

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments.	4,763	22 8,346
23 Land and buildings.	0	23 0
24 Other assets (describe in Schedule O)	2,866	24 4,202
25 Total assets.	7,629	25 12,548
26 Total liabilities (describe in Schedule O).	2,158	26 6,023
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	5,471	27 6,525

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose? We rescue, rehabilitate and rehome horses and livestock animals in cooperation with local animal control and law enforcement agencies. We provide programs that educate children and special needs adults on animal safety and care. We provide lifelong care to senior and endangered animals that might otherwise go to slaughter or end up in the food production chain.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 Our adoption program generated \$23,061 in adoption donations. We incurred \$73,279 for the direct veterinary care, feed, and farrier for the adoption animals. We received a grant to support emergency vet care for one endangered horse from the Ian Somerhalder Foundation in the amount of \$500, and a separate grant from the ASPCA for \$5,000. At December 31, 2015 we had 54 horses in the adoption program and sixteen horses pending release from rehabilitation to become adoptable. (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	73,279
29 Our sanctuary program incurred \$11,981 in expenses with no direct corresponding revenue. This included costs of barn maintenance, blankets and supplies as well as burial and cremation costs for horses who passed away due to natural causes or humane euthanasia once they had reached an end of quality of life. At December 31, 2015 we had 10 horses, 1 emu and 1 goat in our sanctuary program. (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	11,981
30 Our general fund and children's programs received \$66,578 in cash donations, in kind donations, and fundraising proceeds to offset the costs of the adoption, children's outreach and sanctuary programs. We also received an additional \$2,500 grant from the ASPCA for marketing and promotional items. We spent \$14,025 in administering costs of these programs including postage, merchant service fees, advertising, fuel and training. At the present time, we account for our children's programs within our general fund, though in the future this program may grow and be treated separately. During 2014 we served approximately 12 children and adults with physical disabilities and intellectual disabilities specifically falling within autism spectrum disorders and ADHD. Additionally, we work closely with a non profit serving children on the Fetal Alcohol Spectrum Disorder and have assisted in volunteer education and training of animals working in therapeutic roles full time. We also partner with a private placement provider for children in state custody and provide equine experiences for children in foster care. (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	14,025
31 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	99,285

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Sariah Hopkins Executive Director	0	0	0	0
Shannon Kreiger Director of Development	0	0	0	0
Allison Speck Director of Adoption Programs	0	0	0	0
Benjamin Fillmore Director of Technology	0	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.
b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on line 9
b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
section 4911; section 4912; section 4955
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed.
42a The organization's books are in care of Sariah Hopkins Telephone no. (615) 775-1931 Located at PO Box 22Cottontown, TN ZIP + 4 37048
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country:
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
c Did the organization receive any payments for indoor tanning services during the year?
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		No
		46	

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	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		No
		47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
		48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
		49a	
b	If "Yes," was the related organization a section 527 organization?		No
		49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A Yes No

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		2016-05-14			
	Sariah Hopkins Executive Director		Date			
Paid Preparer Use Only	Type or print name and title		Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Print/Type preparer's name					
	Firm's name			Firm's EIN		
	Firm's address			Phone no.		

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

Additional Data

Software ID:
Software Version:
EIN: 46-3564050
Name: SAFE HARBOR EQUINE AND LIVESTOCK SANCTUARY

Form 990-EZ, Special Condition Description:

Special Condition Description
