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A For the 2014 calendary year, or tax year beginning JUL 1, 2014 and ending JUN 30, 2015 B cryst # (Norme of cyanization THI STLE FARM, INC. (CORMERLY MAGDALENE, INC.) D Employer identification number Mathem (Norme of cyanization THI STLE FARM, INC.) D Employer identification number Mathem (Norme) Point Suite S 8-2050089 Number and street (of P.O. box if mails in ot delivered to street address) Boom/suite E Telephone number (615) 646-5266 City or town, state or province, country, and ZP or foreign postal code (NASHVILLE, TN 37235 Two 37235 Two 1/2000 SAME AS C ABOVE How and address of principal officer "ONI RODGERS (SAME AS C ABOVE Yee X No HO) we realments in. deer 1/Yee X No HO) we realments in. deer 1/Yee X No HO, tach is its (see instructions) J Website: WWW. THI STLEFARMS.ORG Hit L Year of two state of use of the point of the trans. I accessment status: XI SI OV(X) Solic() J Herty describe the organization's mission or most significant activities: THISTLE FARM, TNC. IS A NOT-FOR-PROPTIT ORGANIZATION PROVIDING A RESIDENTIAL HOUSING AND A Number of independent voting members of the governing body (Part V, line 12) 3 13 A Number of independent voting members of the governing body (Part V, line 12) 5 80 0 A turnelisted business ravable income from Form 9907,					•		
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Sign	Signature of officer		Date					
Here	TONI RODGERS, TREASURE							
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date Check X PTIN					
Paid	SARA G. MOON		self-employed P00034774					
Preparer	Firm's name 🕨 FRASIER, DEAN & 🗄	HOWARD, PLLC	Firm's EIN ► 62-1073578					
Use Only	Firm's address 3310 WEST END AV							
	NASHVILLE, TN 37	Phone no. 615-383-6592						
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)							
432001 11-0	432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2014)							
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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	THISTLE FARM, INC. 1990 (2014) (FORMERLY MAGDALENE, INC.) rt III Statement of Program Service Accomplishments	58-2050089	Page 2
	Check if Schedule O contains a response or note to any line in this Part III		X
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? If "Yes," describe these new services on Schedule O.		X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services If "Yes," describe these changes on Schedule O.	?	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to revenue, if any, for each program service reported.	d by expenses. Prs, the toc ا expenses, and	ł
4a	THISTLE FARMS - WHILE AT THISTLE FARMS, THE WOMEN OF MA	IN MUCH NEEDED)
	THE IMPORTANCE OF INDIVIDUAL RESPONSIBILITY AND COOPERA SPECIFICALLY DEVELOPING SKILLS IN MANUFACTURING, MARKET ALL PROCEEDS GO TO SUPPORT MAGDALENE'S HOUSES AND RESID PROVIDE OUTREACH TO WOMEN WHO ARE IN JAIL OR STILL ON T	ING AND SALES. ENTS, AS WELL	AS
4b	WOMEN'S SANCTUARY AND REHABILITATION - OUR MISSION IS T SANCTUARY AND RECOVERY PROGRAMS, E.G. THERAPEUTIC EDUCA WITH A HISTORY OF PROSTITUTION WHO ARE SEEKING A HEALTH A SECURE AND COMPASSIONATE ENVIRONMENT. APPROXIMATELY PARTICIPATED IN THE PROGRAM DURING THE YEAR. REHABILITA ARE ALSO PROVIDED TO MEN. THIS IS A PROGRAM FOR FIRST T WHICH EDUCATES THEM ABOUT WHAT PROSTITUTION DOES TO WOM COST OF PROSTITUTION TO SOCIETY.	TION, FOR WOME IER LIFESTYLE 20-25 WOMEN TION PROGRAMS IME OFFENDERS EN, AND THE TR	N IN UE
4c	THISTLE STOP CAFE - PROGRAM GRADUATES AND RESIDENTS SEL NASHVILLE-BASED AND FAIR-TRADE COFFEES, TEAS AND HEALTH		
4d	Other program services (Describe in Schedule O.) (Expenses \$ 142,093. including grants of \$) (Revenue \$ Total program service expenses ▶ 2,164,094.	24,358. ₎	
40	Total program service expenses ► 2,164,094.	Form 99	0 (2014)

Part IV Checklist of Required Schedules							
Form 990 (2		(FORMERL		DALENE,	INC.)		
		THISTLE	FARM,	INC.			

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		37
-	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the rest to			x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Sume Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space	-		x
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		<u></u>
8		8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability srve custodian for	0		
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or c t negotia on services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporariting ricted encowments, permanent			
	endowments, or quasi-endowments? If "Yes, " complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete S adule D arts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part Y line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in rt X, line that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part 'II	11b		X
с	Did the organization report an amount for investments - program relate. Part A, mue 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part Y ine 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
е	Did the organization report an amount for other liabilities ir X. line If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financia' ater and r the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions unde. 48 (,C 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent a. 1 fin. statements for the tax year? If "Yes, " complete			37
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, penden udited financial statements for the tax year?	101	v	
	If "Yes," and if the organization answered "In line in completing Schedule D, Parts XI and XII is optional	12b	X	x
13	Is the organization a school described in .ctio 70(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a h	Did the organization maintain an office, or as, or agents outside of the United States?	14a		- 23
b	investment, and program service activities outsice the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2014)

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	2030003	I aye

Form	990 (2014) (FORMERLY MAGDALENE, INC.) 58-2050	0089	Р	age 4
Pa	TTIV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	23		X 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 comple			
	Schedule K. If "No", go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year's	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess ber.			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified p_{ϵ} on in a p year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 L If "V," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from ()ayable) any current or			
	former officers, directors, trustees, key employees, highest compensated employees, c 'isqualifi persons? // "Yes, "			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or tc 35% cortrolled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the follow. partic (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions,			
а	A current or former officer, director, trustee, or key employee? If "Yes," com, Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee key employee? If "Yes," complete Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or home mplase (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," corr	28c		X
29	Did the organization receive more than \$25,000 in non-c in cc inc ons? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historica. sure or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and core operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose or the inore than 25% of its net assets? If "Yes," complete			x
~~	Schedule N, Part II	32		
33	Did the organization own 100% of an er. dis garded as separate from the organization under Regulations		х	
24	sections 301.7701-2 and 301.7701-3? If "Ye	33	л	
34	Was the organization related to any tax-exempt c. taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
250	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u>55a</u>		- 23
U U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	550		
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
5,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			<u> </u>
	Note. All Form 990 filers are required to complete Schedule O	38	х	
			000	

Form **990** (2014)

	THISTLE FARM, INC.			
Form	1990 (2014) (FORMERLY MAGDALENE, INC.) 58-205	0089	F	Page 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3	6		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
		0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			x
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other author ver, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country:			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account BAR).	-		
5a		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter nsaction	·		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a				
•••	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that h contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170/2)			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution a partly for goods and services provided to the payor	? 7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or vices provided and control provided to the payor			
c	Did the organization sell, exchange, or otherwise dispose of tangible person. "oper" for which it was required			
•	to file Form 8282?	70		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
e	Did the organization receive any funds, directly or indirectly, to v premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or in 10^{10} Hy, 10^{10} a personal benefit contract?			X
, a	If the organization received a contribution of qualified intel' prope did the organization file Form 8899 as required?			<u> </u>
9 h	If the organization received a contribution of cars, boats urple so, other vehicles, did the organization file a Form 1098-C?			
8	Sponsoring organizations maintaining donor advised Dir . donor advised fund maintained by the			
Ũ		8		
9	sponsoring organization nave excess business noiding of any organization nave excess business noiding of any organizations maintaining donor advised visations visations for the second			
a		9a		
b	Did the sponsoring organization make any taxa. "Istribution is under section 4966? Did the sponsoring organization make a die to nor, donor advisor, or related person?			
10	Section 501(c)(7) organizations. Enter:	. 05		
a	Initiation fees and capital contributionsdr on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part Vine 12, for public use of club facilities			
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			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ıza b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
		13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	138		
L	Note. See the instructions for additional information the organization must report on Schedule O.			
a	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	-		
		140		X
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O		1	+ <u>*</u>
<u>u</u>		<u> 140</u>		1

Form	990	(2014)
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	Check if Schedule O contains a response or note to any line in this Part VI					
Sec	tion A. Governing Body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 13					
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent 1b 13					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other					
	officer, director, trustee, or key employee?	2		х		
3	Did the organization delegate control over management duties customarily performed by or under the direct superv.					
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		х		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w "ad?	4	Х			
5	Did the organization become aware during the year of a significant diversion of the organization's asset	5		х		
6	Did the experimentary have members as stackholders?	6		x		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint or	-				
74		7a		х		
Ь	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) memt s, stockh ders, or	10		- 23		
U	and the line in the second second of the second s	7b		x		
•	Did the organization contemporaneously document the meetings held or written actions undertaken g the year by the following:	70				
8		0-	Х			
a L	The governing body?	8a 8b	X			
0		uo	- 23			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who can reached at the	9		x		
Sec	organization's mailing address? If "Yes," provide the names and addresses in Stadule O	9		21		
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	Na		
10-	Did the executivation have lead chapters, branches, or efficience	10-	res	No X		
	Did the organization have local chapters, branches, or affiliates?	10a		- 11		
D	If "Yes," did the organization have written policies and procedures gove. The acuvities of such chapters, affiliates,	104				
	and branches to ensure their operations are consistent with the organization, rempt purposes?	10b		x		
	Has the organization provided a complete copy of this Form 99' to all members of its governing body before filing the form?	11a				
	Describe in Schedule O the process, if any, used by the organization review this Form 990.	40-	Х			
-	Did the organization have a written conflict of interest polir "No," g J line 13	12a	X			
b	Were officers, directors, or trustees, and key employees require to discussion nually interests that could give rise to conflicts?	12b				
С	Did the organization regularly and consistently monitor and orce pumpliance with the policy? If "Yes," describe	10	х			
	in Schedule O how this was done	12c	<u> </u>	v		
13	Did the organization have a written whistleblower policy?	13	Х	Х		
14	Did the organization have a written document is tion and estruction policy?	14	~			
15	Did the process for determining compensation of the service and approval by independent					
	persons, comparability data, and conter prant is substantiation of the deliberation and decision?	. –		37		
	The organization's CEO, Executive Direc or up management official	15a		X		
b	Other officers or key employees of the organ.	15b		Х		
	If "Yes" to line 15a or 15b, describe the process Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			37		
	taxable entity during the year?	16a		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					
0	exempt status with respect to such arrangements?	16b				
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright TN					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) av	ailable	9			
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financi	al			
	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:					
	TONI RODGERS - (615) 646-5266					
	P.O. BOX 6330-B, NASHVILLE, TN 37235					

(FORMERLY MAGDALENE, INC.)

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 in Schedule O. See instructions.

Form 990 (2014)

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Page 6

THISTLE F	ARM, IN	IC.								
Form 990 (2014) (FORMERLY					NC				58-2050	089 _{Page} 7
Part VII Compensation of Officers, D				s, k	(ey	En	nplo	oyees, Highest Co	mpensated	
Employees, and Independen	t Contracte	ors								
Check if Schedule O contains a respo	onse or note to	o any	/ line	in t	his l	Part	VII			
Section A. Officers, Directors, Trustees, Key I	Employees, a	nd H	lighe	est (Con	nper	isat	ed Employees		
1a Complete this table for all persons required to	be listed. Rep	ort	com	pens	satio	on fo	r the	e calendar year ending v	with or within the organ	ization's tax year.
 List all of the organization's current officers Enter -0- in columns (D), (E), and (F) if no compens List all of the organization's current key em 	ation was paid	d.								ompensation.
• List the organization's five current highest co										
able compensation (Box 5 of Form W-2 and/or Bo									•	-
 List all of the organization's former officers, reportable compensation from the organization ar 						om	Jens	saled employees who re	ceived more than \$100	1,000 01
• List all of the organization's former director	rs or trustees	tha	t rec	eive	ed, ir				or or trus of the org	anization,
more than \$10,000 of reportable compensation from	•				-			•		
List persons in the following order: individual trust and former such persons.	ees or directo	rs; II	nstiti	utior	hal ti	ruste	es;	officers; key employees	s; higheseses insated	l employees;
Check this box if neither the organization no	or any related (oraa	niza	tion	con	nner	nsate	ed any current officer	recto or trustee.	
(A)	(B)	l	inza		<u>C)</u>	iper	1541	(D)	(E)	(F)
Name and Title	Average			Pos	itior			Reportable	Reportable	Estimated
	hours per		not c					compens ou	c. npensation	amount of
	week		cer an	id à d	lirecto	or/trus	tee)	fro	from related	other
	(list any	ndividual trustee or director						th	organizations	compensation
	hours for	or di	ee			ated		Organizal.	(W-2/1099-MISC)	from the
	related organizations	rustee	Institutional trustee		ee	Highest compensated employee		(V /1099-MISC)		organization and related
	below	dual tr	itional		nploy	st con yee	-			organizations
	line)	ndivic	nstitu	Officer	Key employee	Highe:	Former			organizationo
(1) CARLANA HARWELL	1.00	_	_		-					
BOARD MEMBER		х					_	1 0.	0.	0.
(2) CAROLE HAGAN	1.00					† (
BOARD MEMBER		х						0.	0.	0.
(3) CAROLYN SNELL	1.00					÷				
SECRETARY		х		x				0.	0.	0.
(4) DORINDA CARTER	1.00						\sim			
BOARD MEMBER		х					1	0.	0.	0.
(5) GILBERT SMITH	1.00				►					
BOARD MEMBER		X						0.	0.	0.
(6) HARLEY LAPPIN	1.00	<u> </u>			1					
BOARD MEMBER		X	+					0.	0.	0.
(7) JAY JOYNER	1.00	-								
BOARD MEMBER		X	<u> </u>					0.	0.	0.
(8) JIM LEWIS	1.00									•
BOARD MEMBER		Х						0.	0.	0.
(9) KATHA RAULSTON	1.00									0
BOARD MEMBER	+100	Х						0.	0.	0.
(10) KATHI WHALEN	1.00	x		x				0.	0.	0.
VICE PRESIDENT (11) MIRANDA WHITCOMB PONTES	1.00	Δ		^				0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(12) RICK HART	1.00	Δ							0.	
BOARD MEMBER	1.00	x						0.	0.	0.
(13) SANDY STAHL	1.00									
PRESIDENT		х		x				0.	0.	0.
(14) SARABETH MYERS	1.00									
BOARD MEMBER		х						0.	0.	0.
(15) BECCA STEVENS	16.00									
FOUNDING DIR.		1		x				0.	0.	0.
(16) CARY RAYSON	16.00									
EXECUTIVE DIREC				х				20,000.	0.	0.
(17) TONI RODGERS	1.00									
TREASURER				Х				2,500.	0.	0.
432007 11-07-14										Form 990 (2014)

	STLE FARM, IN		_	-	110							_	
	RMERLY MAGDAL								58-20	1500	183	Р	'age 8
		oloye	es,			ghes	t Co		, , , , , , , , , , , , , , , , , , , ,			(=)	
(A)	(B) Average		F	(C Posi				(D)	(E)		F .	(F)	1
Name and title	hours per		iot ch	neck n	nore t	than o		Reportable	Reportable			timate	
	week					s both r/truste		compensation from	compensatio from related			nount other	
	(list any	tor						the	organization			pensa	
	hours for	Individual trustee or director				-		organization	(W-2/1099-MIS	I		om th	
	related	e or	stee			nsate		(W-2/1099-MISC)	()	,		anizat	
	organizations	truste	al tru		yee	m pei		(•	d relat	
	below	idual .	Institutional trustee	5	mplo	est co oyee	er				orga	anizati	ions
	line)	Indiv	Instit	Officer	Key employee	Highest compensated employee	Former		A.				
										-+			
				_	_								
				_	_					-+			
									1				
				_									
							\sim	1					
1b Sub-total						<u> </u>		22,500.		0.			0.
c Total from continuation sheets	to Part VII. Section A							0.		0.			0.
				•••••				22,500.		0.			0.
						<u></u>	_						0.
2 Total number of individuals (inclu		ose II	SIE		ve)	'	o re	ceived more than \$100,	000 of reportable	;			0
compensation from the organizat	ion 🕨		-	-	<u>-</u> ,-							Yes	No
										ſ		res	NO
3 Did the organization list any form		- 4	key	v n	ploy	yee,	or ł	nighest compensated er	nployee on				
line 1a? If "Yes," complete Scheo											3		X
4 For any individual listed on line 1a	a, is the sum of reportab.	ิวท	npe	nsat	ion	and	oth	er compensation from t	he organization				
and related organizations greater	than \$150,00 "Yes,	" n	nple	te S	che	dule	J fo	or such individual			4		X
5 Did any person listed on line 1a r	eceive or a cu	₁tio	n fro	om a	any	unre	late	ed organization or individ	lual for services				
rendered to the organization? If	Yes," c	J for	r su	ch p	erso	on					5		X
Section B. Independent Contractors													
1 Complete this table for your five h	nighest con, sated ind	epen	den	t co	ntra	actor	s th	at received more than \$	100,000 of comp	oensat	ion fro	om	
the organization. Report compen	sation for the calendar ye	ear en	nding	g wi	th o	or wit	hin	the organization's tax y	ear.				
	(A)							(B)			(0)	
Name and	l business address	NO	NE					Description of s	ervices	С	ompe		n
							-						
							-						
							\dashv						
							\dashv						
2 Total number of independent con	tractors (including but no	ot limi	ited	to t	-		ed	above) who received mo	ore than				
\$100.000 of compensation from t	the organization				0)							

		<u>20</u> 14) (FORM		DALENE, I	INC.)		58-2050	089 Page
'ar	t VIII							_
		Check if Schedule O conta	ains a response	or note to any line	e in this Part VIII	(D)	(0)	
					Total revenue	Related or exempt function revenue	Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 514
ţ	1 a	Federated campaigns	1a					
and Other Similar Amounts	b	Membership dues	1b					
Am	с	Fundraising events	1c	292,413.				
ar	d	Related organizations	1d					
imi	е	Government grants (contributi	ons) 1e					
Š	f	All other contributions, gifts, grant						
Ę		similar amounts not included abov		1,594,995.				
pc		Noncash contributions included in lines 1			4 005 400	1		
ar	h	Total. Add lines 1a-1f			1,887,408.			
		MEN'S REHAB PROGRAM		Business Code 900099	70 700	79,700.		
	2 4	CONFERENCE FEES		900099	79,700. 33,847.	33,847.		
Řevenue	b	EDUCATION WORKSHOPS		900099	1,464.	1,464.1		
ven	c d			500055	1,404.		-	
Be	u e					+		
	-	All other program service rever	nue					
		Total. Add lines 2a-2f			115,011.			
	3	Investment income (including						
		other similar amounts)	,	· • •	291.			29
	4	Income from investment of tax						
	5	Royalties	<u></u>	►	631.			63
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	с	Rental income or (loss)						
	d	Net rental income or (loss)	r	······				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses		3,258.				
		Gain or (loss)			2 259			2.25
		Net gain or (loss)			-3,258.			-3,25
5	8 a	Gross income from fundraising including \$292,						
		contributions reported on line						
		Part IV, line 18		0.				
Þ	b	Less: direct expenses	b					
5		Net income or (loss) from fund		·	-23,456.			-23,45
		Gross income from gaming ac	-	F				
		Part IV, line 19		. <u> </u>				
	b	Less: direct expenses						
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less i	returns					
		and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sales			847,319.	847,319.		
┝		Miscellaneous Revenue	9	Business Code				
	11 a							
	b							
1	С							
								1
		All other revenue						

Form 990 (2014) (FORMERLY MAGDALENE, INC.) Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons not include amounts reported on lines 6b, 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	29,499.	25,777.	2,493.	1,229
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	1,345,776.	1,175,964.	113,722.	56,090
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes	121,562.	106,224.	10,272.	5,066
11	Fees for services (non-employees):				
а	Management				
b	Legal				
с	Accounting	22,783.		22,783.	
d	Lobbying				
е					
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	15,941.	15,941.		
12	Advertising and promotion	85,085.	85,085.		
13	Office expenses	115,935.	105,056.	2,647.	8,232
14	Information technology	21,664.	17,840.	2,756.	1,068
15	Royalties				
16	Occupancy	66,661.	58,212.	3,130.	5,319
17	Travel	30,331.	30,331.		
18	Payments of travel or entertainment expense				
	for any federal, state, or local public office s				
19	Conferences, conventions, and meeting	38,473.	38,473.		
20	Interest	1,348.	1,348.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	124,040.	109,816.	7,227.	6,997
23	Insurance	58,165.	53,557.	1,536.	3,072
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а		76,747.	63,197.	9,764.	3,786
a b	CONTRACT LABOR	69,304.	47,057.	15,765.	6,482
с С	OTHER PROGRAM EXPENSES	54,928.	54,928.		0,102
c d	REPAIRS & MAINTENANCE	53,108.	53,108.		
		160,710.	122,180.	26,297.	12,233
	All other expenses	2,492,060.	2,164,094.	218,392.	109,574
2 <u>5</u> 96	Joint costs. Complete this line only if the organization	4, 7, 2, 000.	2,107,094.	410,394.	107,574
6					
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form 990 (2014)
Part X Balance Sheet (FORMERLY MAGDALENE, INC.)

Ta	•••	Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	126,278.	1	414,105.
	2	Savings and temporary cash investments	413,083.	2	484,935.
	3	Pledges and grants receivable, net	248,799.	3	256,361.
	4	Accounts receivable, net	37,451.	4	54,187.
	5	Loans and other receivables from current and former officers, directors,			· · ·
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		•	
		employers and sponsoring organizations of section 501(c)(9) voluntary			1
s		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	20,000.	7	20,000.
As	8	Inventories for sale or use	70,921.	8	158,698.
	9	Prepaid expenses and deferred charges		9	
	10a	Land buildings, and equipment; cost or other			
		Leard, buildings, and equipment: cost of otherbasis. Complete Part VI of Schedule DLess: accumulated depreciation10b744,909.			
	b	Less: accumulated depreciation	2,093,218.	10c	2,490,503.
	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	62,102.	15	57,132.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,071,852.	16	3,935,921.
	17	Accounts payable and accrued expenses	148,835.	17	191,549.
	18	Grants payable		18	
	19	Deferred revenue	20,000.	19	20,000.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Sc. The F		21	
es	22	Loans and other payables to current and former offir irecto. ustees,			
Ĩ		key employees, highest compensated employees .id d ⁱ 10. ed persons.			
Liabilities		Complete Part II of Schedule L		22	E14 000
	23	Secured mortgages and notes payable to unre. I thin lies	22,997.	23	514,290.
	24	Unsecured notes and loans payable to unrelated tr. parties		24	
	25	Other liabilities (including federal income navable orelated third			
		parties, and other liabilities not includ n lin. +). Complete Part X of			
		Schedule D	191,832.	25	775 020
	26	Total liabilities. Add lines 17 thru 21	191,032.	26	725,839.
		Organizations that follow SFAS 117, ? 958), check here X and			
sec	07	complete lines 27 through 29, and lines 3 and 34.	2 512 700	07	2,834,115.
anc	27	Unrestricted net assets	<u>2,512,799.</u> 267,221.	27 28	275,967.
Bal	28 29	Temporarily restricted net assets	100,000.	28 29	100,000.
pu	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here	100,000.	29	100,000.
Ľ.		and complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
set	30 31	Paid-in or capital surplus, or land, building, or equipment fund		30 31	
As	31			31	
Net	33	Total net assets or fund balances	2,880,020.	33	3,210,082.
	34	Total liabilities and net assets/fund balances	3,071,852.	34	3,935,921.
			-,,	~	Form 990 (2014)

Form **990** (2014)

	THISTLE FARM, INC.				
	990 (2014) (FORMERLY MAGDALENE, INC.)	58-20)50089	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,823	3,9	<u>46.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,492	2,0	60.
3	Revenue less expenses. Subtract line 2 from line 1	3			86.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,880		
5	Net unrealized gains (losses) on investments	5	- 2	L,8:	24.
6	Donated services and use of facilities	6			
7	Investment expenses	_7			
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain in Schedule O)	<u> </u>			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
_	column (B))	10	3,21),0	82.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," exp n in Sche Ile C).			
2a	Were the organization's financial statements compiled or reviewed by an independent accounta.		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year we' ipileo or reviewed of	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and arate b s				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the wear were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both conso ated and parate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assume bility for oversight of the			v	
	review, or compilation of its financial statements and selection of an inc. Pdem accountant?		2c	X	
•	If the organization changed either its oversight process or selection process ing the tax year, explain in Scher				
3a	As a result of a federal award, was the organization required to dergo an audit or audits as set forth in the Sing	jie Audit	0.0		х
L	Act and OMB Circular A-133?		<u>3a</u>		
D			3b		
	or audits, explain why in Schedule O and describe any sosts and indergo such audits	<u></u>		990	(2014)
			Form	550	(2014)

Public Charity Status and Public Support Comparison on a section 301(kg) organization or a section Status of the magnetic status of the	SC	HED	OULE A		Public Cha	rity Status an	d Pub	olic Su	nnort		OMB No. 1545-0047
because the team is a second se	(Fo	r m 9 9	0 or 990-EZ)								2014
Initial Boundary	Denar	tment of	f the Treasury								Open to Public
(FORMERLY MAGDALENE, INC.) (Second For Public Charity Status (A) organizations must complete this part). See instructions. The organization is not a private foundation because its: (For lines 1 through 11, chuck only one box) A chuch, convention of churches, or association of churches described in section T70b(11/(A)(A)). A chuch convention of churches, or association of churches described in section T70b(11/(A)(A)). A chuch, convention of churches, or association of churches described in section T70b(11/(A)(A)). A chuck are research organization operated to nounchlow with a hospital described in section T70b(11/(A)(A)). A facture aresearch organization operated in conjunction with a hospital described in section T70b(11/(A)(A)). A facture aresearch organization operated nounchlow with a hospital described in section T70b(11/(A)(A)). A facture aresearch organization operated nounchlow with a hospital described in section T70b(11/(A)(A)). A facture areas and analy receives a substantial part of its support from a governmental unit described in section T70b(11/(A)(A)). Complete Part II) A community trad described in section T70b(11/(A)(A)). Complete Part II) A community trad described in section T70b(11/(A)(A)). Complete Part II) A community trad described in section T70b(11/(A)(A)). Complete Part II) A community trad described in section T70b(11/(A)(A)). Complete Part II) An organization half normally receives (I) methans 33.1375. See section 500(4)(A). Complete Part II) An organization organized and operated acclasivity to the thorn on the functions of the support from gones investment income and unsisted business taxable income (ses section 506(4)(A)). Complete Part IV, Section A and B. Type II and the described II section 506(4)(A). Complete Part IV, Section A and B. Type II and the described Part IV, Section A and B. Type II and thoreanal with generated acclasively to the beneff of its support fro				Informat					ww.irs.gov/fo	rm990.	
Part L Reason for Public Charity Status (AI complete this part). See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii). A norganization operated for the benefit of a college or university owned or operated by government⁻¹ mit describ. Ji in section 170(b)(1)(A)(iv). A norganization operated for the benefit of a college or university owned or operated by a government⁻¹ mit describ. Ji in section 170(b)(1)(A)(v). A norganization that ormally receives a subartial part of its support from contributi. A community fluxt described in section 170(b)(1)(A)(v). A comparization that ormally receives a subject to certain exceptions, and (2) nor than by volv of its support from gost investment income and unneited business taxable income (iss section 504(c)). B a comparization organization described and operated exclusively to test for public safety. See section 504(c). An organization organization organization organization organization organization organization organization and control to common under the supporting organization organization and comparization organization and control or organization organization and comparization organization organiz	Nam	e of t	he organizati	on THIS	TLE FARM, I	INC.					
The organization is not a private foundation because it is: (For Ines 1 through 11, check only one box.) Image: A school described in section 170(b)(1)(A)(i), (Attach Schedule E) A chool described in section 170(b)(1)(A)(ii), (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii). A model aresearch organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii). A moganization operated growerment or governmental unit described in section 170(b)(1)(A)(v). 7 Main againization operated growerment or governmental unit described in section 170(b)(1)(A)(v). 7 Main againization operated growerment or governmental unit described in section 170(b)(1)(A)(v). 8 A community thust described an section 170(b)(1)(A)(v). 9 An organization in the normally receives: (1) more than 33 1/3% of its support from contributi. If mere arehip fees, and gross receipts from activities related to its exempt functions: subject to certain section 500(A)(A). Complete Part II.) 9 An organization organization operated subject to certain section 500(A)(C). Complete Part II.) 10 An organization organization operated subject to certain section 500(A)(C). Cherylete Part II.) 11 An organization organization operated subject to certain section 500(A)(C). Cherylete Part II.) 12 An organization organization operated subject to certain section 500(A)(C). Cherylete Part II.) 13 An organization organization operated subject to certain sevents for the part (C) to carry out the purposes of			Deces								8-2050089
■ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(b). ▲ A neglial research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(b). ▲ A neglial research organization operated for the benefit of a college or university owned or operated by a government in thesch. Ji in section 170(b)(1)(A)(b). ▲ A neglialation operated for the benefit of a college or university owned or operated by a government in thesch. Ji in section 170(b)(1)(A)(b). ▲ A facteral, state, or local government or governmental unit described in section 170(b)(1)(A)(b). ▲ A nonganization that normally receives a substantial part of this support from contribut. Them are stellip foes, and gross neeslips from activities related to its section 170(b)(1)(A)(b). ▲ A norganization that normally receives a subject to cartina exceptions; and (2) nor. Juhna av. visio of its support from activities related to its section 170(b)(1)(A)(b). ■ A norganization organization deparated exclusively for the benefit of, to r=form the functions of, or to carry out the purposes of one or more publicly supported organization deparated exclusively for the benefit of to r=form the functions of, or to carry out the purposes of one or more publicly supported organization deparated exclusively for the benefit of to r=form the functions of, or to carry out the purposes of one or more publicly supported organization organization activity supporting organization activity. Sections A and B. 10 An organization organizatid and operated exclusively for the benefit of to r=fo									e instructions	S.	
A school described in section 170(b)(1)(A)(ii), (Attails Schedule E.) A comparization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii), A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii), A medical research organization operated for the benefit of a college or university owned or operated by a government i mit describ. J in section 170(b)(1)(A)(ii), (Complete Part II) A organization that normally receives a substantial part of its support from a governmental unit etc. a community that describe the section 170(b)(1)(A)(i), (Complete Part II) A organization that normally receives (1) more than 33 1/3% of its support from contribut. A an organization organized and operated exclusively to test for public safety. See section 509(a)(2). Complete Part II) A organization organized and operated exclusively to test for public safety. See section 509(a)(2), (Complete Part II) An organization organized and operated exclusively to test for public safety. See section 509(a)(2), (Complete Part II) An organization organized and operated exclusively to test for public safety. See section 509(a)(2), Check the box in lines 11 tand that describes the type of supporting organization active (1) are transporting organization organized and operated exclusively to test for public safety. See section 509(a)(2), Check the box in lines 11 tand that describes the type of supporting organization active (1), section 500(a)(2), See section 509(a)(2), Check the box in lines 11 tand that describes the type of supporting organization active (1) are transporting organization organized and operated exclusively to test for public safety. See section 509(a)(2), Check the box in lines 11 tand that describes the type of supporting organization (2) is supported organization(3), they call by giving the supporting organization described in section 500(a)(1), section 500(a)(2), See section 500(a)(2), See section 500(a)		organ									
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Iter the hospital's name, ch; and state: 6 A norganization operated for the benefit of a college or university owned or operated by a governmer' wint described in section 170(b)(1)(A)(ii). 7 IA norganization that normally receives a substantial part of its support from a government or into the support from government into the support from government or into the support for government or into the government or into the support for government or into the support for government or into the support for government or into the government or into the support or into government or into the support or into the government or into the support or into the government or into the support or government or into the support or into the government or into the support or into the support or into the government or into the support or into the government or into the support or into the support or into the support or into the support or into the government or into the support or inthe government or inthe support into government or into the suppor							l in sectio	on 170(b)(1)(A)(i).		
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii), then the hospital's name, city, and state:						-			•		
 city, and state: city, and state: city, and state: city			-	-					-	Viiii) stor	the hospital's name
5 An organization operated for the benefit of a college or university owned or operated by a government i unit descriu. J in section 170(b)(1)(A)(V). (Complete Part II.) 6 A federal, state, or local government a governmental unit described in section 170(b)(1)(A)(V). (Complete Part II.) 7 X An organization that normally receives a substantial part of its support from a governmental unit or row. If general public described in section 170(b)(1)(A)(V). (Complete Part II.) 9 An organization that normally receives (1) more than 33 1/3% of its support from contribut. If the organization and the support from grass investment income and unrelated business taxable income (less section 511 tax) from busin: less accu. If by the organization after June 30, 1975. See section 509(a)(2). (Complete Part II.) 10 An organization organized and operated exclusively to test for public safety. See as	4			-		junction with a nospital	described	360101			the hospital s hame,
section 170(b)(1)(A)(v), (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 over fue. In general public described in section 170(b)(1)(A)(v). (Complete Part II). 9 An organization that normally receives: (1) more than 33 1/3% of its support from contribut. In environment, trust described in section 170(b)(1)(A)(v). (Complete Part II). 9 An organization organization and united described in section 511 at (Norm busine escale). 1 by the organization arganization organization supporting organization o	5		•	-	or the benefit of a col	lege or university owned	d or operat	ed by a do	vernmer'	nit descri⊾	d in
G A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). T X An organization that normally receives a substantial part of its support from a governmental unit or from. If general public described in section 170(b)(1)(A)(v). (Complete Part II.) A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) A organization that normally receivers (in more than 31 19%) of its support from ortification activities related to tis exempt functions - subject to certain exceptions, and (2) normalism describes of the support from grass investment income and unrelated business taxable income (ess section 501(a)(1) section 500(a)(1). An organization arganizated and operated exclusively for the benefit of, to mform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization equinization (a) to runst complete Part IV. Sections A and B. Dept 1.A supporting organization supervised or controller 'in connection with its supported organization(s) the power to regularly appoint or is a maximy of the directors or trustees of the supporting organization (a) runst complete Part IV. Sections A and B. Type III functionally integrated. A supporting organization (a) runs or anagement of the supporting organization	•										
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THISTLE	FARM,	INC.

	edule A (Form 990 or 990-EZ) 2014 (Int II Support Schedule for 1				b)(1)(A)(iv) and		0089 Page 2
	(Complete only if you checked	-					
	fails to qualify under the tests			-	r anos to quanty a		organization
Sec	ction A. Public Support	71		,			
		(=) 2010	(h) 0011	(-) 2012	(4) 2012	(a) 2014	
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	794,128.	1010239.	1377822.	1438104.	1887408.	6507701.
~		794,120.	1010237.	1377022.	14301040	100/400.	0507701.
2	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
2							
3	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
4		794,128.	1010239.	1377822	1438104.	1887408	6507701.
	Total. Add lines 1 through 3	794,120.	1010255.	1377022.	11301011	10074000	0507701.
5	The portion of total contributions						
	by each person (other than a governmental unit or publicly					1	
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,				I		
							420,260.
6	Column (f) Public support. Subtract line 5 from line 4.						6087441.
	ction B. Total Support				<u> </u>		000/111.
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(~) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	794,128.	1010239.	1377822.	1438104.	1887408.	6507701.
	Gross income from interest,	794,120.	1010255.	15//0220	11301010	100/1000	00077010
0	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	6,701.	6,463.	2,936.	867.	922.	17,889.
9	Net income from unrelated business	0,701.	0,405.	2,550.	0070	522.	17,005.
9	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital	-					
	assets (Explain in Part VI.)						
44	Total support. Add lines 7 through 10						6525590.
12	Gross receipts from related activities,	etc. (see In artic	uns)			12 4	,969,125.
	First five years. If the Form 990 is for			h fourth or fifth ta	x year as a sectior		///////////////////////////////////////
10	organization, check this box and stor						
Sec	ction C. Computation of Publi		centage				
	Public support percentage for 2014 (I			olumn (f))		14	93.29 %
15	Public support percentage from 2013					15	73.00 %
	33 1/3% support test - 2014. If the c					· · · ·	
	stop here. The organization qualifies	-					
h	33 1/3% support test - 2013. If the c		-				
~	and stop here. The organization qual						. —
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test						

more, and if the organization meets 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 .

Schedule A (Form 990 or 990-EZ) 2014

►

Schedule A (Form 990 or 990-EZ) 2014 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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	g in) ▶ (a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, ar	ıd					
membership fees received. (De	o not					
include any "unusual grants.")	·					
2 Gross receipts from admission merchandise sold or services formed, or facilities furnished i any activity that is related to th organization's tax-exempt purpose	per- in he					
3 Gross receipts from activities are not an unrelated trade or b						
iness under section 513						
4 Tax revenues levied for the orgization's benefit and either pai	°					
or expended on its behalf						
5 The value of services or faciliti furnished by a governmental u the organization without chard	unit to					
6 Total. Add lines 1 through 5	· · · ·					
7a Amounts included on lines 1, 2						
3 received from disqualified pe	,					
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	ved : e					
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from I						
Section B. Total Support	ine 6.)					
Calendar year (or fiscal year beginning	g in) ▶ (a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	, , , , , , , , , , , , , , , , , , , ,		(0) 2012			
 10a Gross income from interest, dividends, payments received securities loans, rents, royaltie and income from similar source 	on					
b Unrelated business taxable incom (less section 511 taxes) from busi acquired after June 30, 1975						
c Add lines 10a and 10b						
 Net income from unrelated bu activities not included in line 1 whether or not the business is regularly carried on 	siness Ob, S					
12 Other income. Do not include or loss from the sale of capital assets (Explain in Part VI.)	gain I					
13 Total support. (Add lines 9, 10c, 11, a		L				
14 First five years. If the Form 99	90 is for the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organi:	zation,
check this box and stop here						
Section C. Computation of					1 1	
15 Public support percentage for			olumn (f))		15	%
16 Public support percentage fro					16	%
Section D. Computation of	Investment Income	Percentage				
17 Investment income percentage					17	%
18 Investment income percentage					18	%
19a 33 1/3% support tests - 2014	If the organization did r	ot check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line	17 is not
more than 33 1/3%, check this b 33 1/3% support tests - 201 3						
line 18 is not more than 33 1/3	-					
20 Private foundation. If the org						

Schedule A (Form 990 or 990-EZ) 2014 (FORMERLY MAGDALENE, INC.)

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? *If* "*No*" *describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answ., (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (^r and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how a organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for sect . 1/0, (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure s h use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make ants to t. foreign supported organization? If "Yes," describe in **Part VI** how the organization had such cc retion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI where controls the organization used to ensure that all support to the foreign supported organization was used expresses.
- **5a** Did the organization add, substitute, or remove any supported organiza. during the tax year? *If* "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, incluoi, "the names and EIN numbers of the supported organizations added, substituted, or "roved, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document autriling", *h* action, and (iv) how the action was accomplished (such as by amendment to the organizing.
- **b** Type I or Type II only. Was any added or substituted so porteon, nization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result c ever. ond the organization's control?
- 6 Did the organization provide support (whether in the form prants or the provision of services or facilities) to anyone other than (a) its supported organization (a) individuals that are part of the charitable class benefited by one or more of its supported control (c) other supporting organizations that also support or benefit one or more of the filling organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, composition, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer (b) below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Sche		8-205008	9 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
<u>c</u>	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the suppor			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explaining			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) the operation			
<u></u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a main rity of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in. "rt VI r v control			
	or management of the supporting organization was vested in the same persons that control.			
800	the supported organization(s). tion D. Type III Supporting Organizations	1		
Sec				
	Did the second of the second o		Yes	No
1	Did the organization provide to each of its supported organizations, by the least of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amo. of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date c +ification, and (3) copies of the	1		
2	organization's governing documents in effect on the date of not station, to the extent not previously provided? Were any of the organization's officers, directors, or trustees eithe.			
2	organization(s) or (ii) serving on the governing body of a su dorg ation? If "No," explain in Part VI how			
		2		
3	the organization maintained a close and continuous wor' gre' for p with the supported organization(s). By reason of the relationship described in (2), did the organization or supported organizations have a	2		
Ū	significant voice in the organization's investment poil, and decode a story and story and the use of the organization's			
	income or assets at all times during the tax year? If "Yes, scribe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integration			
1	Check the box next to the method that the sign ation used to satisfy the Integral Part Test during the year (see instru	ctions):		
а	The organization satisfied the Act. s^{-} st. Complete line 2 below.	01.01.0)1		
b	The organization is the parent of each supported organizations. Complete line 3 below.			
с	The organization supported a government entity. Describe in Part VI how you supported a government entity (s	see instructions).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2014

Sche	edule A (Form 990 or 990 EZ) 2014 (FORMERLY MAGDALENE, ING			8-2050089 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on I	Nov. 20, 1970. See instru	ctions. All
	other Type III non-functionally integrated supporting organizations must co	<u>nplete Se</u>	ctions A through E.	
Sec	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		~
Sec	ion B - Minimum Asset Amount		(A) Prio	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1		
d	Total (add lines 1a, 1b, and 1c)	1. T		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	<u> </u>		
3	Subtract line 2 from line 1d			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater a mour. see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, In. Colu 4)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Sec. B, line 8 Jolumn 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, lir 4, unless subject to			
_	emergency temporary reduction (see instruc.	6		

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

Schedule A (Form 990 or 990-EZ) 2014

Sche Pai	dule A (Form 990 or 990 EZ) 2014 (FORMERLY MAG tV Type III Non-Functionally Integrated 509	DALENE, INC.) (a)(3) Supporting Orga	nizations (continued)	8-2050089 Page 7
Sect	ion D - Distributions	(=)(-) - = = = = = = = = = = = = = = = = = =		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.		A	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	ر: Underdi, ۱۱۴ ،1s Pro-20 ,	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b			·	
c			⊢	
d		<u> </u>		
e	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$	+ · — — — — — — — — — — — — — — — — — —		
	Applied to underdistributions of prior years	ļ <u> </u>		
	Applied to 2014 distributable amount	<u> </u>		
	Remainder. Subtract lines 4a and 4b from 4.	<u> </u>		
5	Remaining underdistributions for years prior to 2014, if	•		
	any. Subtract lines 3g and 4a from line 2 (if amu			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Sutracines 3h			
	and 4b from line 1 (if amount greater the rouge			
_	instructions).			
7	Excess distributions carryover to 2015. Add Intes 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u> b				
<u>b</u>				

Schedule A (Form 990 or 990-EZ) 2014

d Excess from 2013 e Excess from 2014

Schedule A	(Form 990 or 990 EZ) 2014 (FORMERLY MAGDALENE, INC.)	58-2050089 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 1	0; Part II, line 17a or 17b; and Part III, line 12.
	Also complete this part for any additional information. (See instructions).	
	Y	

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

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

2014

Employer identification number

58-2050089

THISTLE :	FARM,	INC.	
(FORMERL	Y MAGE	ALENE,	INC.)

Organization	type	(check	one	۱.
Organization	Lype !	(CHECK	One	<i>ا</i>

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private founda n
	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 <u>General Rule</u> and a Special Rule. See instructions.

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filir Forr Joc. 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Sc. Ie A / Jrm 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the eater 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 (c)(c, 10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than ,000 *xclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children in s. Complete Parts I, II, and III.

For an organization described in section $501(c_1(7), (8), or (10)$ 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. Do not 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 exclusively religious.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Schedule I	B (Form 990, 990-EZ, or 990-PF) (2014)			Page 2	
	ganization LE FARM, INC.		Employer identification number		
	ERLY MAGDALENE, INC.)		58-2050089		
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 contribution	ns	(d) Type of contribution	
1		\$50,0	<u>00</u> .	Person X Payroll Noncash (Complete Part II for roncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total con⊾ tic		(d) Type of contribution	
2		\$100, <u>0</u>	<u>00.</u>	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ne	(d) Type of contribution	
3		\$60,0		Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP +	(c) Total contribution	ns	(d) Type of contribution	
4_		\$80,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	الہ Name, address, ad ZIP + 4	(c) Total contribution	ns	(d) Type of contribution	
5		\$100,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution	
6		\$46,9		Person X Payroll Noncash (Complete Part II for noncash contributions.)	

	anization		Employer identification number
	LE FARM, INC. ERLY MAGDALENE, INC.)		58-2050089
art II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed	
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate (see instructions	
		\$	
(a) No. From Part I	(b) Description of noncash property given	(c' FMV (or est. (see 'tion.	(d) Date received
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate (see instructions	
		\$	
(a) No. From Part I	(b) Description of noncash propers <u></u> en	(c) FMV (or estimate (see instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (see instructions	
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate (see instructions	

Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2014)			Page 4
Name of org				Employer identification number
THISTI	LE FARM, INC.			
(FORME	ERLY MAGDALENE, INC.)			58-2050089
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete completing Part III, enter the total of exclusively religious	columns (a) through (e) and the followin s, charitable, etc., contributions of \$1,000 or less	g line entry. For organization	IS
	Use duplicate copies of Part III if addition	al space is needed.		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
			_	
F		(e) Transfer of gift		
-	Transferee's name, address, a	nd ZIP + 4	Relationship tra	eror to transferee
		[
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		ription of how gift is held
-		(e) Trans ^r of gift		
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	'se ur gift	(d) Desc	ription of how gift is held
-	Transferee's name, a s a	(e) Transfer of gift	Balationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
			_	
	.	(e) Transfer of gift		
ŀ	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee

SC	HEDULE D	Supplementa	al Financial Statements	F	OMB No. 1545-0047	
(Forn	n 990)	Complete if the org	anization answered "Yes" to Form 990,		2014	
Depart	ment of the Treasury		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to Public	
	Revenue Service		rm 990) and its instructions is at		Inspection	
Nam	e of the organization	THISTLE FARM, INC. (FORMERLY MAGDALEN		Employer identification numbe		
Par	t I Organizatio		d Funds or Other Similar Funds or Ac			
Fai		nswered "Yes" to Form 990, Part IV, line			mplete if the	
	organization a	inswered fes to Form 990, Part IV, int		b) Funds and o	ther accounts	
-	Total number at and a	of voor				
1 2		of year ontributions to (during year)				
2		ants from (during year)				
4		nd of year				
5			writing that the assets held in donor advised fur.			
•	-		exclusive legal control?	Ī	Yes No	
6			dvisors in writing that grant funds can be i d or	L		
	0	0	or donor advisor, or for any other purpose			
	impermissible private	benefit?		<u>с</u>	Yes No	
Par	t II Conservati	on Easements. Complete if the or		lin		
1	Purpose(s) of conserv	vation easements held by the organization	on (check all that apply).			
	Preservation of	land for public use (e.g., recreation or e	education) Preservation o historialy	important land	area	
	Protection of na	atural habitat	Preser of a consider his	storic structure		
	Preservation of	open space				
2	Complete lines 2a three	ough 2d if the organization held a qualit	fied conservation contribu. In the 'm of a cor	nservation ease	ment on the last	
	day of the tax year.					
				Held at t	he End of the Tax Year	
а	Total number of conse	ervation easements		2a		
b				2b		
с		on easements on a certified historic stru		2c		
d			after 8/17/c nd not on a historic structure			
		Register		2d		
3		on easements modified, transferred, rel	er 1. extinguished, or terminated by the organiz	zation during th	ie tax	
	year					
4		ere property subject to conservation				
5			ric connitoring, inspection, handling of	Г		
6		ement of the conservation easement	iolds'		Yes No	
0 7			a forcing conservation easements during the inforcing conservation easements during the yea			
8	-		satisfy the requirements of section 170(h)(4)(B)(
0	and section 170(h)(4)(Γ	Yes No	
9			on easements in its revenue and expense stateme			
•		•	tion's financial statements that describes the orga			
	conservation easeme	-				
Par			f Art, Historical Treasures, or Other Si	imilar Asset	s.	
	Complete if the	e organization answered "Yes" to Form	990, Part IV, line 8.			
1a	If the organization ele	cted, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statement and	d balance shee	t works of art,	
	historical treasures, o	r other similar assets held for public ext	nibition, education, or research in furtherance of p	public service, p	provide, in Part XIII,	
	the text of the footnot	te to its financial statements that descri	bes these items.			
b	If the organization ele	cted, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and ba	lance sheet wo	orks of art, historical	
	treasures, or other sin	nilar assets held for public exhibition, ea	ducation, or research in furtherance of public serv	vice, provide the	e following amounts	
	relating to these items	5:				
	(i) Revenue included	in Form 990, Part VIII, line 1		▶ \$		
	(ii) Assets included in	n Form 990, Part X		▶ \$		
2	If the organization rec	eived or held works of art, historical tre	asures, or other similar assets for financial gain, p	provide		
	the following amounts	s required to be reported under SFAS 1	16 (ASC 958) relating to these items:			
а	Revenue included in F	Form 990, Part VIII, line 1		▶ \$		
b	Assets included in Fo	rm 990, Part X		▶ \$		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. ⁴³²⁰⁵¹ ¹⁰⁻⁰¹⁻¹⁴

	THISTLE	FARM, INC.							
Sche		LY MAGDALEN)50089		
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or	Other Sin	nilar Asset	s _{(continue}	ed)	
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items								
	(check all that apply):								
а	Public exhibition	d	Loan or excl	hange progran	ns				
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization	i's exempt p	urpose in Part	XIII.		
5									
	to be sold to raise funds rather than to be ma		•				Yes	No	
Par	t IV Escrow and Custodial Arrang		<u>u</u>						
	reported an amount on Form 990, Par		te il tite el gamzatio			,			
1a	Is the organization an agent, trustee, custodi		any for contributions	s or other asse	ts not includ				
14	on Form 990, Part X?						Yes	No	
h	If "Yes," explain the arrangement in Part XIII								
a	in res, explain the arrangement in Part XIII a	and complete the loli	owing table.						
	De sinsis a la dese				l de la companya de la		Amount		
	Beginning balance								
	Additions during the year					1 <u>d</u>			
е	Distributions during the year				······ -	'e			
f	Ending balance				L	1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line 2	21, for escrow or cu	stodial acc	nt liah' y?	L	Yes	No No	
	If "Yes," explain the arrangement in Part XIII.				lt 2011				
Par	t V Endowment Funds. Complete i	f the organization and	swered "Yes" to For	r <u>190, Par</u>	', line 10.				
		(a) Current year	(b) Prior year	T <u>wo ye</u> r	back (d) T	hree years back			
1a	Beginning of year balance	114,713.	109,385.	104,	,326.	107,036.	10	00,189.	
b	Contributions								
с	Net investment earnings, gains, and losses	-1,824.	5,328.	5,	,059.	-2,710.		6,847.	
d	Grants or scholarships			1					
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	112,889.	114,713.	109,	,385.	104,326.	1	07,036.	
2	Provide the estimated percentage of the curr	ent vear end balance			·	,		,	
a	Board designated or quasi-endowment	one year one balance	%						
a 5	Permanent endowment 88.58	%	70						
0	Temporarily restricted endowment \blacktriangleright 11								
C									
0-	The percentages in lines 2a, 2b, and 2c shou		ion that and hald an		al fau tha a un				
Ja	Are there endowment funds not in the posse	ssion of the Conizat	tion that are held an	ia administered	a for the org	anization	N		
	by:							es No	
	(i) unrelated organizations							<u>X</u>	
	(ii) related organizations						3a(ii)	X	
b	If "Yes" to 3a(ii), are the related organize		Schedule R?				. 3b		
4	Describe in Part XIII the intended uses of the		vment funds.						
Par	t VI Land, Buildings, and Equipm	en							
	Complete if the organization answered	d "Yes" to Form 990,	Part IV, line 11a. Se	e Form 990, F	Part X, line 1	0.			
	Description of property	(a) Cost or ot	• • •	or other	(c) Accum		(d) Book v	alue	
		basis (investm	,	. ,	deprecia	ation			
1a	Land			8,229.				,229.	
	Buildings		2,29	0,913.	633	,024.	1,657,	889.	
	Leasehold improvements								
	Equipment		1	7,490.	17	,490.		0.	
	Other			8,780.		,395.	84.	385.	
	. Add lines 1a through 1e. (Column (d) must e			- · · · · · · · · · · · · · · · · · · ·		-	2,490,		
	toolarin ta maste								

Schedule D (Form 990) 2014

THISTLE FARM)		
Schedule D (Form 990) 2014 (FORMERLY MA	GDALENE, IN	IC.)	58-	-2050089 Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" to	ວ Form 990, Part IV, lir			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: 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. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" to				
(a) Description of investment	(b) Book value	(c) Method	ר <u>יייייייי</u> Cultorend	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►				
Part IX Other Assets.				
Complete if the organization answered "Yes" to	o Form 990 Part IV In	¹ d. See Form 990,	Part X line 15	
	Descriptior			(b) Book value
(1)(2)				
(2)				
(3)	\cdot $ -$			
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990. Part	15.)		►	
Part X Other Liabilities.	- <i>i</i>			
Complete if the organization answered "1 .s" to	o Form 990, Part IV, lir	ne 11e or 11f. See Form	n 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, col. (B) line	25.) 🕨			
2. Liability for uncertain tax positions. In Part XIII, provide t	he text of the footnote	e to the organization's f	inancial statements th	at reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII 🔀

	THISTLE FARM, INC.		
Sche	dule D (Form 990) 2014 (FORMERLY MAGDALENE, INC.)	58-	2050089 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	3,829,240.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	J		
b	Donated services and use of facilities 2b 107,000.		
с	Recoveries of prior year grants 2c		
d			
е	Add lines 2a through 2d	2e	<u>1,005,294.</u> 2,823,946.
3	Subtract line 2e from line 1	3	2,823,946.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	<u> </u>	
b	Other (Describe in Part XIII.) 4b		
С	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,823,946.
Ра	rt XII Reconciliation of Expenses per Audited Financial Statements With Expe	Retur	n.
Ра	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	Retur	
1 1		Retur	n. 3,499,178.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	
1	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	1	
1 2	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	1	
1 2 a	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	1	
1 2 a b	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	1	3,499,178.
1 2 a b c	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	1	3,499,178.
1 2 b c d	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	1	
1 2 b c d e	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 2e	3,499,178.
1 2 b c d 3	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 2e	3,499,178.
1 2 3 4	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	1 2e	3,499,178. 1,007,118. 2,492,060.
1 2 3 4 3 4	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	1 2e 3 4c	3,499,178. 1,007,118. 2,492,060. 0.
1 2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1)	1 2e 3	3,499,178. 1,007,118. 2,492,060.
1 2 b c d e 3 4 a b c 5 Pa	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	1 2e 3 4c 5	3,499,178. 1,007,118. 2,492,060. 0. 2,492,060.

lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this _____ o prov___ any additional information.

PART V, LINE 4:

PERMANENTLY RESTRICTED NET ASSETS CONSIST OF CONTRIBUTIONS WHOSE PRINCIPAL

IS TO BE HELD IN PERPETUITY IN ACCORDANCE WITH TERMS PRESCRIBED BY THE

DONORS. THE INCOME FROM PERMANENTLY RESTRICTED CONTRIBUTIONS IS EXPENDABLE

TO PROVIDE MAINTENANCE ON A RESIDENT HOME.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE

INTERNAL REVENUE CODE AND IS NOT A PRIVATE FOUNDATION. THEREFORE, NO

PROVISION FOR INCOME TAXES HAS BEEN MADE.

THISTLE FARM, INC. Schedule D (Form 990) 2014 (FORMERLY MAGDALENE, INC.) S8-2050089 Page 5 Part XIII Supplemental Information (continued)
UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ORGANIZATION'S FINANCIAL
STATEMENTS. THIS GUIDANCE PRESCRIBES A MINIMUM PROBABILITY THRESHOLD THAT
A TAX POSITION MUST MEET BEFORE A FINANCIAL STATEMENT BENEFIT IS
RECOGNIZED. THE MINIMUM THRESHOLD IS DEFINED AS A TAX POSITION THAT IS
MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPLICABLE
TAXING AUTHORITY, INCLUDING RESOLUTION OF ANY RELATED APPEALS OR
LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE
TAX BENEFIT TO BE RECOGNIZED IS MEASURED AS THE LARGEST AMOUNT OF BENEFIT
THAT IS GREATER THAN FIFTY PERCENT LIKELY OF BEING REALIZED UPON ULTIMATE
SETTLEMENT. THE ORGANIZATION HAS NO TAX PENALTIES OR INTEREST REPORTED IN
THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. TAX YEARS THAT REMAIN
OPEN FOR EXAMINATION INCLUDE THE YEARS ENDED JUNE 30, 2012 THROUGH JUNE
30, 2015. THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS AT JUNE 30,
2015 OR 2014.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
COST OF SALES 873,404.
SPECIAL EVENT EXPENSES 23,456.

LOSS ON FIXED ASSET DISPOSAL

TOTAL TO SCHEDULE D, PART XI, LINE 2D 900,118.

PART XII, LINE 2D - OTHER ADJUSTMENTS:COST OF SALESPECIAL EVENT EXPENSES23,456.LOSS ON FIXED ASSET DISPOSAL3,258.TOTAL TO SCHEDULE D, PART XII, LINE 2D900,118.

3,258.

SCHEDULE G	Sunnleme	ntal Information Regarding	Euno	Iraisi	ng or Gaming Ac	stivi		OMB No. 1545-0047			
(Form 990 or 990-EZ)		organization answered "Yes" to						2014			
Department of the Treasury	c	rganization entered more than \$1						Open to Public			
Internal Revenue Service	Information about Schedule G (Form 990 or 990-EZ) and its instructions is at <u>www.irs.gov/form 990</u> .										
Name of the organization	11120122	FARM, INC.			-			entification number			
Fundroid		LY MAGDALENE, INC.					58-2050				
Part I required to	complete this part	Complete if the organization answer.	ered "Y	es" to	Form 990, Part IV, lin	e 17	. Form 990-E2	filers are not			
1 Indicate whether th	e organization rais	ed funds through any of the followi	ng activ	rities.	Check all that apply.						
a Mail solicitat				•	overnment grants						
—	email solicitations				nment grants						
c Phone solici		g [] Specia	l fundra	using	events						
i		r oral agreement with any individua	l (incluc	ling of	ficers, directors, trus*		r				
•		art VII) or entity in connection with p	•	Ū			Ye	s 🗌 No			
b If "Yes," list the ter	n highest paid indi	viduals or entities (fundraisers) purs	uant to	agree	ments under whic	9	draiser is to b	be			
compensated at le	east \$5,000 by the	organization.									
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gros eceipts from a. "tv) (o f	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization			
			Yes	No							
			Ĭ								
Total											
3 List all states in who or licensing.	ich the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified it	t is e	xempt from re	egistration			

			FARM, INC.		50	205000
	edul I rt I	e G (Form 990 or 990-EZ) 2014 (FORMER I Fundraising Events. Complete if th				-2050089 Page 2
10		of fundraising event contributions and gr	•			•
			(a) Event #1	(b) Event #2	(c) Other events	T
					NONE	(d) Total events
			ROOTS		NONE	(add col. (a) through
			(event type)	(event type)	(total number)	- col. (c))
ne				(over type)		
Revenue	1	Gross receipts	292,413			292,413.
Re	•					
	2	Less: Contributions	292,413			292,413.
			,			· · ·
	3	Gross income (line 1 minus line 2)				
		· · ·				
	4	Cash prizes				
	5	Noncash prizes				
ses						
Sen	6	Rent/facility costs				
Direct Expenses						
ect	7	Food and beverages				
Ē						
	8	Entertainment				22 456
	9	Other direct expenses				23,456.
	10	Direct expense summary. Add lines 4 through				23,456.
Pa	rt I	Net income summary. Subtract line 10 from I II Gaming. Complete if the organization		n 99 aut IV line 19 or	reported more than	-23,430.
		\$15,000 on Form 990-EZ, line 6a.				
		+ · · · · · · · · · · · · · · · · · · ·		Pull te / instant		(d) Total gaming (add
Jue			(a) Bingo	hingu, assive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
Ĕ	1	Gross revenue				
s	2	Cash prizes				
zpenses				Ĭ		
xpe	3	Noncash prizes				
ы С						
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	-		Yes %		Yes %	
	6	Volunteer labor	No No	 No	No	
	7	Direct expense summery. Add lines 2 through	in column (d)		•	
	7	Direct expense summary. Add lines 2 through	10 III columit (a)			
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)			
	Ū	net gaming moome saminary. Subtract inte 7				
9	Ent	er the state(s) in which the organization condu	ucts gaming activities:			
		ne organization licensed to conduct gaming a	· · · ·	states?		Yes No
		No," explain:				
10a	We	re any of the organization's gaming licenses re	evoked, suspended or te	erminated during the tax y	/ear?	Yes No
b	lf "`	Yes," explain:				

THISTLE FARM, INC.	
Schedule G (Form 990 or 990-EZ) 2014 (FORMERLY MAGDALENE, INC.) 58	-2050089 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	1 1
a The organization's facility	
b An outside facility	. 13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	
of gaming revenue retained by the third party \blacktriangleright \$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation 🕨 \$	
Description of services provided	
Director/officer Employee Inoundent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make c. *able outions from the gaming proceeds to	
where the state common line and a	Yes No
b Enter the amount of distributions required under in a law to e distributed to other exempt organizations or spent in the	····· <u> </u>
organization's own exempt activities during $*$ $x y = 4$	
Part IV Supplemental Information. Pro use the explanations required by Part I, line 2b, columns (iii) and (v), and Part II	, lines 9, 9b, 10b, 15b,
15c, 16, and 17b, as applicable. vivide any additional information (see instructions).	, , , , , ,

		THISTLE FARM,	INC.		
Schedule G	(Form 990 or 990-EZ) Supplemental Infor	(FORMERLY MAGE mation (continued)	ALENE,	INC.)	58-2050089 Page 4
		(continued)			
					•
					7

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule 0 (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990



THISTLE FARM, INC. (FORMERLY MAGDALENE, INC.)

58-2050089

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

RECOVERY PROGRAM FOR WOMEN IN MIDDLE TENNESSEE WITH A HISTORY OF

PROSTITUTION.

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THISTLE FARM, INC. IS A NOT-FOR-PROFIT ORGANIZATION PROVIDING A

RESIDENTIAL HOUSING AND RECOVERY PROGRAM FOR WOMEN IN MIDDLE TENNESSEE

WITH A HISTORY OF PROSTITUTION. THISTLE FARM, INC. OPERATES FOR THE

FOLLOWING SPECIFIC PURPOSES:

- TO PROVIDE A LONG-TERM SAFE HAVEN DESIGNED TO ADDRESS THE NEEDS OF

THOSE EXPERIENCING CHEMICAL DEPENDENCE.

- TO PROVIDE ASSISTANCE AND SUPPORT FOR THE RESIDENTS' RECOVERY

PROCESS, ENCOURAGING A POSITIVE SELF-IMAGE.

- TO MEET THE MEDICAL NEEDS OF THE RESIDENTS.

- TO PROVIDE REFERRALS TO OTHER AGENCIES AND PROGRAMS THAT CAN ASSIST

THE RESIDENTS.

- TO RECOGNIZE AND MEET THE SPIRITUAL NEEDS OF THE RESIDENTS.

- TO PERFORM ALL OTHER LAWFUL RELATED BUSINESS AS ALLOWED BY TENNESSEE

NOT-FOR-PROFIT CORPORATE STATUTES.

- TO PROVIDE EDUCATIONAL AND INFORMATIONAL ASSISTANCE TO THE RESIDENTS

IN UNDERSTANDING AND COPING WITH THE ISSUES OF PROSTITUTION, DOMESTIC

VIOLENCE, AND SAFETY WITH COMPASSION, DISCIPLINE, AND DIGNITY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SHARED TRADE - A GLOBAL MARKETPLACE TO BRIDGE THE GAP AND BRING WOMEN

Schedule O (Form 990 or 990-EZ) (2014) Name of the organization THISTLE FARM, INC.	Page Employer identification number
(FORMERLY MAGDALENE, INC.)	58-2050089
TOGETHER IN A MOVEMENT FOR ECONOMIC FREEDOM.	
EXPENSES \$ 142,093. INCLUDING GRANTS OF \$ 0. REVENU	E \$ 24,358.
FORM 990, PART VI, SECTION A, LINE 4:	
A NAME CHANGED OCCURRED DURING THE FISCAL YEAR. THE NAME	ME WAS PREVIOUSLY
MAGDALENE, INC. AND HAS BEEN CHANGED TO THISTLE FARM, I	NC. SEE ATTACHED
DOCUMENTS FILED WITH TN REGARDING THE NAME CHANGE.	<u> </u>
FORM 990, PART VI, SECTION B, LINE 11:	
A DRAFT OF FORM 990 IS REVIEWED BY THE FINANCE COMMITTE	E BEFORE IT IS
FINALIZED.	
FORM 990, PART VI, SECTION B, LINE 12C:	
DIRECTORS ARE TO ACKNOWLEDGE ANY CONFLICT OF INTEREST T	HAT HAVE ARISEN
ANNUALLY. SHOULD A CONFLICT AS DEFINED BY THE POLICY AR	
THE CONFLICT CANNOT PARTICIPATE IN ANY DECISION RELATED	
FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE MADE	AVAILABLE OPON
REQUEST.	

SCHEDULE R (Form 990)	Related Organizations	and Unrelated Par	rtnerships		F	OMB No. 1545	_
Department of the Traceury	lete if the organization answered "\ ► Atta rmation about Schedule R (Form 99	ch to Form 990.				201 Open to P Inspecti	ublic
Internal Revenue Service ►Info Name of the organization THISTLE FARM, (FORMERLY MAGI	INC.			<i></i>	Employer iden 58-205	tification nu	
Part I Identification of Disregarded Entities Complete	e if the organization answered "Yes"	on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	r Total incon	e) ne End-o ear a	assets Dire	(f) ct controlling entity)
MAGALENE HOMES, LLC				\hat{O}			
200 24TH AVENUE SOUTH NASHVILLE, TN 37240	 REAL ESTATE	TENNESSEE		0.	0.N/A		
			90				
Part II Identification of Related Tax-Exempt Organiza	ations Complete if the organi∠ n a	nswere, Ves" on Form 990,	Part IV, line 34 bec	ause it had one or	more related tax-ex	empt	
organizations during the tax year.			(1)	(1)	(4)		
(a) Name, address, and EIN of related organization	(b' Primary a vit	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	conti	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2014

THISTLE FARM, INC. Schedule R (Form 990) 2014 (FORMERLY MAGDALENE, INC.)

58-2050089 Page 2

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(ł	ר)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Dispropo allocat		amount in box 20 of Schedule	managin partner?	Percenta ownersh
		country)		excluded from tax under sections 512-514)			Yes	No		Yes No	>
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	-										
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete in organizations treated as a corporation or trust during the tax year.

	e ,								
(a) Name, address, and EIN of related organization	(b) Primary act [;]	(c) Lege (st. or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	enu	
		country)						Yes	No
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	THISTLE	FARM,	INC.		
1	(FORMERI	LY MAGE	DALENE,	INC.)

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

								
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.								
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?							
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity							
b	Gift, grant, or capital contribution to related organization(s)							
с	c Gift, grant, or capital contribution from related organization(s)	<u>1c</u>		<u> </u>				
d	d Loans or loan guarantees to or for related organization(s)	1d						
е	e Loans or loan guarantees by related organization(s)	1e						
f	f Dividends from related organization(s)	1f						
g	g Sale of assets to related organization(s)	1g						
h	h Purchase of assets from related organization(s)							
i	i Exchange of assets with related organization(s)							
j	j Lease of facilities, equipment, or other assets to related organization(s)	<u>1j</u>						
k	k Lease of facilities, equipment, or other assets from related organization(s)	1k						
- 1	I Performance of services or membership or fundraising solicitations for related organization(s)	11						
m	m Performance of services or membership or fundraising solicitations by related organization(s)	1m						
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n						
	o Sharing of paid employees with related organization(s)							
р	p Reimbursement paid to related organization(s) for expenses							
q	q Reimbursement paid by related organization(s) for expenses	1q						
r	r Other transfer of cash or property to related organization(s)	1r						
S	s Other transfer of cash or property from related organization(s)							
2	2 If the answer to any of the above is "Yes," see the instructions for info. tion. wh nust complete this line, including covered relationships and transaction t	hresholds.						
	(a) Name of related organization Name of related organization (b) Transaction type (a-s) (c) Amount involved Method of deter	(d) mining amount involved						
<u>(1)</u>)							
<u>(2)</u>								
(3)								
(4)								
(5)								
<u>19</u>								
(6))							

	THISTLE FARM, INC.	
Schedule R (Form 990) 2014	(FORMERLY MAGDALENE,	INC.)

58-2050089 Page 4

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	3 3	Γ	· · ·	1								
(a)	(b)	(c)	(d)	(e)	(f)	(g)		n)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are partners 501(c orgs	all s sec	Share of	Share of	Disp	ropor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General o	Percentage
of entity	· · · · · · · · · · · · · · · · · · ·	(state or foreign	(related, unrelated,	501(c)(3)	total	end-of-year	tio	nate	amount in box 20	managin	ownership
or ondry		country)	excluded from tax under	orgs		income	assets	liioca		of Schedule K-1	partner	
		country)	sections 512-514)	Yes	No	Income		<u>es</u>	No	(Form 1065)	Yes No	•
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Schedule R (Form 990) 2014

THISTLE	FARM,	INC.	
(FORMERL	Y MAGE	ALENE,	INC.)

58-205	0089 Page 5
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Schedule R	(Form	990)	2014	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

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	8868 anuary 2014)	-	Drgar	nizati	on Return	e an	OMB No. 154	5-1709
Department of the Treasury Internal Revenue Service Information about Form 8868 and its instructions is at www.irs.gov/form8868								
Internal R If you If you Do not Electro require of time Person visit ww Part A corpo Part I o All other	evenue Service u are filing for an Auto u are filing for an Add complete Part II unless onic filing (e-file) · Yoo d to file Form 990-T), to file any of the form al Benefit Contracts, in ww.irs.gov/efile and cl I Automatic oration required to file only er corporations (inclue for Name of exempting THISTLE (FORMERL Number, street,	▶ Information about Form 8866 omatic 3-Month Extension, complete litional (Not Automatic) 3-Month Extension su can electronically file Form 8868 if you or an additional (not automatic) 3-mon ins listed in Part I or Part II with the exc which must be sent to the IRS in pape lick on <i>e-file for Charities & Nonprofits.</i> c 3-Month Extension of Time. Form 990-T and requesting an autom ting 1120-C filers), partnerships, REMIC t organization or other filer, see instruct FARM, INC. Y MAGDALENE, INC.) and room or suite no. If a P.O. box, see	and its is a solution of the extension o	instruct rt I and omplete tic 3-mont ion of tir Form 88 see instr submit nth exte	ions is at www.irs.gov/fc check this box only Part II (on page 2 nth extension on a previo n automatic extension of ne. You can electronically 70, Information Return fo uctions). For more details original (no copies n nsion - check this box an	of this form). usly filed Form time to file (6 r y file Form 886 r Transfers Ass s on the ele teedr d c 'ete tension filer Smp. oyer i	8868. nonths for a corpo 8 to request an ex sociated With Cert	ration tension ain rm,
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Enter ti	ne Return code for the	e return that this application is for (file	a separat	e app'	ation for Pach return)			01
Applica	ation		Return	Аррі	"ion			Return
Is For	00 or Earm 000 EZ		Code 01) T (corporation)			Code
Form 9	90 or Form 990-EZ		<u> </u>	Forn.	P-T (corporation)			07 08
	720 (individual)				720 (other than individua			08
Form 9	· · · ·		14	~ ~	5227	<i>u)</i>		10
	90-T (sec. 401(a) or 4	08(a) trust)		Form 6				11
	90-T (trust other than		06	Form 8				12
Tele ● If th	phone No. \blacktriangleright (61) e organization does n is is for a Group Return	TONI RODGERS e of \blacktriangleright P.O. BOX 6330-B 5) 646-5266 not have an office or r' of L rn, enter the organ .tion our digit C t of the group, che hir _ox \blacktriangleright	in the Uni iroup Exe	Fax N ited Stat mption I	o. es, check this box Number (GEN)	If this is for t	the whole group, c	
is D	FEBRUARY s for the organization'		organiza	tion retu	rn for the organization na	med above. Th	ne extension	
2 li	f the tax year entered	in line 1 is for less than 12 months, ch unting period	eck reaso	on:	Initial return	Final return		
r	onrefundable credits.					3a	\$	0.
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_		t line 3b from line 3a. Include your pay					Ψ	
k	y using EFTPS (Elect	ronic Federal Tax Payment System). S	ee instruc	ctions.			\$	0.
Cautio instruc		make an electronic funds withdrawal (direct det	oit) with	this Form 8868, see Form	1 8453-EO and	Form 8879-EO for	payment