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Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning and ending

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: EVERLING FARMS C/O RITA EVERLING. Number and street (or P.O. box, if mail is not delivered to street address): 287 KAHNI HILL ROAD. City or town, state or country, and ZIP + 4: DUSHORE, PA 18614

D Employer identification number: 23-2923564. E Telephone number: 570-924-4761. F Group Exemption Number

G Accounting Method: X Cash, Accrual, Other (specify)

H Check X if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: N/A

J Tax-exempt status (check only one): 501(c)(3) X 501(c)(7) (insert no), 4947(a)(1) or 527

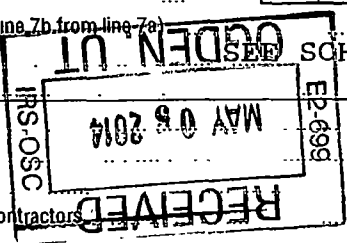
K Check X if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 47,449.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

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

Table with 21 rows and 2 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Investment income SEE SCHEDULE O; 5a Gross amount from sale of assets other than inventory 28,486; 5b Less: cost or other basis and sales expenses; 5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 28,486; 6 Gaming and fundraising events; 6a Gross income from gaming (attach Schedule G if greater than \$15,000); 6b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000); 6c Less: direct expenses from gaming and fundraising events; 6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c); 7a Gross sales of inventory, less returns and allowances; 7b Less: cost of goods sold; 7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a); 8 Other revenue (describe in Schedule O) 3,241; 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 47,449; 10 Grants and similar amounts paid (list in Schedule O); 11 Benefits paid to or for members; 12 Salaries, other compensation, and employee benefits; 13 Professional fees and other payments to independent contractors 2,388; 14 Occupancy, rent, utilities, and maintenance 14,130; 15 Printing, publications, postage, and shipping; 16 Other expenses (describe in Schedule O) SEE SCHEDULE O; 17 Total expenses. Add lines 10 through 16 25,974; 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 21,475; 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 291,295; 20 Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O -312,770; 21 Net assets or fund balances at end of year. Combine lines 18 through 20



SCANNED MAY 21 2014

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2012)

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

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	15,904.	0.
23 Land and buildings	137,642.	0.
24 Other assets (describe in Schedule O) SEE SCHEDULE O	387,007.	0.
25 Total assets	540,553.	
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	249,258.	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	291,295.	

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

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

What is the organization's primary exempt purpose? SEE SCHEDULE O

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

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 MAINTAINED PROPERTY AND PROVIDED A SOCIAL ENVIROMENT FOR ITS' MEMBERS		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	25,974.
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	25,974.

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JOAN M. HUBBARD PRESIDENT	0.50	0.	0.	0.
CYNTHIA L. RICE VICE PRESIDENT	0.50	0.	0.	0.
DELORES A. BOERNER SECRETARY	0.50	0.	0.	0.
RITA H. EVERLING TREASURER	1.00	0.	0.	0.
DANIEL G. EVERLING AUDITOR	0.50	0.	0.	0.

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

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	X	
35b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	X	
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	X	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
37b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39	Section 501(c)(7) organizations. Enter:		
39a	Initiation fees and capital contributions included on line 9	39a	0.
39b	Gross receipts, included on line 9, for public use of club facilities	39b	0.
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911	N/A	
	section 4912	N/A	
	section 4955	N/A	
40b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	N/A
40c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
40d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		N/A
40e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41	List the states with which a copy of this return is filed	NONE	
42a	The organization's books are in care of	RITA H. EVERLING, TREASURER	
	Located at	287 KAHNI HILL ROAD, DUSHORE, PA	
	Telephone no.	570-924-4761	
	ZIP + 4	18614	
42b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
42c	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42c	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
44c	Did the organization receive any payments for indoor tanning services during the year?	44c	X
44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

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

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

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

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch C, Part II Yes No
 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48
 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a
 b If "Yes," was the related organization a section 527 organization? 49b

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

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt

charitable trusts must attach a completed Schedule A Yes No

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

Sign Here
 Signature of officer: RITA H. EVERLING, TREASURER Date: _____
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name JAMES R. WEHR	Preparer's signature JAMES R. WEHR	Date 11/13/13	Check <input type="checkbox"/> if self-employed	PTIN P00050339
Firm's name ▶ PARENTEBEARD LLC		Firm's EIN ▶ 23-2932984		
Firm's address ▶ 400 MARKET STREET WILLIAMSPORT, PA 17701		Phone no. (570) 323-6023		

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

SCHEDULE N
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.

▶ Attach certified copies of any articles of dissolution, resolutions, or plans.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

EVERLING FARMS
C/O RITA EVERLING

Employer identification number

23-2923564

Part I Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt or type of entity)
	LAND, BUILDING AND EQUIPMENT	11/14/12	206,313	ASSESSED VALUE	80-0865569	EVERLING FARMS LP 287 KAHNI HILL ROAD DUSHORE, PA 18614	LIMITED PARTNERSHIP
	CASH	12/31/12	46,345	ACTUAL VALUE	80-0865569	EVERLING FARMS LP 287 KAHNI HILL ROAD DUSHORE, PA 18614	LIMITED PARTNERSHIP
	24,169.783 SH OF DRYFUS STATE MUNI BOND PA FUND CLASS A	12/31/12	385,739	PUBLICALLY TRADE	80-0865569	EVERLING FARMS LP 287 KAHNI HILL ROAD DUSHORE, PA 18614	LIMITED PARTNERSHIP
	AMOUNT DUE TO MEMBER	12/31/13	-321,375	UNPAID PRINCIPAL	80-0865569	EVERLING FARMS LP 287 KAHNI HILL ROAD DUSHORE, PA 18614	LIMITED PARTNERSHIP
	ORGANIZATIONAL AND TRANSFER EXPENSES	12/31/13	3,390	CASH PAID	80-0865569	EVERLING FARMS LP 287 KAHNI HILL ROAD DUSHORE, PA 18614	LIMITED PARTNERSHIP

2 Did or will any officer, director, trustee, or key employee of the organization:

- a Become a director or trustee of a successor or transferee organization?
- b Become an employee of, or independent contractor for, a successor or transferee organization?
- c Become a direct or indirect owner of a successor or transferee organization?
- d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?
- e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III. ▶

	Yes	No
2a	X	
2b		X
2c	X	
2d		X

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

Schedule N (Form 990 or 990-EZ) (2012)

Part III **Supplemental Information.** Complete to provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

PART I, LINE 2E: ALL CURRENT OFFICERS

PART I, LINE 2E: ALL CURRENT OFFICERS WILL BE OFFICERS OF EVERLING FARMS LP AND WILL ALSO BE LIMITED PARTNERS IN EVERLING FARMS LP.

PART I, LINE 3: MEMBERES OF EVERLING FARMS, AN UNINCORPORATED ASSOCIATION, RECEIVED TAX-EXEMPT STATUS EFFECTIVE MAY 25, 1995. ON AUGUST 3, 2012, THE MEMBERSHIP APPROVED THE DISSOLUTION AND TRANFER OF ITS ASSETS TO THE EVERLING FARMS LP, ALSO AN UNINCORPOATED ASSOCIATION. THE MEMBERSHIP INTEREST OF EVERLING FARMS LP IS IDENTICAL TO THE MEMBERSHIP INTEREST OF EVERLING FARMS. THE INTENT OF SUCH DISSOLUTION WAS DECEMBER 31, 2012. ATTACHED IS A COPY OF UNANIMOUS CONSENT OF THE MEMBERS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization **EVERLING FARMS**
C/O RITA EVERLING

Employer identification number
23-2923564

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST - BANK	42.
TAX-EXEMPT INTEREST	14,312.
DIVIDENDS	1,368.
TOTAL INCLUDED ON FORM 990-EZ, LINE 4	15,722.

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:	AMOUNT:
TIMBER DAMAGE	2,731.
RENTAL INCOME - LAND	510.
TOTAL TO FORM 990-EZ, LINE 8	3,241.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
REAL ESTATE TAXES	2,064.
INSURANCE	1,550.
DEPRECIATION	5,725.
SUPPLIES	117.
TOTAL TO FORM 990-EZ, LINE 16	9,456.

FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:

CHANGES IN NET ASSETS OR FUND BALANCES:	AMOUNT:
EXCHANGE OF NET ASSETS TO EVERLING FARMS LP	-312,770.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

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

Schedule O (Form 990 or 990-EZ) (2012)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization	EVERLING FARMS C/O RITA EVERLING	Employer identification number	23-2923564
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
DIVIDEND RECEIVABLE	1,268.	0.
INVESTMENTS	385,739.	0.
TOTAL TO FORM 990-EZ, LINE 24	387,007.	0.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
LOAN FROM MEMBER	249,258.	0.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - A FAMILY SOCIAL ORGANIZATION WHICH MAINTAINS PROPERTY SO ITS' MEMBERS CAN MEET AND RETAIN SOCIAL CONTACT WITH ONE ANOTHER.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.