		under section 4958(f)(1)), and persons describe	d in section	4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				8,481.	9	8,860.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	80,000.			
	b	Less: accumulated depreciation		75,500.	20,500.	10c	4,500.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line	2,649.	12	2,649.		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ		90,608.	16	133,353.	
	17	Accounts payable and accrued expenses			6,723.	17	7,383.
	18	Grants payable	•	18	•		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
<i>(</i> 0	22	Loans and other payables to any current or forr					
Liabilities		trustee, key employee, creator or founder, subs					
liqu		controlled entity or family member of any of the		, 		22	
Ë	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate	•			24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line	-				
		of Schedule D	,			25	
	26	Total liabilities. Add lines 17 through 25			6,723.	26	7,383.
		Organizations that follow FASB ASC 958, cho					
es		and complete lines 27, 28, 32, and 33.					
anc	27				83,885.	27	125,970.
Bal	28	Net assets with donor restrictions				28	
lpu		Organizations that do not follow FASB ASC 9					
Ъ		and complete lines 29 through 33.		· —			
P	29	Capital stock or trust principal, or current funds			29		
sets	30	Paid-in or capital surplus, or land, building, or e				30	
Ass	31	Retained earnings, endowment, accumulated ir			31		
Net Assets or Fund Balances	32	Total net assets or fund balances			83,885.	32	125,970.
2	33	Total liabilities and net assets/fund balances			90,608.	33	133,353.

Form 990 (2019)

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Form 990 (2019)
Part X Balance Sheet

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Part XI Reconciliation of Net Assets			
Check if Schedule O contains a response or note to any line in this Part XI			
1 Total revenue (must equal Part VIII, column (A), line 12)	903		
2 Total expenses (must equal Part IX, column (A), line 25)	861	-	
3 Revenue less expenses. Subtract line 2 from line 1 3		2,08	
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	83	8,88	35.
5 Net unrealized gains (losses) on investments 5			
6 Donated services and use of facilities6			
7 Investment expenses7			
8 Prior period adjustments 8			
9 Other changes in net assets or fund balances (explain on Schedule O) 9			0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
column (B))	125	5,97	70.
Part XII Financial Statements and Reporting			
Check if Schedule O contains a response or note to any line in this Part XII			
		Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a			
separate basis, consolidated basis, or both:			
Separate basis Consolidated basis Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant?	2b		X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,			
consolidated basis, or both:			
Separate basis Consolidated basis Both consolidated and separate basis			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
review, or compilation of its financial statements and selection of an independent accountant?			
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audi	it		
Act and OMB Circular A-133?	<u>3a</u>		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
or audits, explain why on Schedule O and describe any steps taken to undergo such audits			

Form **990** (2019)

932012 01-20-20

Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2019
Open to Public Inspection

Intern	al Reve	nue Service	Go to www.irs.gov	//Form990 for instruction	ons and th	ne latest ir	nformation.		Insp	pection
Nan	ne of t	the organization								tion numbe
			RED BARN						5-259	3191
	rt I	Reason for Public (e instruction:	3.		
	organ	nization is not a private found								
1		A church, convention of ch					I)(A)(i).			
2		A school described in sect		-						
3		A hospital or a cooperative					•		41 l	- 11
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:								
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental u	nit describe	ed in	
-		section 170(b)(1)(A)(iv). (0		0 ,	·	, ,				
6		A federal, state, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7	X	An organization that norma	Illy receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from tl	ne general p	oublic desc	ribed in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(i x) operate	ed in conju	inction with a	land-grant	college	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or	
		university:								
10		An organization that norma	•					-	-	-
		activities related to its exen							-	
		income and unrelated busir		(less section 511 tax) fro	m busines	sses acqui	red by the org	ganization a	fter June 3	30, 1975.
		See section 509(a)(2). (Col					O(-)(A)			
11 12	\square	An organization organized a An organization organized a	-	•	•			rny out tho		of one or
12		more publicly supported or	-	•				•		
		lines 12a through 12d that	-							
а		Type I. A supporting orga	• •			-		-	aivina	
		the supported organization			• • • •	-				
		organization. You must o			, ,					
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with it	s supporte	d organizatio	n(s), by hav	ing	
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	orted	
		organization(s). You mus	t complete Part IV,	Sections A and C.						
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functiona	lly integrate	d with,	
	_	its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ections A,	D, and E.			
d		Type III non-functionally						•	. ,	
		that is not functionally int			-		-	l an attentiv	reness	
	_	requirement (see instruct								
е		Check this box if the orga					Type I, Type	II, Type III		
	Ent	functionally integrated, or			ng organiz	ation.				
		er the number of supported on vide the following information	•	d organization(s)						
9		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount o	f monetary	(vi) Amo	ount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (se	e instructions
Tota	al									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

Schedule A (Form 990 or 990-EZ) 2019 THE RED BARN

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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.)

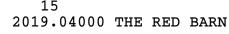
See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	498,252.	680,892.	501,261.	597,960.	848,706.	3127071.
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	498,252.	680,892.	501,261.	597,960.	848,706.	3127071.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1589063.
	Public support. Subtract line 5 from line 4.						1538008.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	498,252.	680,892.	501,261.	597,960.	848,706.	3127071.
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						3127071.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	525,525.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	1 501(c)(3)	
-	organization, check this box and stop						
	ction C. Computation of Publi						
14	Public support percentage for 2019 (li					14	49.18 %
15						15	46.82 %
16 a	33 1/3% support test - 2019. If the c				14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2018. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the "fac			-	-	-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets th		-		• •)
	organization meets the "facts-and-circ		•	•			
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b			
					Sche	dule A (Form 990	or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
	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						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	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, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) orgai	nization,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage			1	
15	Public support percentage for 2019 (I	ine 8, column (f), c	livided by line 13,	column (f))		15	%
	Public support percentage from 2018 ction D. Computation of Inves					16	%
17	Investment income percentage for 20)19 (line 10c, colui	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from	2018 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line	e 17 is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2018. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%	6, and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies	as a publicly suppo	orted organizatio	on ►
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	
93202	23 09-25-19		1 5		Sch	edule A (Form	990 or 990-EZ) 2019



1

2

3a

Yes

No

Part IV Supporting Organizations

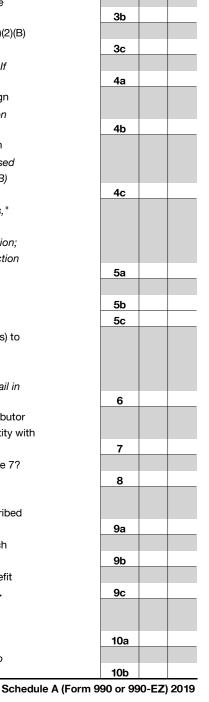
(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 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.)

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	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		
Sec	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 year (see instructions).			
а	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		
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		<u> </u>
932025	09-25-19 Schedule A (Form 9	90 or 99	0-EZ)	2019

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2019.04000 THE RED BARN

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1	Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co	•	· · ·	Part VI). See instructions. All
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1 a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A	(Form 990 or	990-EZ)	2019	\mathbf{THE}	RED	BARN
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	rt V Type III Non-Functionally Integrated 509((continued)	A 1.Y
-	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
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 th	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
			110-2013	
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990 EZ) 2019 THE RED BARN

(See instructions.)		
032028 09-25-19	Schedule A (Form	990 or 990-EZ) 201
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SCHEDULE [)
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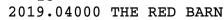
Department of the Treasury Internal Revenue Service Name of the organization

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



Employer identification number

	THE RED BARN				<u></u> .			45-2593191
Par	t I Organizations Maintaining Donor Advise	d Funds or Othe	r Si	im	nilar Funds	or Ac	cour	nts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin							
		(a) Donor ad	viseo	ed f	unds	(b) Fur	nds 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 v		s hel	eld	in donor advis	ed fund	s	
	are the organization's property, subject to the organization's	exclusive legal contro	ol?					Yes No
6	Did the organization inform all grantees, donors, and donor a							
	for charitable purposes and not for the benefit of the donor o							
	impermissible private benefit?						-	Yes No
Par								
1	Purpose(s) of conservation easements held by the organization	on (check all that app	ly).					
	Preservation of land for public use (for example, recrea	tion or education)] F	Preservation of	f a histo	rically	important land area
	Protection of natural habitat] F	Preservation of	f a certif	ied hi	storic structure
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation con	tribu	utio	on in the form	of a cor	nserva	tion easement on the last
	day of the tax year.							Held at the End of the Tax Year
а	Total number of conservation easements						2a	
b	Total acreage restricted by conservation easements						2b	
с	Number of conservation easements on a certified historic stru						2c	
	Number of conservation easements included in (c) acquired a							
	listed in the National Register						2d	
3	Number of conservation easements modified, transferred, rel						zation	during the tax
	year 🕨				,	Ũ		C
4	Number of states where property subject to conservation eas	sement is located						
5	Does the organization have a written policy regarding the per	iodic monitoring, insp	pecti	tior	n, handling of			
	violations, and enforcement of the conservation easements it	holds?						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,							
	▶							
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	d enf	for	cing conserva	tion eas	emen	ts during the year
	►\$							
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirem	nents	ts c	of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?							Yes 🗌 No
9	In Part XIII, describe how the organization reports conservation	on easements in its re	even	านอ	and expense	stateme	ent an	d
	balance sheet, and include, if applicable, the text of the footn	note to the organization	on's	fin	nancial stateme	ents tha	t desc	cribes the
	organization's accounting for conservation easements.							
Par	t III Organizations Maintaining Collections of	Art, Historical 1	rea	as	ures, or Ot	her Si	imila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.						
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its	reve	enu	ue statement a	ind bala	nce s	heet works
	of art, historical treasures, or other similar assets held for put	olic exhibition, educat	tion,	, or	r research in fu	urtheran	ce of	public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that	desc	cril	bes these item	IS.		
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its reve	enue	e st	tatement and b	balance	sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education	n, or	r re	esearch in furth	nerance	of pu	blic service,
	provide the following amounts relating to these items:							
	(i) Revenue included on Form 990, Part VIII, line 1							\$
								\$
2	If the organization received or held works of art, historical treat	asures, or other simila	ar as	sse	ets for financia	l gain, p	orovide	e
	the following amounts required to be reported under FASB A	-						
а	Revenue included on Form 990, Part VIII, line 1							\$
b	Assets included in Form 990, Part X							\$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.						Schedule D (Form 990) 2019
932051	10-02-19							
		25						



Sche	dule D (Form 990) 2019 THE RED						15-25			e 2
Par	t III Organizations Maintaining Co	ollections of Ar	t, Historica	I Treasures, o	r Other	r Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any o	of the following that	t make si	gnificant u	se of its			
	collection items (check all that apply):									
а	Public exhibition	c	Loan	or exchange progra	am					
b	Scholarly research	e	e 🗌 Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explair	n how they fur	ther the organization	on's exen	npt purpos	e in Part	XIII.		
5	During the year, did the organization solicit or	receive donations of	of art, historica	al treasures, or othe	er similar	assets		_		
_	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the orga	nization answered	"Yes" on	Form 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Par									
1 a	Is the organization an agent, trustee, custodia		-				_	-		
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	llowing table:							
								Amount		
	Beginning balance									
	Additions during the year									
е	Distributions during the year									
f	Ending balance							7		
	Did the organization include an amount on Fo					ity?	∟	Yes		No
Par	If "Yes," explain the arrangement in Part XIII.									
Fai	t V Endowment Funds. Complete if						and hands	() [-1-
4.	Designing of your holenes	(a) Current year	(b) Prior ye	ear (c) Two yea	rs dack	(a) Three ye	ears dack	(e) Four	years ba	CK
1a 5	Beginning of year balance									
D	Contributions									
C In	Net investment earnings, gains, and losses									
a	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
1	Administrative expenses									
g 2	End of year balance Provide the estimated percentage of the curre	ont year and balance		mn (a)) hold as:						
2	Board designated or quasi-endowment		%	min (a)) neiù as.						
a b	Permanent endowment	%	/0							
с С		/0 /6								
U	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	-								
3a	Are there endowment funds not in the posses		ation that are h	eld and administer	red for th	e organiza	tion			
04	by:					o organiza		Γ	Yes N	lo
	(i) Unrelated organizations							3a(i)		<u></u>
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requir	red on Schedu	le R?				3b		
4	Describe in Part XIII the intended uses of the								I	
Par	t VI Land, Buildings, and Equipme	ent.								
	Complete if the organization answered	I "Yes" on Form 990), Part IV, line	11a. See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr	· ·) Cost or other basis (other)		ccumulate preciation	d	(d) Book	value	
1a	Land									
b	Buildings									
с	Leasehold improvements									
	Equipment			80,000.		75,50	0.	4	1,500).
	Other			-						
-	. Add lines 1a through 1e. (Column (d) must ed		X. column (R)	line 10c.)				4	1,500).
-										

Schedule D (Form 990) 2019

932052 10-02-19

(a) Description of security or estenory (native security)		11b. See Form 990, Part X, line 12.	d.of.vear markat valua
(a) Description of security or category (including name of s		(c) Method of valuation: Cost or en	u-oi-year market value
) Financial derivatives			
Closely held equity interests			
) Other			
(A)			
(B)			
(C)			
(D)			
(E) (E)			
(F) (G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line	12)		
Part VIII Investments - Program Relat			
Complete if the organization answered		11c. See Form 990. Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line	13.) 🕨		
Part IX Other Assets.			
Complete if the organization answered		11d. See Form 990, Part X, line 15.	
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(4) (5)			
(4) (5) (6)			
(4) (5) (6) (7)			
(4) (5) (6) (7) (8)			
(4) (5) (6) (7) (8) (9)			
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X, co.		>	
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, constant of the second			
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, co. Part X Other Liabilities. Complete if the organization answered (a) Description of liability	d "Yes" on Form 990, Part IV, line		
(4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, co. Part X Other Liabilities. Complete if the organization answered . (a) Description of liabilit	d "Yes" on Form 990, Part IV, line		(b) Book value
(4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, co. Part X Other Liabilities. Complete if the organization answered (a) Description of liabilit (1) Federal income taxes	d "Yes" on Form 990, Part IV, line		
(4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, co. Part X Other Liabilities. Complete if the organization answered (a) Description of liabilit (1) Federal income taxes (2)	d "Yes" on Form 990, Part IV, line		
(4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, co. Part X Other Liabilities. Complete if the organization answered (a) Description of liabilit (1) Federal income taxes (2) (3)	d "Yes" on Form 990, Part IV, line		
(4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, co. Part X Other Liabilities. Complete if the organization answered . (a) Description of liabilit (1) Federal income taxes (2) (3) (4)	d "Yes" on Form 990, Part IV, line		
(4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, co. Part X Other Liabilities. Complete if the organization answered (a) Description of liabilit (1) Federal income taxes (2) (3) (4) (5)	d "Yes" on Form 990, Part IV, line		
(4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, co. Part X Other Liabilities. Complete if the organization answered (a) Description of liabilit (1) Federal income taxes (2) (3) (4) (5) (6)	d "Yes" on Form 990, Part IV, line		
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, co. Part X Other Liabilities. Complete if the organization answered (a) Description of liabilit (1) Federal income taxes (2) (3) (4) (5) (6) (7)	d "Yes" on Form 990, Part IV, line		
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, co. Part X Other Liabilities. Complete if the organization answered (a) Description of liabilit (1) Federal income taxes (2) (3) (4) (5) (6)	d "Yes" on Form 990, Part IV, line		

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

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Sche	dule D (Form 990) 2019 THE RED BARN		45-2593191 Page 4
	t XI Reconciliation of Revenue per Audited Financial State	ments With Reven	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	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		
d	Other (Describe in Part XIII.)		
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	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Stat		nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pa	t XIII Supplemental Information.		

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

932054 10-02-19

SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities							OMB No. 1545-0047	
(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.						or if the	2019		
Department of the Treasury Internal Revenue Service	Ernal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.							Open to Public Inspection	
							entification number		
Dort L Fundraia	THE RED						45-2593		
	complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 17	'. Form 990-E	Z filers are not	
· · · · · ·		ed funds through any of the followir	ng activ	ities. (Check all that apply.				
a Mail solicitat				•	overnment grants				
b Internet and c Phone solicit	email solicitations				nment grants				
d In-person so		g [] Specia	i iuriura	using	events				
•		or oral agreement with any individual	l (incluc	ling of	ficers, directors, trus	tees,	or		
, , ,		art VII) or entity in connection with p			•		Ye		
b If "Yes," list the 10 compensated at le	0	viduals or entities (fundraisers) pursu organization.	ant to	agreei	ments under which th	he fun	draiser is to b	0e	
			(()	Amount noid		
(i) Name and address or entity (fund		(ii) Activity	have c	(iii) Did fundraiser have custody or control of from ac		to (o	Amount paid r retained by) undraiser	(vi) Amount paid to (or retained by) organization	
			contrib	utions?		list	ed in col. (i)		
					-				
Total									
3 List all states in whi		n is registered or licensed to solicit	contrib	utions	or has been notified	it is e	exempt from r	egistration	
or licensing.								•	
					_				
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form	990 or	990-E	Z. 9	Scheo	lule G (Form	990 or 990-EZ) 2019	
932081 09-11-19									

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Schedule G (Form 990 or 990 EZ) 2019 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 draiair

	_		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			LUNCHEON	OPEN HOUSE	2	(add col. (a) through
~			(event type)	(event type)	(total number)	– col. (c))
Hevenue	1	Gross receipts	34,872.	0.		34,872
r	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	34,872.	-		34,872
	4	Cash prizes				
	5	Noncash prizes				
benses	6	Rent/facility costs	3,752.	• •		3,752
Ulrect Expenses	7	Food and beverages	6,802.	509.		7,311
בֿ	8	Entertainment	0.			275
	9	Other direct expenses		497.		17,244
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		►	28,582
	11 rt I	Net income summary. Subtract line 10 from li	ine 3, column (d)		🕨	6,290
חסעסו ועס	1	Gross revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
0		Cash prizes				
xpense	3	Noncash prizes				
Ulrect Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	└── Yes %	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		•	
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)		•	
	0	Thet gaming income summary. Subtract line /				1
		er the state(s) in which the organization condu he organization licensed to conduct gaming a		statos?		Yes N
		No," explain:				
	We	re any of the organization's gaming licenses re	evoked suspended or te	erminated during the tax v	ear?	Yes N
)a		, , ,				
		Yes," explain:				
		Yes," explain:				

Sch	edule G (Form 990 or 990-EZ) 2019 THE RED BARN	45-2	593191	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility		13a	%
	An outside facility		13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	3:		
	Name			
	Address 🕨			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
k	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	unt		
	of gaming revenue retained by the third party \blacktriangleright \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	🗌 No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the		
_	organization's own exempt activities during the tax year 🕨 \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	and Par	t III, lines 9,	9b, 10b,
9320	83 09-11-19 Schedule (31	ડે (Form	1 990 or 99	0-EZ) 2019

/	
 Schadula G /F	orm 990 or 990-EZ)

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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. Go to www.irs.gov/Form990 for the latest information.



45-2593191

THE RED BARN

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

DISABILITIES OR SPECIAL CIRCUMSTANCES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PROGRAM FEES.

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932211 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)