

Form **990**

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2024
Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

A For the 2024 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **Good Hope Equestrian & Regenerative Farm, Inc.**
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **1108 Wild Turkey Run**
 City or town, state or province, country, and ZIP or foreign postal code: **Halifax VA 24558**

D Employer identification number: **65-0945018**

E Telephone number: **305-297-4729**

F Name and address of principal officer:
Nancy Elias
7685 S W 153rd Street
Miami FL 33157

G Gross receipts \$: **303,246**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **www.gherf.org**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1999** **M** State of legal domicile: **VA**

H(c) Group exemption number _____

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	2
	6 Total number of volunteers (estimate if necessary)	6	100
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	139,617	115,574
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	106,758	172,305
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,373	15,367
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	258,748	303,246
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	102,581	95,717
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	0	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	183,436	183,844	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	286,017	279,561	
19 Revenue less expenses. Subtract line 18 from line 12	-27,269	23,685	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,410,689	1,461,642
	22 Net assets or fund balances. Subtract line 21 from line 20	215,798	206,566
		1,194,891	1,255,076

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 Here Signature of officer: Nancy Elias Date: 7/18/2025
 Type or print name and title: Nancy Elias President / Chairman

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> self-employed <input type="checkbox"/> PTIN
Angela Perkins Hupp, CPA	Angela Perkins Hupp, CPA	07/29/25	P00327222
Firm's name	Firm's EIN		
Angela Perkins Hupp, CPA, LLC			
Firm's address	Phone no.		
1196 E Hyco Rd South Boston, VA 24592-6538	434-404-3405		

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 266,856 including grants of \$) (Revenue \$ 172,305)

GHERF Program services include: Equine assisted therapeutic activities for children, youth and adults with varying exceptionalities, regenerative farming practices and educational sessions, organic food production for low-income families.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 266,856

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		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		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V		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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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 Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		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		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
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		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	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? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17	

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1a	7		
b	Enter the number of voting members included on line 1a, above, who are independent		
1b	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a		X	
b	Each committee with authority to act on behalf of the governing body?	X	
8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X
9			X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b		X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
15a		X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	X	
15b		X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed None
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records.
Lynda Graves PO Box 343766
Florida City FL 33034 305-245-7088

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Nancy Elias President / Chairman	2.00 0.00	X		X				0	0	0
(2) Elizabeth Joyce Vice President	2.00 0.00	X		X				0	0	0
(3) Erik Inderbitzen Treasurer	0.00 0.00	X		X				0	0	0
(4) Jeff Lazzeri Director	2.00 0.00	X						0	0	0
(5) Francis Page Thorndike, Ph.D. Secretary	0.00 0.00	X		X				0	0	0
(6) Ayesha Datta Director	0.00 0.00	X						0	0	0
(7) Warren Quillian, MD Director	2.00 0.00	X						0	0	0
(8)										
(9)										
(10)										
(11)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	30,114			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	85,460			
	g Noncash contributions included in lines 1a-1f	1g	\$ 6,549			
	h Total. Add lines 1a-1f		115,574			
Program Service Revenue	2a Lessons/ Boarding	Business Code	83,480	83,480		
	b Event Revenue		45,368	45,368		
	c Contracts		41,000	41,000		
	d Other		2,457	2,457		
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		172,305			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		15,367	15,367		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		6a				
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		7a				
	b Less: cost or other basis and sales exps.	7b				
	c Gain or (loss)	7c				
d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
b Less: direct expenses	8b					
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a	Business Code				
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions			303,246	187,672	0	0

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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	81,690	75,155	6,535	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	7,127	6,557	570	
10 Payroll taxes	6,900	6,348	552	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	3,804	643	3,161	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	4,963	4,963		
13 Office expenses	1,740	1,740		
14 Information technology				
15 Royalties				
16 Occupancy	4,522	4,522		
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				
22 Depreciation, depletion, and amortization	39,536	39,536		
23 Insurance	12,427	11,654	773	
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 O.)				
a Equine Expenses	43,277	43,277		
b Event Expenses	27,570	27,570		
c Grant Allocations	20,363	20,363		
d Property Tax	6,094	6,094		
e All other expenses	19,548	18,434	1,114	
25 Total functional expenses. Add lines 1 through 24e	279,561	266,856	12,705	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	452,205	1	173,400
	2 Savings and temporary cash investments	49,167	2	387,039
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	19,405	4	4,750
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	6,093	9	5,451
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,236,259		
	b Less: accumulated depreciation	10b 345,257	883,819	10c 891,002
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)		1,410,689	16	1,461,642
Liabilities	17 Accounts payable and accrued expenses		17	4,689
	18 Grants payable		18	59,925
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	149,644	24	141,952
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	66,154	25	
	26 Total liabilities. Add lines 17 through 25	215,798	26	206,566
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,194,891	27	1,255,076
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	1,194,891	32	1,255,076	
33 Total liabilities and net assets/fund balances	1,410,689	33	1,461,642	

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)	1	303,246
2	Total expenses (must equal Part IX, column (A), line 25)	2	279,561
3	Revenue less expenses. Subtract line 2 from line 1	3	23,685
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,194,891
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	36,500
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,255,076

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? 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. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
3b	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		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization Good Hope Equestrian & Regenerative Farm, Inc.	Employer identification number 65-0945018
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 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 the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization'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						
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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
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						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 14 %

15 Public support percentage from 2023 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test — 2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test — 2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test — 2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test — 2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

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

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	167,738	122,027	205,672	139,617	115,574	750,628
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	254,218	118,440	82,115	106,758	187,672	749,203
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	421,956	240,467	287,787	246,375	303,246	1,499,831
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						1,499,831

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6	421,956	240,467	287,787	246,375	303,246	1,499,831
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,992	1,118	732	12,373	15,367	33,582
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	3,992	1,118	732	12,373	15,367	33,582
11 Net income from unrelated business activities not included on 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.)	425,948	241,585	288,519	258,748	318,613	1,533,413
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	97.81 %
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	98.63 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	2 %
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	1 %

19a 33 1/3% support tests — 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests — 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3b	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
4c	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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	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?		
5c	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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described on line 11a above?		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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.		

Section 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).		

Section 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?		
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).		
3	By reason of the relationship described on line 2, above, 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.		

Section 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).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2	Activities Test. Answer lines 2a and 2b below.		
a	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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b	Did the activities described on line 2a, above, 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.		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	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? If "Yes" or "No," provide details in Part VI.		
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.		

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

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

Section 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	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6 Other distributions (describe in Part VI). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9 Distributable amount for 2024 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule B
(Form 990)
(Rev. December 2024))
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization Good Hope Equestrian & Regenerative Farm, Inc.	Employer identification number 65-0945018
-------------------------------------------------------------------------------	----------------------------------------------

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

Name of organization Good Hope Equestrian	Employer identification number 65-0945018
-----------------------------------------------------	-----------------------------------------------------

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Jeff Lazzeri 18291 SW 206 Street Miami FL 33187	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Murray & Margaret Bass 1108 Wild Turkey Run Halifax VA 24558	\$ 6,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Bob & Sue Tysinger 1238 Bellevue Road Halifax VA 24558	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Kraig & Deborah Kirschner 1250 North Highway, PMB 271 Colville WA 99114	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Good Hope Equestrian & Regenerative Farm, Inc.

Employer identification number

65-0945018

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table.
- | | Amount |
|---------------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Yes No

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %
 - b Permanent endowment %
 - c Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--------------------------------------------------------------------------------------------------|--------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		951,425	116,292	835,133
c Leasehold improvements		29,469	23,368	6,101
d Equipment		247,097	197,552	49,545
e Other		8,268	8,042	226
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				891,005

Part VII Investments – Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments – Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization Good Hope Equestrian & Regenerative Farm, Inc.	Employer identification number 65-0945018
-------------------------------------------------------------------------------	----------------------------------------------

Form 990 - Organization's Mission or Most Significant Activities
 The mission of GHERF is to instill healthy living practices among children, youth and adults (with and without disabilities) through equine assisted activities and hands on training in regenerative farming practices. Our multi-faceted portfolio of programs improves the quality of life of south-central virginia residents, meeting their recreational, rehabilitative, educational and vocational needs, while harvesting organically grown produce for low-income families that preserves the environment-nourishing people and the planet. The vision of GHERF is to improve the body, mind and spirit of South-Central Virginia residents through the healing pwoers of the horse and sustainable farming.

Form 990 - Organization's Mission
 GHERF Program services include: Equine assisted therapeutic activities for children, youth and adults with varying exceptionalities, regenerative farming practices and educational sessions, organic food production for low-income families.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
 Board of Directors reviews form 990 before filing tax return with the IRS.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
 The policy shall be reviewed annually by each member of the board of directors. Any changes to the policy shall be communicated immediately to all responsible persons.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
 The process for determining compensation for all employees of GHERF is reviewed and approved by independent persons (the board of directors) and is based on comparability data.

Form 990, Part VI, Line 15b - Compensation Process for Officers
 The process for determining compensation for all employees of GHERF is reviewed and approved by independent persons (the board of directors) and is based on comparability data.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
 No other document are available to the public.

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

OMB No. 1545-0172

2024

Attachment
Sequence No. **179**

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

Name(s) shown on return **Good Hope Equestrian
& Regenerative Farm, Inc.**

Identifying number
65-0945018

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,220,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	3,050,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	32,131

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	7,405
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	39,536
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2024)

DAA

There are no amounts for Page 2

Year Ended: December 31, 2024

65-0945018

Good Hope Equestrian
& Regenerative Farm, Inc.
1108 Wild Turkey Run
Halifax, VA 24558

**Electing out of Bonus Depreciation Allowance for
All Eligible Depreciable Property**

The above named taxpayer elects out of the first-year bonus depreciation allowance under IRC Section 168(k)(7) for all eligible depreciable property placed in service during the tax year.

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:									
14	Fencing	11/15/12	4,000			4,000	15 HY 150DB	3,007	284
18	Improvements	7/13/21	3,396			3,396	15 HY 150DB	783	261
19	Non-Ambulatory Ramp	8/30/22	4,365			4,365	15 HY 150DB	633	373
38	Storage Container	7/23/13	1,885			1,885	15 HY 150DB	1,885	0
39	Vending Machine	6/16/14	575			575	7 HY 200DB	575	0
40	Gravelly Lawnmower	11/05/15	11,499			11,499	7 HY 200DB	11,499	0
41	Horse-Red Rover	12/01/15	5,000			5,000	7 HY 200DB	5,000	0
42	Horse-Midnight	3/30/16	5,000			5,000	7 HY 200DB	5,000	0
43	Horse-Sairbonne	4/22/16	5,000			5,000	7 HY 200DB	5,000	0
44	3 Rudd A/C Unit	5/09/17	10,730			10,730	7 HY 200DB	10,730	0
45	Refrigerator	6/12/17	3,081			3,081	7 HY 200DB	3,081	0
46	Manuer Spreader	6/12/17	7,890			7,890	7 HY 200DB	7,890	0
47	Horse-Bentley	5/27/20	2,500			2,500	7 HY 200DB	1,807	198
48	Pony-Nugget	6/08/20	2,465			2,465	7 HY 200DB	1,783	195
49	Horse-Devon	12/30/20	18,000			18,000	7 HY 200DB	10,447	2,158
50	Saddle & Other Stable Equip	12/31/22	22,500			22,500	7 HY 200DB	8,725	3,936
			<u>107,886</u>			<u>107,886</u>		<u>77,845</u>	<u>7,405</u>
Other Depreciation:									
2	Television	1/21/00	788			788	7 MO S/L	788	0
3	Telephone	1/21/00	17			17	7 MO S/L	17	0
4	Telephone	1/21/00	58			58	7 MO S/L	58	0
5	Sonny LCD Projector	12/02/00	2,115			2,115	7 MO S/L	2,115	0
6	Printer	8/26/05	550			550	7 MO S/L	550	0
7	Refrigerator	7/10/07	999			999	7 MO S/L	999	0
8	Refrigerator	6/02/09	762			762	7 MO S/L	762	0
9	Heritage House Furniture	10/03/22	518			518	7 MO200DB	201	91
10	Fencing-Halfiax	11/07/21	48,098			48,098	15 MO150DB	11,086	3,701
11	Paddock Gate	9/30/21	1,035			1,035	7 MO200DB	582	129
12	Halifax Training Center	10/05/21	782,292			782,292	39 MO S/L	44,301	20,059
13	Clubhouse Floor	12/09/09	2,075			2,075	10 MO S/L	2,075	0
15	New Barn	5/29/13	120,000			120,000	37 MO S/L	33,191	3,243
16	Interior Upgrade	1/19/17	12,138			12,138	15 MO150DB	11,696	55
17	Improvements	12/04/17	9,570			9,570	15 MO150DB	9,570	0
20	Lawn Mower Tractor	3/08/00	3,450			3,450	7 MO S/L	3,450	0
21	Table Legs	1/21/00	520			520	7 MO S/L	520	0
22	Equipment	2/05/00	2,000			2,000	7 MO S/L	2,000	0
23	Equipment	2/01/00	3,000			3,000	7 MO S/L	3,000	0
24	Equipment	2/04/00	2,000			2,000	7 MO S/L	2,000	0
25	Equipment	2/01/00	4,000			4,000	7 MO S/L	4,000	0
26	Horse Trailer	1/01/00	15,599			15,599	7 MO S/L	15,599	0
27	Equipment	1/01/00	27,278			27,278	7 MO S/L	27,278	0
28	Sign	1/03/00	1,195			1,195	7 MO S/L	1,195	0
29	Equipment	6/26/00	2,000			2,000	7 MO S/L	2,000	0
30	Equipment	7/02/00	4,000			4,000	7 MO S/L	4,000	0
31	Generator	8/29/05	1,999			1,999	7 MO S/L	1,999	0
32	Horse-Lady Bug	12/20/07	15,000			15,000	7 MO S/L	15,000	0
33	Dryer	6/16/09	492			492	7 MO S/L	492	0
34	Horse-Stan the Man	7/08/10	5,000			5,000	7 MO S/L	5,000	0
35	Ring Equipment	1/18/11	2,970			2,970	7 MO S/L	2,970	0
36	Saddle	10/31/11	1,100			1,100	10 MO S/L	1,100	0
37	Kubota	10/16/12	13,639			13,639	10 MO S/L	13,639	0
51	Horse-Hollywood	3/23/23	5,000			5,000	5 MO S/L	750	1,000
52	John Deere Gator	9/08/23	18,799			18,799	7 MO S/L	895	2,686
53	Drag for Ring	7/01/23	3,400			3,400	7 MO S/L	243	486
54	Horse-Mi Amor	1/24/23	1,200			1,200	5 MO S/L	220	240
55	Hdr Saddle, Bridle & Girth	7/01/23	1,035			1,035	7 MO S/L	74	148
56	Computer	3/25/05	549			549	5 MO S/L	549	0
57	Computer	10/19/09	600			600	5 MO S/L	600	0
58	Computer	10/31/11	534			534	5 MO S/L	534	0
59	Computer	11/04/13	778			778	5 MO S/L	778	0
60	Horse-Juicebox	12/31/24	4,999			4,999	7 MO S/L	0	0
61	Saddle	5/14/24	862			862	7 MO S/L	0	82
62	4 Saddles	7/12/24	1,550			1,550	7 MO S/L	0	111
63	Platinum Jumps	10/13/24	2,810			2,810	7 MO S/L	0	100

Federal Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
	Total Other Depreciation		<u>1,128,373</u>			<u>1,128,373</u>		<u>227,876</u>	<u>32,131</u>
	Total ACRS and Other Depreciation		<u>1,128,373</u>			<u>1,128,373</u>		<u>227,876</u>	<u>32,131</u>
	Grand Totals		1,236,259			1,236,259		305,721	39,536
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>1,236,259</u>			<u>1,236,259</u>		<u>305,721</u>	<u>39,536</u>

Form 990	Two Year Comparison Report	2023 & 2024
For calendar year 2024, or tax year beginning _____, ending _____		

Name: **Good Hope Equestrian & Regenerative Farm, Inc.** Taxpayer Identification Number: **65-0945018**

		2023	2024	Differences
Revenue	1. Contributions, gifts, grants	85,912	85,460	-452
	2. Membership dues and assessments			
	3. Government contributions and grants	53,705	30,114	-23,591
	4. Program service revenue	106,758	172,305	65,547
	5. Investment income	12,373	15,367	2,994
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue			
	12. Total revenue. Add lines 1 through 11	258,748	303,246	44,498
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	102,581	95,717	-6,864
	17. Professional fundraising fees			
	18. Other professional fees	11,017	3,804	-7,213
	19. Occupancy, rent, utilities, and maintenance	6,975	4,522	-2,453
	20. Depreciation and Depletion	42,578	39,536	-3,042
	21. Other expenses	122,866	135,982	13,116
	22. Total expenses. Add lines 13 through 21	286,017	279,561	-6,456
	23. Excess or (Deficit). Subtract line 22 from line 12	-27,269	23,685	50,954
Other Information	24. Total exempt revenue	258,748	303,246	44,498
	25. Total unrelated revenue			
	26. Total excludable revenue	119,131	187,672	68,541
	27. Total assets	1,410,689	1,461,642	50,953
	28. Total liabilities	215,798	206,566	-9,232
	29. Retained earnings	1,194,891	1,255,076	60,185
	30. Number of voting members of governing body	7	7	
	31. Number of independent voting members of governing body	7	7	
	32. Number of employees	1	2	
	33. Number of volunteers	100	100	

Federal Statements

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
Utilities	\$ 4,957	\$ 4,957	\$	\$
Automotive Expenses	3,136	3,136		
Telephone	2,438	2,438		
Dues & Subscriptions	1,719	1,310	409	
Client Expenses	1,691	1,691		
Volunteer Expenses	1,447	1,447		
Internet	1,440	1,440		
Staff Expenses	1,134	1,134		
Bank and Finance Charges	501		501	
Business Gifts	488	488		
Classroom Expenses	363	363		
Licenses & Registration	175		175	
Reimbursements	30	30		
Board Meeting Expense	29		29	
Total	<u>\$ 19,548</u>	<u>\$ 18,434</u>	<u>\$ 1,114</u>	<u>\$ 0</u>

650945018 Good Hope Equestrian
65-0945018
FYE: 12/31/2024

7/29/2025 12:28 AM

Federal Statements

Schedule A, Part III, Line 1(e)

<u>Description</u>	<u>Amount</u>
Government Grants or Contributions	\$ 30,114
	48,960
Jeff Lazzeri	
Cash Contribution	20,000
Murray & Margaret Bass	
Cash Contribution	6,500
Bob & Sue Tysinger	
Cash Contribution	5,000
Kraig & Deborah Kirschner	
Cash Contribution	5,000
Total	<u>\$ 115,574</u>

Schedule A, Part III, Line 2(e)

<u>Description</u>	<u>Amount</u>
Lessons/ Boarding	\$ 83,480
Contracts	41,000
Event Revenue	45,368
Other	2,457
Taxable Interest on Savings and Temporary Cash Investments	15,367
Total	<u>\$ 187,672</u>

Comprehensive Bookkeeping Solutions

PO Box 343766
Florida City, FL 33034
Office (305) 245-7088
Fax (305) 847-2420
cbshomestead@yahoo.com

April 7, 2025

Margaret M. Bass, Director
1108 Wild Turkey Run
Halifax, VA 24558

Re: Good Hope Equestrian Training Center, Inc / Good Hope Equestrian & Regenerative Farm, Inc

Dear Peggy,

The accompanying reports for the non-profit organization Good Hope Equestrian & Regenerative Farm, Inc (GHERF) was compiled for the fiscal year ending 2024. The financial reporting is based upon support and information provided to Comprehensive Bookkeeping Solutions by you and GHERF's financial institutions.

The information referred to above is intended to present fairly, in all material respects, the financial position of GHERF as of December 31, 2024, and the results of its operations for all four quarters of the mentioned fiscal year. There is no assumption of liability on the part of Comprehensive Bookkeeping Solutions as I cannot guarantee or certify the accuracy of all information provided.

Enclosed are the following reports:

- Statement of Financial Position as of December 2024 and 2023
- Statement of Financial Activity as of December 2024 and 2023
- Statement of Functional Expenses as of December 2024 and 2023
- Statement of Cash flows as of December 2024

Once I receive notice that the Board has approved the financials, I will prepare and send the year-end support to your CPA to file the 990. Please feel free to contact me with any questions.

Sincerely,



Lynda Graves, CPB
Certified Public Bookkeeper
QuickBooks ProAdvisor
Notary Public

Good Hope Equestrian & Regenerative Farm, Inc
Statement of Financial Position

Accrual Basis

December 31, 2024 and 2023

	Dec 31, 24	Dec 31, 23
ASSETS		
Current Assets		
Checking/Savings		
Benchmark 63606	22,821.18	0.00
Benchmark Business 55341	0.00	9,790.00
Benchmark CK 0695	148,555.21	168,273.34
CSB 25389347	(1,478.00)	(1,478.00)
CSB Operating 4206	(1,869.69)	(1,869.69)
Truist CD	268,457.94	256,170.82
Truist Ck 43558	5,372.11	21,318.27
Truist MMA 43566	118,581.07	49,166.68
Total Checking/Savings	560,439.82	501,371.42
Accounts Receivable		
Accounts Receivable	4,750.00	19,405.00
Total Accounts Receivable	4,750.00	19,405.00
Other Current Assets		
Prepaid Expenses	5,451.38	6,093.48
Total Other Current Assets	5,451.38	6,093.48
Total Current Assets	570,641.20	526,869.90
Fixed Assets		
Computer & Software	2,460.50	2,460.50
Furniture and Equipment	518.00	518.00
Halifax Training Center		
Fencing	48,098.41	48,098.41
Gates for Paddocks	1,035.00	1,035.00
New Construction	782,291.60	782,291.60
Non-Ambulatory Ramp	4,365.40	4,365.40
Total Halifax Training Center	835,790.41	835,790.41
Hollywood - Horse	5,000.00	5,000.00
John Deere Gator	18,799.00	18,799.00
Juicebox (Horse)	4,999.00	0.00
Leasehold Improvements	151,178.08	151,178.08
Machinery & Equipment		
Drag for Ring	3,400.00	3,400.00
Machinery & Equipment - Other	100,109.03	100,109.03
Total Machinery & Equipment	103,509.03	103,509.03
Mi Amor - Horse	1,200.00	1,200.00
Office Furniture & Equipment	4,048.58	4,048.58
Stable Equipment	108,756.98	103,534.73
Total Fixed Assets	1,236,259.58	1,226,038.33
Other Assets		
Accumulated Depreciation	(299,641.18)	(299,641.18)
Total Other Assets	(299,641.18)	(299,641.18)
TOTAL ASSETS	1,507,259.60	1,453,267.05
LIABILITIES & EQUITY		
Liabilities		
Current Liabilities		
Credit Cards		
CitiBusiness Card	3,548.67	5,031.19
Total Credit Cards	3,548.67	5,031.19

Good Hope Equestrian & Regenerative Farm, Inc
Statement of Financial Position
December 31, 2024 and 2023

Accrual Basis

	Dec 31, 24	Dec 31, 23
Other Current Liabilities		
Payroll Liabilities		
FL Unemployment Tax	(169.55)	(169.55)
VA Income Tax	318.56	373.80
VA SUI Employer	993.60	993.60
Total Payroll Liabilities	1,142.61	1,197.85
PPP Loan Grant	59,925.28	59,925.28
Total Other Current Liabilities	61,067.89	61,123.13
Total Current Liabilities	64,616.56	66,154.32
Long Term Liabilities		
SBAD Treas 310/Misc Pay	141,952.00	149,644.00
Total Long Term Liabilities	141,952.00	149,644.00
Total Liabilities	206,568.56	215,798.32
Equity		
Unrestricted Net Assets	1,237,468.73	1,222,159.87
Net Income	63,222.31	15,308.86
Total Equity	1,300,691.04	1,237,468.73
TOTAL LIABILITIES & EQUITY	1,507,259.60	1,453,267.05

Good Hope Equestrian & Regenerative Farm, Inc Statement of Activities

Accrual Basis

For the Twelve Months Ended December 2024 and 2023

	Jan - Dec 24	Jan - Dec 23
Ordinary Income/Expense		
Income		
CARES Refund	0.00	-35,448.00
Contracts	41,000.00	28,600.00
Contributions	78,910.67	46,537.72
Contributions - Non Cash	6,549.00	160.00
Event Revenue	45,368.35	21,535.00
Grant Income	30,113.96	53,705.00
Program Service Income		
Private Fees- Lessons/ Boarding	83,480.29	56,456.81
Total Program Service Income	83,480.29	56,456.81
Total Income	285,422.27	171,546.53
Gross Profit	285,422.27	171,546.53
Expense		
Bank Charges	393.20	265.47
Business Gifts	487.96	865.78
Internet	1,440.00	1,830.57
Operations		
Advertising & Promotion	4,962.68	1,196.62
Automotive Expenses		
Gas	2,839.10	2,466.74
Repairs & Maintenance	296.61	168.62
Total Automotive Expenses	3,135.71	2,635.36
Board Meeting Expenses	29.20	0.00
Business Expenses		
Business Reg Fees - GHERF	100.00	200.00
Total Business Expenses	100.00	200.00
Dues & Subscriptions	1,719.00	1,491.00
Insurance		
Accident/Medical	0.00	149.59
D&O Insurance	773.00	771.94
GL & Umbrella Insurance	5,074.96	4,734.00
Health Insurance	7,127.32	6,993.03
Property Insurance	4,392.01	4,816.61
Truck & Trailer	2,186.95	2,764.98
Total Insurance	19,554.24	20,230.15
Licenses & Taxes	75.00	1,144.25
Office Expenses	875.17	227.73
Office Supplies	282.25	626.08
Postage, Mailing Service	174.36	62.06
Printing and Copying	408.46	511.77
Professional Fees		
Accounting & Legal Fees	3,161.45	8,481.95
Outside Contract Services	0.00	1,900.00
Payroll Fees	643.00	635.00
Total Professional Fees	3,804.45	11,016.95
Telephone	2,438.42	2,323.75
Utilities	4,957.37	4,710.72
Total Operations	42,516.31	46,376.44

Good Hope Equestrian & Regenerative Farm, Inc
Statement of Activities

Accrual Basis

For the Twelve Months Ended December 2024 and 2023

	Jan - Dec 24	Jan - Dec 23
Payroll Expenses		
Other Staff Expenses	1,133.54	610.28
Taxes	6,899.54	2,146.38
Volunteer Expense	1,447.00	910.13
Wages	81,689.98	93,441.98
Total Payroll Expenses	91,170.06	97,108.77
Program Expenses		
Classroom Expense	362.87	216.85
Client Expense	1,530.75	4,681.07
Client Transportation	160.00	0.00
Equine Expenses		
Equestrian Health & Maintenance	10,799.50	9,232.26
Equine Materials	3,541.71	1,494.79
Feed & Bedding	28,560.64	19,150.08
Horse Expense	375.28	3,789.62
Total Equine Expenses	43,277.13	33,666.75
Event Expenses	27,569.55	10,223.84
Facilities and Equipment		
Cleaning	448.02	1,150.14
Facility Supplies	0.00	160.66
Repairs & Maintenance	2,381.67	3,927.16
Tractor Repairs & Maintenance	1,692.17	1,737.46
Total Facilities and Equipment	4,521.86	6,975.42
Grant Expenses		
Agriculture & Farming Supplies	8,693.47	0.00
Personnel Salaries	11,669.00	0.00
Total Grant Expenses	20,362.47	0.00
Travel and Meetings		
Conference, Convention, Meeting	0.00	495.28
Total Travel and Meetings	0.00	495.28
Total Program Expenses	97,784.63	56,259.21
Property Taxes	6,093.74	5,285.72
Reimbursements	29.99	0.00
Total Expense	239,915.89	207,991.96
Net Ordinary Income	45,506.38	-36,445.43
Other Income/Expense		
Other Income		
Employee Retention Credit	0.00	39,374.35
Interest & Dividend Income	15,366.55	10,041.98
Other Income	0.00	0.85
Workers Comp Dividend 2016	0.00	2,332.11
Workers Comp Reimbursement	2,457.20	0.00
Total Other Income	17,823.75	51,749.29
Other Expense		
Finance Charges	107.82	0.00
Fraud	0.00	-5.00
Total Other Expense	107.82	-5.00
Net Other Income	17,715.93	51,754.29
Net Income	63,222.31	15,308.86

Good Hope Equestrian & Regenerative Farm, Inc
Statement of Functional Expenses
For the Twelve Months Ended December 31, 2024 and 2023

	Management & General		Program Services		TOTAL	
	Jan - Dec 24	Jan - Dec 23	Jan - Dec 24	Jan - Dec 23	Jan - Dec 24	Jan - Dec 23
Ordinary Income/Expense						
Expense						
Bank Charges	393.20	265.47	0.00	0.00	393.20	265.47
Business Gifts	0.00	0.00	487.96	865.78	487.96	865.78
Internet	0.00	0.00	1,440.00	1,830.57	1,440.00	1,830.57
Operations						
Advertising & Promotion	0.00	0.00	4,962.68	1,196.62	4,962.68	1,196.62
Automotive Expenses						
Gas	0.00	0.00	2,839.10	2,466.74	2,839.10	2,466.74
Repairs & Maintenance	0.00	0.00	296.61	168.62	296.61	168.62
Total Automotive Expenses	0.00	0.00	3,135.71	2,635.36	3,135.71	2,635.36
Board Meeting Expenses	0.00	0.00	29.20	0.00	29.20	0.00
Business Expenses						
Business Reg Fees - GHERF	100.00	0.00	0.00	200.00	100.00	200.00
Total Business Expenses	100.00	0.00	0.00	200.00	100.00	200.00
Dues & Subscriptions	409.00	99.00	1,310.00	1,392.00	1,719.00	1,491.00
Insurance						
Accident/Medical	0.00	0.00	0.00	149.59	0.00	149.59
D&O Insurance	773.00	771.94	0.00	0.00	773.00	771.94
GL & Umbrella Insurance	0.00	0.00	5,074.96	4,734.00	5,074.96	4,734.00
Health Insurance	570.18	559.44	6,557.14	6,433.59	7,127.32	6,993.03
Property Insurance	0.00	0.00	4,392.01	4,816.61	4,392.01	4,816.61
Truck & Trailer	0.00	0.00	2,186.95	2,764.98	2,186.95	2,764.98
Total Insurance	1,343.18	1,331.38	18,211.06	18,898.77	19,554.24	20,230.15
Licenses & Taxes	75.00	220.00	0.00	924.25	75.00	1,144.25
Office Expenses	0.00	0.00	875.17	227.73	875.17	227.73
Office Supplies	0.00	0.00	282.25	626.08	282.25	626.08
Postage, Mailing Service	0.00	0.00	174.36	62.06	174.36	62.06
Printing and Copying	0.00	0.00	408.46	511.77	408.46	511.77
Professional Fees						
Accounting & Legal Fees	3,161.45	7,418.52	0.00	1,063.43	3,161.45	8,481.95
Outside Contract Services	0.00	100.00	0.00	1,800.00	0.00	1,900.00
Payroll Fees	643.00	635.00	0.00	0.00	643.00	635.00
Total Professional Fees	3,804.45	8,153.52	0.00	2,863.43	3,804.45	11,016.95
Telephone	0.00	0.00	2,438.42	2,323.75	2,438.42	2,323.75
Utilities	0.00	0.00	4,957.37	4,710.72	4,957.37	4,710.72
Total Operations	5,731.63	9,803.90	36,784.68	36,572.54	42,516.31	46,376.44
Payroll Expenses						
Other Staff Expenses	0.00	0.00	1,133.54	610.28	1,133.54	610.28
Taxes	551.96	171.71	6,347.58	1,974.67	6,899.54	2,146.38
Volunteer Expense	0.00	0.00	1,447.00	910.13	1,447.00	910.13
Wages	6,535.19	7,475.35	75,154.79	85,966.63	81,689.98	93,441.98
Total Payroll Expenses	7,087.15	7,647.06	84,082.91	89,461.71	91,170.06	97,108.77
Program Expenses						
Classroom Expense	0.00	0.00	362.87	216.85	362.87	216.85
Client Expense	0.00	0.00	1,530.75	4,681.07	1,530.75	4,681.07
Client Transportation	0.00	0.00	160.00	0.00	160.00	0.00

Good Hope Equestrian & Regenerative Farm, Inc
Statement of Functional Expenses
For the Twelve Months Ended December 31, 2024 and 2023

	Management & General		Program Services		TOTAL	
	Jan - Dec 24	Jan - Dec 23	Jan - Dec 24	Jan - Dec 23	Jan - Dec 24	Jan - Dec 23
Equine Expenses						
Equestrian Health & Maintenance	0.00	0.00	10,799.50	9,232.26	10,799.50	9,232.26
Equine Materials	0.00	0.00	3,541.71	1,494.79	3,541.71	1,494.79
Feed & Bedding	0.00	0.00	28,560.64	19,150.08	28,560.64	19,150.08
Horse Expense	0.00	0.00	375.28	3,789.62	375.28	3,789.62
Total Equine Expenses	0.00	0.00	43,277.13	33,666.75	43,277.13	33,666.75
Event Expenses	0.00	0.00	27,569.55	10,223.84	27,569.55	10,223.84
Facilities and Equipment						
Cleaning	0.00	0.00	448.02	1,150.14	448.02	1,150.14
Facility Supplies	0.00	0.00	0.00	160.66	0.00	160.66
Repairs & Maintenance	0.00	0.00	2,381.67	3,927.16	2,381.67	3,927.16
Tractor Repairs & Maintenance	0.00	0.00	1,692.17	1,737.46	1,692.17	1,737.46
Total Facilities and Equipment	0.00	0.00	4,521.86	6,975.42	4,521.86	6,975.42
Grant Expenses						
Agriculture & Farming Supplies	0.00	0.00	8,693.47	0.00	8,693.47	0.00
Personnel Salaries	0.00	0.00	11,669.00	0.00	11,669.00	0.00
Total Grant Expenses	0.00	0.00	20,362.47	0.00	20,362.47	0.00
Travel and Meetings						
Conference, Convention, Meeting	0.00	0.00	0.00	495.28	0.00	495.28
Total Travel and Meetings	0.00	0.00	0.00	495.28	0.00	495.28
Total Program Expenses	0.00	0.00	97,784.63	56,259.21	97,784.63	56,259.21
Property Taxes	0.00	0.00	6,093.74	5,285.72	6,093.74	5,285.72
Reimbursements	0.00	0.00	29.99	0.00	29.99	0.00
Total Expense	13,211.98	17,716.43	226,703.91	190,275.53	239,915.89	207,991.96
Net Ordinary Income	-13,211.98	-17,716.43	-226,703.91	-190,275.53	-239,915.89	-207,991.96
Other Income/Expense						
Other Expense						
Finance Charges	107.82	0.00	0.00	0.00	107.82	0.00
Fraud	0.00	0.00	0.00	-5.00	0.00	-5.00
Total Other Expense	107.82	0.00	0.00	-5.00	107.82	-5.00
Net Other Income	-107.82	0.00	0.00	5.00	-107.82	5.00
Net Income	-13,319.80	-17,716.43	-226,703.91	-190,270.53	-240,023.71	-207,986.96

Good Hope Equestrian & Regenerative Farm, Inc
Statement of Cash Flow
For the Twelve Months Ended December 2024

	Jan - Dec 24
OPERATING ACTIVITIES	
Net Income	63,222.31
Adjustments to reconcile Net Income to net cash provided by operations:	
Accounts Receivable	14,655.00
Prepaid Expenses	642.10
CitiBusiness Card	-1,482.52
Payroll Liabilities:VA Income Tax	-55.24
Net cash provided by Operating Activities	76,981.65
INVESTING ACTIVITIES	
Juicebox (Horse)	-4,999.00
Stable Equipment	-5,222.25
Net cash provided by Investing Activities	-10,221.25
FINANCING ACTIVITIES	
SBAD Treas 310/Misc Pay	-7,692.00
Net cash provided by Financing Activities	-7,692.00
Net cash increase for period	59,068.40
Cash at beginning of period	501,371.42
Cash at end of period	560,439.82