990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2009

Open to Public Inspection

ΑI	For th	ie 2009 calend	ar year,	or tax year beginning , 2009, and en					
Check if applicable.					D Em	D Employer identification number			
ishelar Shilon Charliable INOS		use IRS label or	SHILOH CHARITABLE TRUST	20-5665871					
=	Name o	-	print or	Number and street (or P.O. box, if mail is not delivered to street address) Room/s	suite E Tele	phone n	ımbei	r	
=	Initial re Termin		type. See	2598 FOREST CITY DR.		70	2-48	0-8906	
=		led return	Specific Instruc-	City or town, state or country, and ZIP + 4	F Gro	oup Exe	nptic	on	
=		ation pending	tions.	HENDERSON, NV 89052-6937	. Nu	mber 🕨	٠		
=	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting Method: Cash Accrual								
	- 00	,01,01, 00 , (0),(0)	a coi	npleted Schedule A (Form 990 or 990-EZ).	Other (specif	y) >			
				Н	Check ▶ □	if the c	rgan	ization is not	
. \	Nehs	site: ► shilo	hhorse	rescue.com	required to a	ttach So	hedu	ule B (Form 990,	
				nly one) — 📝 501(c) (3) ◀ (insert no.) 🗌 4947(a)(1) or 🔲 527	990-EZ, or 9	90-PF).			
	Check	if th	e organ	zation is not a section 509(a)(3) supporting organization and its gross receip	ts are normall	y not me	ore th	an \$25,000. A	
		990-EZ or Form	n 990 re	turn is not required, but if the organization chooses to file a return, be sure	to file a com	plete ret	urn.		
	Add lir	nes 5b. 6b. and 7	7b. to lin	9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Fo	rm 990-EZ	▶ \$			
	art	Revenu	e. Exp	penses, and Changes in Net Assets or Fund Balances (Se	e the instr	uctions	for	Part I.)	
	1			ts, grants, and similar amounts received		1		239,216	
	2	Program s	ervice	revenue including government fees and contracts		2	*		
	3	Membersh	in due	s and assessments		3			
	4		•			4			
	5			om sale of assets other than inventory		*****			
	1			er basis and sales expenses					
		b Less: cost	ool from	n sale of assets other than inventory (Subtract line 5b from line 5a)		5c			
<u>o</u>		c Gain or (lo	te and ac	tivities (complete applicable parts of Schedule G). If any amount is from gaming, che	ck here ▶ □				
Revenue	6			ot including \$ of contributions					
Š									
ď						17			
		b Less: dire	ct expe	1000 Other than land along expenses	`				
				ss) from special events and activities (Subtract line 6b from line 6a		6c			
	7			ventory, less returns and allowances	4,87	-			
		b Less: cost	t of god	ds sold	2,97	_		4 000	
				oss) from sales of inventory (Subtract line 7b from line 7a)		7c		1,899	
	8	Other reve	enue (d	escribe Testing Fees)	8		9,850	
	9	Total reve	enue. A	dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<u> ▶</u>	9		250,965	
	10			ar amounts paid (attach schedule)		10			
	11			or for members		11			
y.	12			empensation, and employee benefits		12			
Expenses	13	Profession	nal fees	and other payments to independent contractors		13		73,121	
9	14	Occupand	y, rent	, utilities, and maintenance		14		5,232	
ŭ	15			ions, postage, and shipping		15		321	
	16			describe > See Schedule)	16		154,924	
	17	Total exp	enses.	Add lines 10 through 16	▶	17		233,598	
	40	Excess or	(defici	t) for the year (Subtract line 17 from line 9)		18		17,367	
į	19	Net asset	s or fu	nd balances at beginning of year (from line 27, column (A)) (mus	t agree with				
ÿ	<u> </u>	end-of-ye	ar figur	e reported on prior year's return)		19		26,898	
Not Accete	20	Other cha	ınaes ir	net assets or fund balances (attach explanation)		20			
Ž	21	Not need	e or fur	nd balances at end of year. Combine lines 18 through 20	•	21		44,265	
	Part	II Balanc	e She	ets. If Total assets on line 25, column (B) are \$1,250,000 or more,	file Form 99	0 inste	ad o	f Form 9'30-EZ.	
				(See the instructions for Part II.)	(A) Beginning	of year		(B) End o year	
2	22	Cash. saving	s, and i	nvestments		3,757	22	11,048	
	23	Land and bui	ldings .				23		
	24	Other assets	(descri	be Improvements, Stock Trailer, Horses, Feed		28,326		38,279	
	25					32,083	_	49,327	
	26	Total liabiliti	es (des	cribe ► Credit Card		5,185		5,062	
	27	Net assets o	r fund	balances (line 27 of column (B) must agree with line 21)		26,898	27	44,265	

	t III Statement of Program Service Accomp					Expense	S
Nha	t is the organization's primary exempt purpose?	Provide rescue services for	abused horses & a	nimals		ired for sec (3) and 50	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise							d section
	ner, describe the services provided, the number o	f persons benefited, and o	ther relevant infor	mation for	4947(a)(1) trusts;	
	program title.				for ot	ners.)	
28	As of April 2010, 539 abused and neglected horses h						
	care services, 313 have been adopted, 375 rescued fi	rom slaughter, 164 donated to	o us from local gov	ernment			
	agencies and the public.						
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ ⊔	28a		218,200
29							
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ ⊔	29a		
30							
	/O / A \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	:!d f:		. ▶ 🗆	30a		
		includes foreign grants, che			Sua		
31	Other program services (attach schedule)				31a		
20	(Grants \$) If this amount Total program service expenses (add lines 28a t	includes foreign grants, che			32		218,200
	List of Officers, Directors, Trustees, and Key	Fmnlovees List each one ev	en if not compensa	ted (See the			
rai	List of Officers, Directors, Trustees, and Ney	(b) Title and average	(c) Compensation	(d) Contributio	ns to	(e) Ex	
	(a) Name and address	hours per week devoted to position	(if not paid, enter -0)	employee benefit deferred comper	plans &	accou other alk	
1311 /	Ann Curtis	devoted to position	GIRCO	GOIOITOG GOIIIPOI	- Callon	00.101 0	
	B Forest City Dr., Henderson, NV 89052	Trustee/President, 20 hrs	-0-		-0-		-0-
	y VandenBerg						
<u>-</u>	/ Hardin Ridge, Henderson, NV 89052	Trustee/Secretary, 20 hrs	-0-		-0-		-0-
	•••••						
							
						<u> </u>	
		-					
						 	
					-	 	
		-					
						 	
		•					
						 	
		•					
		i .	1	L			

Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		1
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	<u> </u>	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a -0			
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		√
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		**	- 1
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			100
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b		✓
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			100
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		√
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ Marc Rose Telephone no. ▶	702-73	6-€15	1
	Located at ▶ 2406 Harlequin Cr., Henderson, NV ZIP + 4 ▶	89	074	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial		Y⊕s	No
	account)?	42b		✓
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<u></u>	✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			▶ 🗆
	and enter the amount of tax-exempt interest received or accrued during the tax year			
				1 = -
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	Y-3S	No √
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		· V
	-	00	0 I:7	้าวกกด

Р	aa	е	4

Form 990)-EZ (2009)					Р	age 4
Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 ar	section 4947(a)(1) non 47(a)(1) nonexempt cha nd 51.	exempt charit critable trusts m	able trusts only. Anust answer question	All sec ons 46	tic n 3(9)	
46	Did the organization engage in direct or indirect	t political campaign activ	ities on behalf of	f or in opposition to		Yes	No
	candidates for public office? If "Yes," complete				46		✓
	Did the organization engage in lobbying activitie				47		√
	Is the organization a school as described in section				48		<u> </u>
	Did the organization make any transfers to an ex	-	_		49a		/
b	If "Yes," was the related organization a section 5	527 organization?			49b		<u> </u>
50	Complete this table for the organization's five hi employees) who each received more than \$100,	gnest compensated emp	ioyees (other than n the organizatio	in officers, directors, in If there is none er	ifusie nter "N	one"	и кеу
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensati		(e) 3. acc	Excense at the same	se Ind
NONE	trial \$100,000	devoted to position			1	<u> </u>	
		•					
·							
-					ļ		
					+		
			ļ				
f	Total number of other employees paid over \$100	000	NONE		.1		
	, , , , , , , , , , , , , , , , , , ,						
51	Complete this table for the organization's five \$100,000 of compensation from the organization	highest compensated inc n. If there is none, enter "	dependent contr 'None."	actors who each red	eived	m->re	than
	(a) Name and address of each independent contractor	paid more than \$100,000	(b) Type of service	(c) Cor	np::ns:	ation
NONE							
		** ***					
d	Total number of other independent contractors	each receiving over \$100	.000	NONE			
_	- Total Hambor of Outor Indoportuon.						
	Under penalties of perjury, I declare that I have examin and belief, it is true, correct and complete. Declaration	ned this return, including accomp n of preparer (other than officer) i	anying schedules and s based on all informa	d statements, and to the be ation of which preparer has	est of my any kno	krow wkadg	edge e.
Sign				05/04/10			
Here	Signature of officer			Date			
	JILL ANN CURTIS - PRESIDENT			Juio			
	Type or print name and title						
	Preparer's	Date	Check if	Preparer's identifying no	umber (Se	 e in stru	ctions)
Paid	signature MAN, CAR O	04.3	l ealf_	5287	87396		
Prepar	er's Firm's name (or MARC ROSE			EIN ►			
Use Or	address, and ZIP + 4 / 2406 Harlequin Cr., H			T HONO HOLE	2-736-		
May th	e IRS discuss this return with the preparer show	n above? See instruction	s		✓ Yes		No_
		-		F	orm 99	U-EZ	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

ont
section
OMB No. 154 3-0047

2009
Open to Public Inspection
Employer identification number

Name of the organization Employer ide						r identifica	tion number					
SHI	LOH	CHARITAB							20		665871	
Pa	rt I	Reason	for Public Ch	arity Status (All or	ganizatio	ons mus	t comple	ete this	part.) Se	e instruc	ctions.	
The	orga	ınization is n	ot a private foun	dation because it is:	(For lines	1 throug	jh 11, ch	eck only	one box.	.)		
1		A church, co	invention of chui	rches, or association	of church	hes desc	ribed in s	ection 1	70(b)(1)(/	4)(i).		
2		A school des	scribed in sectio	n 170(b)(1)(A)(ii). (Att	tach Sche	edule E.)						
3		A hospital or	a cooperative h	ospital service organ	ization d	escribed	in sectio	n 170(b)	(1)(A)(iii).			
4		A medical re	search organiza	tion operated in conj	unction v	with a ho	spital de:	scribed in	n section	170(b)(1)(A)(iii). Ei	nter the
			me, city, and sta									
5			ion operated for (b)(1)(A)(iv). (Cor	the benefit of a colle- nplete Part II.)	ge or uni	versity ov	vned or c	perated	by a gov	ernmenta	I unit desc	ribed in
6		A federal, st	ate, or local gove	ernment or governme	ental unit	describe	d in sect	ion 170(Ł	o)(1)(A)(v)).		
7	1	An organizat	ion that normally	receives a substantia	al part of	its suppo	rt from a	governm	ental uni	t or from	the genera	ıl public
		described in	section 170(b)(1)(A)(vi). (Complete F	Part II.)							
8				l in section 170(b)(1)		-						
9				receives: (1) more that								
				d to its exempt funct								
				ent income and unre						1511 tax)	from bus	unesses
				after June 30, 1975.								
10				nd operated exclusive								
11				nd operated exclusiv								
				olicly supported organ t describes the type								
		a ☐ Type				e III-Fun					Type III-	
е	Ш			ify that the organizat n managers and othe								
		•	section 509(a)(2).	_	i man on	e or more	publicly	supporte	u organiz	zations de	scribed iii	36011011
							ula. 14 1		7F	T	III	
f		_		a written determinati	on from	the IRS	tnat it is	a type i	, type ii	, or type	III suppo	rung
		_	, check this box	the organization acce		 . aift or o	 ontributio	 n from a	vov. of the			. Ц
g		following pe		the organization acce	spied any	y girt or c	OHUIDUU	JII II OIII a	iny of the	;		
				indirectly controls, e	either alo	ne or too	ether wit	h nerson	s descrit	ned in (ii)	Y	s No
			•	ning body of the sup		_					11g(i)	
		. ,	-	rson described in (i) a							11g(ii)	
				of a person described							11g(iii)	T
h				ation about the suppo								
(i)		of supported	(ii) EIN	(iii) Type of organization		organization		ou notify		s the	(vii) Amo	
	org	anization		(described on lines 1-9 above or IRC section		sted in your document?		nization in of your		tion in col. zed in the	supp	ort
				(see instructions))		·		ort?		S.?		
					Yes	No	Yes	No	Yes	No		
					 							
		<u></u>										
		······································		100				4.3				
Tota	al		and the second	Barrer A.								

Par	Support Schedule for Org (Complete only if you chec					and 170(b)(1)(A)(vi)
	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		113,499	167,314	257,384	239,216	777,413
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						and the second s
3	The value of services or facilities furnished by a governmental unit to the organization without charge					200 040	1177 410
4	Total. Add lines 1 through 3		113,499	167,314	257,384	239,216	777,413
5 6	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) Public support. Subtract line 5 from line 4.						777,413
	tion B. Total Support		e en wirdingen die dies miss		(10) (**) (**) (**)		
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4		113,499	167,314	257,384	239,216	777,413
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 IV.)						777,413
11	Total support. Add lines 7 through 10 .				The state of the s		(77,413
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for organization, check this box and stop he	-	on's first, second				n 501(c)(3) ► ☑
Sec	tion C. Computation of Public Su	pport Perce	ntage				
14	Public support percentage for 2009 (line	6, column (f) d	livided by line 11	, column (f))		14	
15	Public support percentage from 2008 Sc				l	15	
16a	331/3 % support test-2009. If the organi	ization did not	check the box o	n line 13, and l	ine 14 is 331/₃ 9	6 or more, che	ck this box
	and stop here. The organization qualifies						
b	33% % support test—2008. If the organic box and stop here. The organization quality						
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum	009. If the organiacts-and-circu	nization did not c mstances" test, c	heck a box on li check this box a	ine 13, 16a, or and stop here.	16b, and line 1- Explain in Part	4 is 10 % or IV how the
b 18	10%-facts-and-circumstances test—2006 more, and if the organization meets the "organization meets the "facts-and-circumstances the "facts-and-circumstances the "facts-and-circumstances the "facts-and-circumstances" private foundation. If the organization did	facts-and-circur ances" test. The	nstances" test, c organization qua	heck this box a lifies as a public	nd stop here. ly supported org	Explain in Part ganization	IV how the
	iverreceion ii ino organization dic		J. J	.,	,		

Par	Support Schedule for Orga (Complete only if you checke	nizations De	scribed in S	Section 509(a	a)(2)		-
Sec	tion A. Public Support						
	llendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the 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					14,440	
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)	16 14 14 -44	最				
	tion B. Total Support	T	T 43	T	1 1 2 2 2 2	1 ()	(0.7.1)
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С 11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for organization, check this box and stop					ear as a section	
Sec	tion C. Computation of Public Su	pport Perce	ntage			T - 1	
15 16	Public support percentage for 2009 (line Public support percentage from 2008)					15 16	<u>%</u> %
	tion D. Computation of Investme					1	
17	Investment income percentage for 200	9 (line 10c, co	lumn (f) divide	d by line 13, c	olumn (f)) .	17	%
18	Investment income percentage from 2					18	%
19a		anization did r	ot check the b	ox on line 14,	and line 15 is r	more than 33⅓ supported orga	%, and line anization ▶ □
b	331/3 % support tests—2008. If the organine 18 is not more than 331/3 %, check this	nization did not	check a box o	n line 14 or line	19a, and line	16 is more than	33/3 % and
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b	o, check this b	ox and see ins	tructio ıs ▶ 🗌

Part IV	orm 990 or 990-EZ) 2009 Supplemental Information .	. Complete this part to provide the explanations required	by Part II, line 10;
	Part II, line 17a or 17b; and	Complete this part to provide the explanations required Part III, line 12. Provide any other additional information.	See instructions.


	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
	**************************		***************************************
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

## Schedule B

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

Internal Revenue Service

Z, Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545 0047

2009

Employer identification number Name of the organization 5665871 SHILOH CHARITABLE TRUST 20 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/2 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution 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 and

Schedule of Contributors

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** 

educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

990-PF).

	2		2	
Page	_	of		of Part

Name of organization SHILOH CHARITABLE TRUST

Employer identification number 20 5665871

Part I	Contributors (see instructions)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution				
1	TONY & JILL CURTIS  2598 FOREST CITY DR.  HENDERSON, NV 89052	\$28,796	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution				
2	CURTIS ENTERPRISES  2598 FOREST CITY DR.  HENDERSON, NV 89052	\$ 27,374	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution				
3	LINCY FOUNDATION  150 S. RODEO DR.  BEVERLY HILLS, CA 90212	\$100,000	Person Payroll Noncash  (Complete Part II if :here is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution				
4	PETSMART CHARITIES  19601 N. 27th AVE.  PHOENIX, AZ 85027	\$ 10,000	Person Payroll Noncash  (Complete Part II if :here is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)				

<b>Professional Fees</b>	and other indepen	dent contractors	(Part I. line 13)
FIUIESSIVIIAI FEES	ally cules illuspel	idelit colliliactors	M GILL BILL IN

	(A) Total	(B) Program Services	(C) Management & General
Horse Exercise	7,428	7,428	
Shoer	31,715	31,715	
Veterinary Care	28,588	28,588	
Accounting	5,390		5,390
Total to Part 1 line 13	\$ 73,121	\$ 67,731	\$ 5,390

### Other Expenses (Part I, line 16)

	(A	A) Total	) Program Services	 Management & General
Education/Events		139	139	
Feed & Grain		141,597	141,597	
Horse Rescue		6,814	6,814	
Horse Transport		525	525	
Supplies		1,394	1,394	
<b>Amortization &amp; Depreciation</b>		1,894		1,894
Auto		795		795
Bank Charges		160		160
Landscaping		421		421
Travel		1,185		1,185
Total Other Expenses	\$	154,924	\$ 150,469	\$ 4,455
TOTAL EXPENSES	\$	228,045	\$ 218,200	\$ 9,845