

**Equine Voices Rescue
and Sanctuary
2020 Exempt Organization Return**

IRS e-file Signature Authorization
for an Exempt Organization

OMB No 1545-0047

For calendar year 2020, or fiscal year beginning _____ and ending _____

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879EO for the latest information.

2020

Department of the Treasury
Internal Revenue Service

Name of exempt organization or person subject to tax

Equine Voices Rescue and Sanctuary

Taxpayer identification number

74-3127794

Name and title of officer or person subject to tax

KAREN HARKSON-POMROY, PRESIDENT

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ☒	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	1,330,335
2a Form 990-EZ check here ☐	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ☐	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ☐	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ☐	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here ☐	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here ☐	b Total tax (Form 4720, Part III, line 1)	7b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☐ I am an officer of the above organization or ☐ I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☐ I authorize _____ to enter my PIN _____ as my signature _____
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☒ As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

27794

Signature of officer or person subject to tax

Date 09-08-2021

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

867760 04611
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Date 08-19-2021

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2020)

**Acknowledgement and General Information for
Entities That File Returns Electronically**

2020

Name(s) as shown on return

Equine Voices Rescue and Sanctuary

Employer Identification Number

-*7794

Entity address

PO Box 1685

Green Valley, AZ 85622

Thank you for participating in IRS e-file.

1. ☒ 2020 8868-01 income tax return for Federal was filed electronically.
The electronic filing services were provided by Scott R. Meyer, CPA P.C.
2. ☒ 8868-01 income tax return was accepted on 05-08-2021 using a Personal Identification Number (PIN) as an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN signature.
The submission ID assigned to this return is 8677602021128asw4dlw

**PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE
IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

Application for Automatic Extension of Time To File an
Exempt Organization Return

OMB No. 1545-0047

▶ File a separate application for each return.

▶ Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
	Equine Voices Rescue and Sanctuary	74-3127794
	Number, street, and room or suite no. if a P.O. box, see instructions.	
	PO Box 1685	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	Green Valley AZ 85622	

Enter the Return Code for the return that this application is for (file a separate application for each return) **0 1**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ **Karen Harkson-Pomroy, PO Box 1685 Green Valley AZ 85622**

Telephone No. ▶ **520-398-2814**

FAX No. ▶

• If the organization does not have an office or place of business in the United States, check this box ▶ ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is

for the whole group, check this box ▶ ☐ . If it is for part of the group, check this box . . . ▶ ☐ and attach

a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **11-15**, 20 **21**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☒ calendar year 20 **20** or▶ ☐ tax year beginning, 20, and ending, 20

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return

☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

3a \$

b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

3b \$

c **Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

3c \$

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2020

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

A For the 2020 calendar year, or tax year beginning

, 2020, and ending

, 20

B Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization **Equine Voices Rescue and Sanctuary**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

PO Box 1685

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

Green Valley, AZ 85622

D Employer identification number

74-3127794

E Telephone number

(520) 398-2814

G Gross receipts

\$ 1,377,357

F Name and address of principal officer: **Karen Harkson-Pomroy**

PO Box 1685 Green Valley AZ 85622

H(a) Is this a group return for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions.

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)(4) ☐ (insert no.) ☐ 4947(a)(1) or ☐ 527J Website: **www.equinevoices.org**K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 2004

M State of legal domicile: AZ

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: **Provide rescue and care for abandoned or neglected horse and educate the public regarding the slaughter of premarin foals**2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	4
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	3
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	12
6	Total number of volunteers (estimate if necessary)	6	50
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

Revenue

	Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,037,975
9	Program service revenue (Part VIII, line 2g)	5,333
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	110,525
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	101,390
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,255,223

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	193,395
16a	Professional fundraising fees (Part IX, column (A), line 11e)	60,513
b	Total fundraising expenses (Part IX, column (D), line 25)	409,558
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	743,493
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	997,401
19	Revenue less expenses. Subtract line 18 from line 12	257,822

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20	Total assets (Part X, line 15)	1,902,674
21	Total liabilities (Part X, line 25)	33,093
22	Net assets or fund balances. Subtract line 21 from line 20	1,869,581

Part II Signature Block

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

Sign
Here

KAREN HARKSON-POMROY

Signature of officer

Date

KAREN HARKSON-POMROY, PRESIDENT

Type or print name and title

Paid
Preparer
Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if PTIN
Scott R Meyer CPA		08-19-2021	self-employed
Firm's name	Firm's EIN	Phone no.	
Scott R. Meyer, CPA P.C.		520-881-3734	
Firm's address			
1700 East Fort Lowell Rd Ste 105			
Tucson AZ 85719			

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☒ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2020)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:Provide rescue and care for abandoned or neglected horse and educate the public regarding the slaughter of premarin foals**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 396,020 including grants of \$) (Revenue \$ 5,585)Rescued abandoned horses, provided food and medical care, arranged for adoptions when possible**4b** (Code:) (Expenses \$ 149,549 including grants of \$) (Revenue \$)Conducted campaigns to make the public aware and call to action regarding the horrific abuse, neglect and slaughter of premarin mares and foals.**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **545,569**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	X	
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	7	
b Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	12
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
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?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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 Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	X
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.			

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.

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

Section A. Governing Body and Management

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	
1a Enter the number of voting members of the governing body at the end of the tax year	4												
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.													
b Enter the number of voting members included in line 1a, above, who are independent		3											
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									X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?				3								X	
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					4							X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?						5						X	
6 Did the organization have members or stockholders?							6					X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?								7a				X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?									7b			X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:													
a The governing body?										8a	X		
b Each committee with authority to act on behalf of the governing body?											8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O												9	X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶
Karen Harkson-Pomroy (520) 398-2814, PO Box 1685, Green Valley, AZ 85622

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <u>Karen Markson-Pomroy</u> <u>President</u>	<u>40.00</u>	X		X				71,346	0	0
(2) <u>Carolyn Crowder</u> <u>Director</u>	<u>1.00</u>	X						0	0	0
(3) <u>Diane Murphy</u> <u>Director</u>	<u>1.00</u>	X						0	0	0
(4) <u>Jackie Cuyler</u> <u>Secretary</u>	<u>2.00</u>	X		X				0	0	0
(5) _____										
(6) _____										
(7) _____										
(8) _____										
(9) _____										
(10) _____										
(11) _____										
(12) _____										
(13) _____										
(14) _____										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							71,346	0	0	

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

3 Did the organization list any **former officer, director, trustee, key employee, or highest compensated employee** on line 1a? If "Yes," complete Schedule J for such individual 3

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

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

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

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,207,463				
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,678				
	h Total. Add lines 1a-1f			1,207,463			
Program Service Revenue	Business Code						
	2a Clinics and workshops		561499	1,930	1,930		
	b						
	c Horse adoptions		561499	3,655	3,655		
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			5,585			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			73,285			73,285
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real (ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a		42,510			
	b Less: direct expenses	8b		15,489			
	c Net income or (loss) from fundraising events			27,021			27,021
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a		48,514			
b Less: cost of goods sold	10b		31,533				
c Net income or (loss) from sales of inventory			16,981	16,981			
Miscellaneous Revenue	Business Code						
	11a						
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			1,330,335	22,566	0	100,306	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . .				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	71,246	49,872	10,687	10,687
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	107,733	75,413	16,160	16,160
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .				
9 Other employee benefits	9,029	6,187	1,421	1,421
10 Payroll taxes	13,948	9,898	2,025	2,025
11 Fees for services (nonemployees):				
a Management				
b Legal	912	760	114	38
c Accounting	30,041	12,736	2,388	14,917
d Lobbying				
e Professional fundraising services. See Part IV, line 17 .	67,020			67,020
f Investment management fees	4,736	3,759	733	244
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . .				
12 Advertising and promotion	29,192			29,192
13 Office expenses	12,918	10,334	1,938	646
14 Information technology	26,407			26,407
15 Royalties				
16 Occupancy	31,330	25,063	4,700	1,567
17 Travel	2,398	1,918	360	120
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	34,221	30,115	3,422	684
23 Insurance	13,151	10,520	1,973	658
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Horse care, feeding, etc	132,275	132,275		
b Vehicles operations	13,694	10,955	2,054	685
c Printing/copying/postage	234,317	2,419	454	231,444
d Public awareness	157,420	149,549	7,871	
e All other expenses	22,024	13,796	2,585	5,643
25 Total functional expenses. Add lines 1 through 24e . .	1,014,012	545,569	58,885	409,558
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	123,098	1	172,036
	2 Savings and temporary cash investments	511,642	2	386,034
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	19,105	8	18,106
	9 Prepaid expenses and deferred charges	6,509	9	45,070
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,086,587		
	b Less: accumulated depreciation	10b 260,413	516,546	10c 826,174
	11 Investments - publicly traded securities	720,174	11	798,525
	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	5,600	15	7,045
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,902,674	16	2,252,990	
Liabilities	17 Accounts payable and accrued expenses	33,093	17	27,466
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	39,620
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	33,093	26	67,086
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,709,222	27	2,133,874
	28 Net assets with donor restrictions	160,359	28	52,030
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	1,869,581	32	2,185,904
33 Total liabilities and net assets/fund balances	1,902,674	33	2,252,990	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,330,335
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,014,012
3	Revenue less expenses. Subtract line 2 from line 1	3	316,323
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,869,581
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,185,904

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

Employer identification number

Equine Voices Rescue and Sanctuary

74-3127794

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

f Enter the number of supported organizations

1

g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	406,522	571,990	1,472,687	1,037,975	1,207,463	4,696,637
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	406,522	571,990	1,472,687	1,037,975	1,207,463	4,696,637
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						497,170
6 Public support. Subtract line 5 from line 4						4,199,467

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	406,522	571,990	1,472,687	1,037,975	1,207,463	4,696,637
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6,308	11,139		110,525	73,285	201,257
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						4,897,894
12 Gross receipts from related activities, etc. (see instructions)					12	10,918
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	85.74 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	83.41 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☒		
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐		
17a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ ☐		
b 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . ▶ ☐
- b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . ▶ ☐

Form 990
Worksheet

Schedule A, Line 5 - Excess 2% Limitation Contributors

(Keep for your records.)

2020

Name(s) as shown on return

Tax ID Number

Equine Voices Rescue and Sanctuary

74-3127794

2% of the amount on Schedule A, Part II, line 11, column (f)

97,958

Name	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	(g) Excess contributions (col. (f) minus the 2% limitation)
Elizabeth Palmer	5,000	10,000				15,000	
JDD Holdings-Julie Konisberg	25,000	25,000	30,200	40,000	40,000	160,200	62,242
Red Acre Farm	10,000	10,000	9,000	10,000	10,000	49,000	
New Ideas Network-Jerold Tucker		170,000				170,000	72,042
Arizona Community Foundation		5,000		5,000		10,000	
Karen Harkson-Pomroy				5,000		5,000	
ASPCA	25,000					25,000	
THREE DESERT WINDS FOUNDATION	5,000	5,500	5,500	5,000		21,000	
JACKIE CUYLER	7,630	23,345	25,000	10,260	10,455	76,690	
EILEEN FITZMAURICE	5,000	5,000	5,000		5,000	20,000	
AMY LIZARDI		6,000				6,000	
NORTHERN TRUST CHARITABLE PROGRAM		5,000				5,000	
BARBARA SCHILD		5,000	5,260	7,364		17,624	
VICTORIA TOWNE TRUST		6,383				6,383	
DAVID AND KAY GRAY						5,500	
DONALD HAMMONDS			5,500	50,000	5,000	80,000	
CAROLYN LASKAS			5,000			5,000	
KORFF FOUNDATION-MARCAE MANTING			5,500	10,000	10,000	25,500	
MUFFIE BANCROFT MURRAY			10,000			10,000	
JANET ZAIDENBURG-SCHUM			26,063		11,075	37,138	
ESTATE OF JOAN DANFORTH			460,844			460,844	362,886
CAPRI CORPORATE MANAGEMENT						5,000	
JULIE CONVERSE				5,000		5,000	
COUNTRY FAIR WHITE ELEPHANT				10,000		10,000	
CAROLYN CROWDER		5,000				5,000	
ERNEST LEDOUX TRUST				15,000	5,000	25,000	
ESTATE OF MARY ELLEN KEARNEY				23,637	64,540	88,177	
MICHAEL FOX				15,947	5,000	20,947	
MARY JUDITH MEELIA				8,600		8,600	
				5,000		5,000	

Form 990
Worksheet

Schedule A, Line 5 - Excess 2% Limitation Contributors

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

Equine Voices Rescue and Sanctuary

74-3127794

2% of the amount on Schedule A, Part II, line 11, column (f)

97,958

Name	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	(g) Excess contributions (col. (f) minus the 2% limitation)
PATRICIA LAMAY TRUST				5,000		5,000	
ROCHESTER AREA COMMUNITY FOUNDATION				10,000		10,000	
EVELYN GAUL TRUST					42,500	42,500	
JOY CAROLYN JOHNSON BRAND					27,860	27,860	
SEATTLE FOUNDATION					10,000	10,000	
COMMUNITY FOUNDATION OF SO AZ					5,000	5,000	

Total

497,170

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

2020

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

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

Name of the organization

Equine Voices Rescue and Sanctuary

Employer identification number

74-3127794

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 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 greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received **nonexclusively** religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

Equine Voices Rescue and Sanctuary

74-3127794

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JDD Holdings-Julie Konisberg 3333 Richmond Road Ste 460 Beachwood OH 44122	\$ 40,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2	ERNEST LEDOUX TRUST C/O ALVARADO LAW 202 S HARRISON ST Ludington MI 49431	\$ 64,540	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3	EVELYN GAUL TRUST 3612 SEPULVEDA BLVD Torrance CA 90505	\$ 42,500	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4	JOY CAROLYN JOHNSON BRAND PO BOX 1685 Green Valley AZ 85622	\$ 27,860	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Equine Voices Rescue and Sanctuary

Employer identification number

74-3127794

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No		

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds.

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
 b Permanent endowment %
 c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
 (ii) Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		274,500		274,500
b Buildings		524,750	70,943	453,807
c Leasehold improvements		104,717	60,067	44,650
d Equipment		182,620	129,403	53,217
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 826,174

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DONATED LAND-RIO RICO	5,600
(2) SECURITY DEP-BOUTIQUE	1,445
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

7,045

Part X Other Liabilities.

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

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	960,939
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	960,939
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	369,416
c	Add lines 4a and 4b	4c	369,416
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,330,355

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	644,596
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	644,596
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	369,416
c	Add lines 4a and 4b	4c	369,416
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,014,012

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

74-3127794

Equine Voices Rescue and Sanctuary

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☒ In-person solicitations
e ☒ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☒ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes ☐ No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 Fund Raising Strategies I CONDUCTED 1420 Spring Hill Road Ste	DIRECT MAIL		X	715,042	67,020	648,022
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				715,042	67,020	648,022

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

All States

Part II

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>Fall dinner</u> (event type)	(b) Event #2 _____ (event type)	(c) Other events <u>None</u> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	38,385			38,385
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	38,385			38,385
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	3,935			3,935
	8 Entertainment				
	9 Other direct expenses	11,554			11,554
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				15,489
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				22,896

Part III

Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

Transactions With Interested Persons

- Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open To Public Inspection

Equine Voices Rescue and Sanctuary

Employer identification number

74-3127794

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ► \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
Total						► \$						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				

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

Schedule L (Form 990 or 990-EZ) 2020

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Karen Harkson-Pomroy	Board President	10,000	Property Rent		X
(2)					
(3)					
(4)					
(5)					

Part V Supplemental Information.

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

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Equine Voices Rescue and Sanctuary

Employer identification number

74-3127794

01. Amended return information

FUNCTIONAL ALLOCATION OF EXPENSES BETWEEN PROGRAM, G&A AND FUNDRAISING WERE MISTATED

02. Form 990 governing body review (Part VI, line 11)

The Board is given the 990 to review.

03. Conflict of interest policy compliance (Part VI, line 12c)

Board members are required to report any new conflicts of interest at the next board meeting.

04. Form 990 availability to public (Part VI, line 18)

Upon written or physical request at the organization's office the 990 is made available to the public.

05. Governing documents, etc, available to public (Part VI, line 19)

All governing documents are available upon written request.

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

2020

Attachment
Sequence No. 179Department of the Treasury
Internal Revenue Service (990)

▶ Attach to your tax return.

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

Name(s) shown on return

Business or activity to which this form relates

Identifying number

Equine Voices Rescue and Sanctua

FORM 990 - 1

74-3127794

Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	29,021

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

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property		3,500	7	MQ	SL	500
d 10-year property	Statement #567					654
e 15-year property						
f 20-year property		323,726	20	MQ	SL	4,046
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

(a) Class life	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
20a 12-year			12 yrs.		S/L	
b 30-year			30 yrs.	MM	S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions.	22	34,221
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2020)

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255
(see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
FABRIQUE LIVE-IN HORSE TRAILER		07-31-2017	08-03-2020
B			
C			
D			

These columns relate to the properties on lines 19A through 19D. ▶		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1 before completing.)	20	12,000		
21	Cost or other basis plus expense of sale	21	15,000		
22	Depreciation (or depletion) allowed or allowable	22	3,625		
23	Adjusted basis. Subtract line 22 from line 21	23	11,375		
24	Total gain. Subtract line 23 from line 20	24	625		
25 If section 1245 property:					
a	Depreciation allowed or allowable from line 22	25a	3,625		
b	Enter the smaller of line 24 or 25a	25b	625		
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a	Additional depreciation after 1975. See instructions	26a			
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b			
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c			
d	Additional depreciation after 1969 and before 1975	26d			
e	Enter the smaller of line 26c or 26d	26e			
f	Section 291 amount (corporations only)	26f			
g	Add lines 26b, 26e, and 26f	26g			
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a	Soil, water, and land clearing expenses	27a			
b	Line 27a multiplied by applicable percentage. See instructions	27b			
c	Enter the smaller of line 24 or 27b	27c			
28 If section 1254 property:					
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a			
b	Enter the smaller of line 24 or 28a	28b			
29 If section 1255 property:					
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a			
b	Enter the smaller of line 24 or 29a. See instructions	29b			

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	625
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	625
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	0

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less
(see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33	
34 Recomputed depreciation. See instructions	34	
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

Federal Supporting Statements

2020 PG01

Name(s) as shown on return

Tax ID Number

Equine Voices Rescue and Sanctuary

74-3127794

Form 4562 - Line 19d

Statement #567

<u>Basis</u>	<u>RP</u>	<u>CV</u>	<u>Method</u>	<u>Deduction</u>
12,485	10	MQ	SL	624
3,601	10	MQ	SL	30
Total				654

Client Copy

Name(s) as shown on return

FEIN

Equine Voices Rescue and Sanctuary

74-3127794

Description	Amount
Website	\$ 648
Volunteer expenses	2,597
Bank/cc fees	6,259
Miscellaneous	4,292
Total:	\$ 13,796

Description	Amount
Website	\$ 121
Volunteer expenses	487
Bank/cc fees	1,173
Miscellaneous	804
Total:	\$ 2,585

Description	Amount
Website	\$ 40
Volunteer expenses	162
Bank/cc fees	5,172
Miscellaneous	269
Total:	\$ 5,643

Description	Amount
Prof fundraising expenses netted against donation revenue	\$ 369,416
Total:	\$ 369,416

Description	Amount
Prof fundraiser expenses netted against donation revs	\$ 369,416
Total:	\$ 369,416

Equine Voices Rescue and Sanctuary
BOOK DEPRECIATION SCHEDULE
Tax Year End : 12-31-2020
ID Number : 74-3127794
Department Number: 1

Description	Date Acq'd	Cost	Salvage Value	Depr. Basis	Method	Life	Prior Depr	CY Depr	Accum Depr
Mare Motel	10-01-2007	24,449	0	24,449	SL MQ		14,970	1,222	16,192
Hay Barn	02-24-2008	5,387	0	5,387	SL HY		3,183	269	3,452
Volunteer portable restroom	04-01-2008	4,500	0	4,500			4,500	0	4,500
Southeast Shelter	04-09-2009	3,579	0	3,579	SL HY		1,924	179	2,103
Northwest Shelter	05-21-2009	1,789	0	1,789	SL HY		942	89	1,031
East Shelter	11-23-2009	1,500	0	1,500	SL HY		756	75	831
Bonnie Kay Shelter	07-01-2010	4,000	0	4,000	SL HY		1,900	200	2,100
Rehabilitation stall	07-01-2012	2,260	0	2,260	SL HY		1,695	226	1,921
PORCH ROOF	01-14-2014	2,990	0	2,990	SL MQ		1,074	179	1,253
SHED	01-14-2014	2,548	0	2,548	SL MQ		918	153	1,071
SHADE SHELTER	07-22-2014	1,600	0	1,600	SL MQ		390	72	462
BARN	11-21-2014	18,317	0	18,317	SL MQ		4,189	824	5,013
BARN IMP	01-31-2015	37,656	0	37,656	SL HY		8,471	1,694	10,165
BARN SIGN	03-31-2015	7,624	0	7,624	SL HY		1,629	343	1,972
HAYBARN IMPROVEMENT	06-09-2015	959	0	959	SL HY		387	86	473
TACK/FEED ROOM MATERIALS	09-01-2015	6,000	0	6,000	SL HY		1,530	360	1,890
STORM SHELTER	09-30-2016	2,666	0	2,666	SL HY		432	133	565
Total	10-10-2018	2,100	0	2,100	SL MQ		263	210	473
		129,924	0	129,924			49,153	6,314	55,467

Equine Voices Rescue and Sanctuary
BOOK DEPRECIATION SCHEDULE
Tax Year End : 12-31-2020
ID Number : 74-3127794
Department Number: 2

Description	Date Acq'd	Cost	Salvage Value	Depr. Basis	Method	Life	Prior Depr	CY Depr	Accum Depr
Horse Trailer	12-15-2007	10,000	0	10,000			10,000	0	10,000
Golf Cart	09-30-2008	3,500	0	3,500			3,500	0	3,500
2006 Honda Element	01-06-2009	10,000	0	10,000			10,000	0	10,000
Bulldog ATV/dump cart	07-01-2012	5,209	0	5,209			5,209	0	5,209
Chevy truck	07-01-2012	28,500	0	28,500	SL HY		26,715	1,785	28,500
Trailer/bunkhouse (used)	07-01-2012	4,000	0	4,000	SL HY		3,000	400	3,400
Jackson Extra Large Horse Trailer	05-28-2013	17,360	0	17,360	SL MQ		11,501	1,736	13,237
'95 Chevy 3/4 ton	12-03-2013	5,000	0	5,000	SL MQ		3,828	625	4,453
Jackson 2 Horse Trailer- Used	12-03-2013	6,000	0	6,000	SL MQ		5,249	751	6,000
GOLF CART	02-11-2014	2,400	0	2,400	SL MQ		1,828	309	2,137
GOLF CART- 2 SEATER	01-01-2015	2,000	0	2,000	SL HY		1,285	257	1,542
FABRIQUE LIVE-IN HORSE TRAILER	07-31-2017	15,000	0	15,000	SL HY		2,625	1,000	3,625
TRACTOR	08-01-2017	9,019	0	9,019	SL HY		2,179	902	3,081
QUAD	09-27-2017	7,862	0	7,862	SL HY		2,212	983	3,195
2007 COLUM GOLF CART	10-04-2018	2,900	0	2,900	SL MQ		870	580	1,450
CARGO TRAILER	10-24-2018	3,900	0	3,900	SL MQ		585	390	975

Total	132,650	0	132,650	90,586	9,718	100,304
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Equine Voices Rescue and Sanctuary
BOOK DEPRECIATION SCHEDULE
Tax Year End : 12-31-2020
ID Number : 74-3127794
Department Number: 3

Description	Date Acq'd	Cost	Salvage Value	Depr. Basis	Method	Life	Prior Depr	CV Depr	Accum Depr
Portable fencing	07-01-2005	10,795	0	10,795			10,795	0	10,795
Portable fencing	12-15-2006	5,057	0	5,057			5,057	0	5,057
Fencing	10-20-2009	5,846	0	5,846			5,846	0	5,846
Swing Gate Operator	07-01-2010	3,252	0	3,252			3,252	0	3,252
Fencing	10-01-2011	5,712	0	5,712	SL MQ		3,096	381	3,477
Fencing	07-01-2012	2,945	0	2,945	SL HY		1,470	196	1,666
ARENA FENCING/GATE	05-27-2014	12,975	0	12,975	SL MQ		6,521	1,168	7,689
FENCING	03-31-2015	8,585	0	8,585	SL HY		2,446	515	2,961
FENCINGGATE	07-31-2016	12,607	0	12,607	SL HY		2,940	840	3,780
13 PANELS AND GATE	10-24-2019	1,000	0	1,000	SL MQ		225	90	315
Total		68,774	0	68,774			41,648	3,190	44,838

Equine Voices Rescue and Sanctuary
BOOK DEPRECIATION SCHEDULE
Tax Year End : 12-31-2020
ID Number : 74-3127794
Department Number: 4

Description	Date Acq'd	Cost	Salvage Value	Depr. Basis	Method	Life	Prior Depr	CV Depr	Accum Depr
Water Tank	01-30-2011	7,441	0	7,441	SL MQ		6,603	744	7,347
Automatic Horse Waterers	07-08-2013	1,212	0	1,212	SL MQ		1,103	109	1,212
WELL PUMP	03-10-2016	774	0	774	SL HY		416	111	527
FRANKLIN WELL PUMP- 3 HP	09-01-2017	5,244	0	5,244	SL HY		1,638	655	2,293
R4.5 RASCAL DRAG	09-08-2017	2,199	0	2,199	SL HY		550	220	770
ATV	09-11-2019	3,700	0	3,700	SL MQ		167	666	833
HORSE CHUTE	11-25-2019	3,000	0	3,000	SL MQ		29	337	366
Total		23,570	0	23,570			10,506	2,842	13,348

Equine Voices Rescue and Sanctuary
BOOK DEPRECIATION SCHEDULE
Tax Year End : 12-31-2020
ID Number : 74-3127794
Department Number: 5

Description	Date Acq'd	Cost	Salvage Value	Depr. Basis	Method	Life	Prior Depr	CV Depr	Accum Depr
Misc equipment	08-15-2004	1,739	0	1,739			1,739	0	1,739
Tilt Trailer	03-10-2006	5,000	0	5,000			5,000	0	5,000
Computer	11-30-2009	833	0	833			833	0	833
Projector	07-01-2010	1,009	0	1,009			1,009	0	1,009
Laptop	09-14-2011	746	0	746			746	0	746
Ipad	01-14-2013	701	0	701			701	0	701
3 Ipad2s	10-30-2013	1,270	0	1,270			1,270	0	1,270

IPad Mini	10-30-2013	317	0	317			317	0	317
Portable Tent	11-21-2013	1,587	0	1,587	SL	MQ	1,587	197	1,587
ARTWORK PANELS	07-09-2014	785	0	785	SL	MQ	785	101	656
IPHONE 6	03-01-2015	755	0	755	SL	HY	755	23	680
IPHONE 7	12-01-2016	880	0	880	SL	HY	880	176	719
2 DELL COMPUTERS	12-13-2016	1,464	0	1,464	SL	HY	1,464	293	1,196
WEBCAMS	05-07-2017	4,143	0	4,143	SL	HY	4,143	518	1,813
IPHONE X	08-01-2018	1,160	0	1,160	SL	MQ	1,160	232	580
Total		22,389	0	22,389			17,306	1,540	18,846

Equine Voices Rescue and Sanctuary
BOOK DEPRECIATION SCHEDULE

Tax Year End : 12-31-2020

ID Number : 74-3127794

Department Number: 6

Description	Date Acq'd	Cost	Salvage Value	Depr. Basis	Method	Life	Prior Depr	CV Depr	Accum Depr
Memorial Garden	11-01-2011	4,278	0	4,278	SL	MQ	2,316	285	2,601
Total		4,278	0	4,278			2,316	285	2,601

Equine Voices Rescue and Sanctuary
BOOK DEPRECIATION SCHEDULE

Tax Year End : 12-31-2020

ID Number : 74-3127794

Department Number: 7

Description	Date Acq'd	Cost	Salvage Value	Depr. Basis	Method	Life	Prior Depr	CV Depr	Accum Depr
Security System	07-01-2012	12,136	0	12,136	SL	HY	9,105	1,214	10,319
Total		12,136	0	12,136			9,105	1,214	10,319

Equine Voices Rescue and Sanctuary
BOOK DEPRECIATION SCHEDULE

Tax Year End : 12-31-2020

ID Number : 74-3127794

Department Number: 8

Description	Date Acq'd	Cost	Salvage Value	Depr. Basis	Method	Life	Prior Depr	CV Depr	Accum Depr
HORSE SCULPTURE	07-25-2014	1,100	0	1,100	SL	MQ	357	66	423
Total		1,100	0	1,100			357	66	423

Equine Voices Rescue and Sanctuary
BOOK DEPRECIATION SCHEDULE

Tax Year End : 12-31-2020

ID Number : 74-3127794

Department Number: 9

Description	Date Acq'd	Cost	Salvage Value	Depr. Basis	Method	Life	Prior Depr	CV Depr	Accum Depr
TACK/FEED ROOM LABOR	09-30-2016	5,945	0	5,945	SL	HY	965	297	1,262
Total		5,945	0	5,945			965	297	1,262

Equine Voices Rescue and Sanctuary
BOOK DEPRECIATION SCHEDULE

Tax Year End : 12-31-2020
ID Number : 74-3127794

Department Number: 10

Description	Date Acq'd	Cost	Salvage Value	Depr. Basis	Method	Life	Prior Depr	CY Depr	Accum Depr
5 ACRES AND VISITOR CENTER	05-31-2017	70,000	0	70,000	SL HY		7,875	3,500	11,375
Total		70,000	0	70,000			7,875	3,500	11,375

Equine Voices Rescue and Sanctuary
BOOK DEPRECIATION SCHEDULE

Tax Year End : 12-31-2020
ID Number : 74-3127794

Department Number: 15

Description	Date Acq'd	Cost	Salvage Value	Depr. Basis	Method	Life	Prior Depr	CY Depr	Accum Depr
ARCHITECTURAL FEES-NEW OFFICE BLDG	11-21-2019	1,100	0	1,100	SL MM		0	33	33
Total		1,100	0	1,100			0	33	33

Equine Voices Rescue and Sanctuary
BOOK DEPRECIATION SCHEDULE

Tax Year End : 12-31-2020
ID Number : 74-3127794

Grand total for all departments

Description	Date Acq'd	Cost	Salvage Value	Depr. Basis	Method	Life	Prior Depr	CY Depr	Accum Depr
Grand Total		471,866	0	471,866			229,817	28,999	258,816

Equine Voices Rescue and Sanctuary
BOOK DEPRECIATION SCHEDULE
Tax Year End : 12-31-2020
ID Number : 74-3127794

Asset#	Description	Date Acq'd	Cost	Salvage Value	Depr. Basis	Method	Life	Prior Depr	CY Depr	Accum Depr
18	2006 Honda Element	01-06-2009	10,000	0	10,000			10,000	0	10,000
23	Laptop	09-14-2011	746	0	746			746	0	746
29	Chevy truck	07-01-2012	28,500	0	28,500	SL HY		26,715	1,785	28,500
30	Ipad	01-14-2013	701	0	701			701	0	701
33	3 Ipad2s	10-30-2013	1,270	0	1,270			1,270	0	1,270
32	IPad Mini	10-30-2013	317	0	317			317	0	317
34	Portable Tent	11-21-2013	1,587	0	1,587	SL MQ		1,390	197	1,587
43	GOLF CART	02-11-2014	2,400	0	2,400	SL MQ		1,828	309	2,137
44	ARTWORK PANELS	07-09-2014	785	0	785	SL MQ		555	101	656
45	HORSE SCULPTURE	07-25-2014	1,100	0	1,100	SL MQ		357	66	423
53	IPHONE 6	03-01-2015	755	0	755	SL HY		657	23	680
54	IPHONE 7	12-01-2016	880	0	880	SL HY		543	176	719
55	2 DELL COMPUTERS	12-13-2016	1,464	0	1,464	SL HY		903	293	1,196
2	Misc equipment	08-15-2004	1,739	0	1,739			1,739	0	1,739
8	Portable fencing	07-01-2005	10,795	0	10,795			10,795	0	10,795
3	Tilt Trailer	03-10-2006	5,000	0	5,000			5,000	0	5,000
9	Portable fencing	12-15-2006	5,057	0	5,057			5,057	0	5,057
11	Mare Motel	10-01-2007	24,449	0	24,449	SL MQ		14,970	1,222	16,192
14	Horse Trailer	12-15-2007	10,000	0	10,000			10,000	0	10,000
12	Hay Barn	02-24-2008	5,387	0	5,387	SL HY		3,183	269	3,452
13	Volunteer portable restroom	04-01-2008	4,500	0	4,500			4,500	0	4,500
4	Golf Cart	09-30-2008	3,500	0	3,500			3,500	0	3,500
17	Southeast Shelter	04-09-2009	3,579	0	3,579	SL HY		1,924	179	2,103
16	Northwest Shelter	05-21-2009	1,789	0	1,789	SL HY		942	89	1,031
10	Fencing	10-20-2009	5,846	0	5,846			5,846	0	5,846
15	East Shelter	11-23-2009	1,500	0	1,500	SL HY		756	75	831
5	Computer	11-30-2009	833	0	833			833	0	833
19	Bonnie Kay Shelter	07-01-2010	4,000	0	4,000	SL HY		1,900	200	2,100
6	Projector	07-01-2010	1,009	0	1,009			1,009	0	1,009
7	Swing Gate Operator	07-01-2010	3,252	0	3,252			3,252	0	3,252
20	Water Tank	01-30-2011	7,441	0	7,441	SL MQ		6,603	744	7,347
21	Fencing	10-01-2011	5,712	0	5,712	SL MQ		3,096	381	3,477
22	Memorial Garden	11-01-2011	4,278	0	4,278	SL MQ		2,316	285	2,601
28	Bulldog ATV/dump cart	07-01-2012	5,209	0	5,209			5,209	0	5,209
25	Fencing	07-01-2012	2,945	0	2,945	SL HY		1,470	196	1,666
27	Rehabilitation stall	07-01-2012	2,260	0	2,260	SL HY		1,695	226	1,921
24	Security System	07-01-2012	12,136	0	12,136	SL HY		9,105	1,214	10,319
26	Trailer/bunkhouse (used)	07-01-2012	4,000	0	4,000	SL HY		3,000	400	3,400
37	Jackson Extra Large Horse Trailer	05-28-2013	17,360	0	17,360	SL MQ		11,501	1,736	13,237
31	Automatic Horse Waterers	07-08-2013	1,212	0	1,212	SL MQ		1,103	109	1,212
36	95 Chevy 3/4 ton	12-03-2013	5,000	0	5,000	SL MQ		3,828	625	4,453
35	Jackson 2 Horse Trailer- Used	12-03-2013	6,000	0	6,000	SL MQ		5,249	751	6,000
41	PORCH ROOF	01-14-2014	2,990	0	2,990	SL MQ		1,074	179	1,253

42	SLED	01-14-2014	2,548	0	2,548	SL	MQ		918	153	1,071
38	ARENA FENCING GATE	05-27-2014	12,975	0	12,975	SL	MQ		6,521	1,168	7,689
40	SHADE SHELTER	07-22-2014	1,600	0	1,600	SL	MQ		390	72	462
39	BARN	11-21-2014	18,317	0	18,317	SL	MQ		4,189	824	5,013
52	GOLF CART- 2 SEATER	01-01-2015	2,000	0	2,000	SL	HY		1,285	257	1,542
47	BARN	01-31-2015	37,656	0	37,656	SL	HY		8,471	1,694	10,165
48	BARN IMPS	03-31-2015	7,624	0	7,624	SL	HY		1,629	343	1,972
46	FENCING	03-31-2015	8,585	0	8,585	SL	HY		2,446	515	2,961
49	BARN SIGN	06-09-2015	959	0	959	SL	HY		387	86	473
50	HAYBARN IMPROVEMENT	09-01-2015	6,000	0	6,000	SL	HY		1,530	360	1,890
58	WELL PUMP	03-10-2016	774	0	774	SL	HY		416	111	527
57	FENCING GATE	07-31-2016	12,607	0	12,607	SL	HY		2,940	840	3,780
60	TACK/FEED ROOM LABOR	09-30-2016	5,945	0	5,945	SL	HY		965	297	1,262
59	TACK/FEED ROOM MATERIALS	09-30-2016	2,666	0	2,666	SL	HY		432	133	565
67	WEBCAMS	05-07-2017	4,143	0	4,143	SL	HY		1,295	518	1,813
66	5 ACRES AND VISITOR CENTER	05-31-2017	70,000	0	70,000	SL	HY		7,875	3,500	11,375
61	FABRIQUE LIVE-IN HORSE TRAILER	07-31-2017	15,000	0	15,000	SL	HY		2,625	1,000	3,625
64	TRACTOR	08-01-2017	9,019	0	9,019	SL	HY		2,179	902	3,081
63	FRANKLIN WELL PUMP- 3 HP	09-01-2017	5,244	0	5,244	SL	HY		1,638	655	2,293
65	R4.5 RASCAL DRAG	09-08-2017	2,199	0	2,199	SL	HY		550	220	770
62	QUAD	09-27-2017	7,862	0	7,862	SL	HY		2,212	983	3,195
	IPHONE X	08-01-2018	1,160	0	1,160	SL	MQ		348	232	580
	2007 COLUM GOLF CART	10-04-2018	2,900	0	2,900	SL	MQ		870	580	1,450
	STORM SHELTER	10-10-2018	2,100	0	2,100	SL	MQ		263	210	473
	CARGO TRAILER	10-24-2018	3,900	0	3,900	SL	MQ		585	390	975
	ATV	09-11-2019	3,700	0	3,700	SL	MQ		167	666	833
	13 PANELS AND GATE	10-24-2019	1,000	0	1,000	SL	MQ		225	90	315
	ARCHITECTURAL FEES-NEW OFFICE	11-21-2019	1,100	0	1,100	SL	MM		0	33	33
	BLDG										
	HORSE CHUTE										
	Total	11-25-2019	3,000	0	471,866	SL	MQ		229,817	28,999	258,816

Next Year's Depreciation Worksheet

(Keep for your records)

2020

Name(s) as shown on return

Tax ID Number

Equine Voices Rescue and Sanctuary

74-3127794

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
PRG	1	Misc equipment	08-15-2004	1,739	SL	5	
PRG	1	Tilt Trailer	03-10-2006	5,000	SL	10	
PRG	1	Golf Cart	09-30-2008	3,500	SL	7	
PRG	1	Computer	11-30-2009	833	SL	5	
PRG	1	Projector	07-01-2010	1,009	SL	7	
PRG	1	Swing Gate Operator	07-01-2010	3,252	SL	7	
PRG	1	Portable fencing	07-01-2005	10,795	SL	10	
PRG	1	Portable fencing	12-15-2006	5,057	SL	10	
PRG	1	Fencing	10-20-2009	5,846	SL	10	
PRG	1	Mare Motel	10-01-2007	24,449	SL	20	1,222
PRG	1	Hay Barn	02-24-2008	5,387	SL	20	269
PRG	1	Volunteer portable restr	04-01-2008	4,500	SL	10	
PRG	1	Horse Trailer	12-15-2007	10,000	SL	10	
PRG	1	East Shelter	11-23-2009	1,500	SL	20	75
PRG	1	Northwest Shelter	05-21-2009	1,789	SL	20	89
PRG	1	Southeast Shelter	04-09-2009	3,579	SL	20	179
MGT	1	2006 Honda Element	01-06-2009	10,000	SL	5	
PRG	1	Bonnie Kay Shelter	07-01-2010	4,000	SL	20	200
PRG	1	Water Tank	01-30-2011	7,441	SL	10	94
PRG	1	Fencing	10-01-2011	5,712	SL	15	381
PRG	1	Memorial Garden	11-01-2011	4,278	SL	15	285
MGT	1	Laptop	09-14-2011	746	SL	5	
PRG	1	Security System	07-01-2012	12,136	SL	10	1,214
PRG	1	Fencing	07-01-2012	2,945	SL	15	196
PRG	1	Trailer/bunkhouse (used)	07-01-2012	4,000	SL	10	400
PRG	1	Rehabilitation stall	07-01-2012	2,260	SL	10	226
PRG	1	Bulldog ATV/dump cart	07-01-2012	5,209	SL	7	
MGT	1	Chevy truck	07-01-2012	28,500	SL	8	
MGT	1	Ipad	01-14-2013	701	SL	5	
PRG	1	Automatic Horse Waterers	07-08-2013	1,212	SL	7	
MGT	1	IPad Mini	10-30-2013	317	SL	5	
MGT	1	3 IPad2s	10-30-2013	1,270	SL	5	
MGT	1	Portable Tent	11-21-2013	1,587	SL	7	
PRG	1	Jackson 2 Horse Trailer-	12-03-2013	6,000	SL	7	
PRG	1	'95 Chevy 3/4 ton	12-03-2013	5,000	SL	8	547
PRG	1	Jackson Extra Large Hors	05-28-2013	17,360	SL	10	1,736
PRG	1	ARENA FENCING/GATE	05-27-2014	11,677	SL	10	1,168
PRG	1	BARN	11-21-2014	16,485	SL	20	824
PRG	1	SHADE SHELTER	07-22-2014	1,440	SL	20	72
PRG	1	PORCH ROOF	01-14-2014	2,691	SL	15	179
PRG	1	SHED	01-14-2014	2,293	SL	15	153
MGT	1	GOLF CART	02-11-2014	2,160	SL	7	23
MGT	1	ARTWORK PANELS	07-09-2014	707	SL	7	51
MGT	1	HORSE SCULPTURE	07-25-2014	990	SL	15	66
PRG	1	FENCING	03-31-2015	7,726	SL	15	515
PRG	1	BARN	01-31-2015	33,890	SL	20	1,694
PRG	1	BARN IMPS	03-31-2015	6,862	SL	20	343
PRG	1	BARN SIGN	06-09-2015	863	SL	10	86
PRG	1	HAYBARN IMPROVEMENT	09-01-2015	5,400	SL	15	360
PRG	1	GOLF CART- 2 SEATER	01-01-2015	1,800	SL	7	257
MGT	1	IPHONE 6	03-01-2015	680	SL	5	
MGT	1	IPHONE 7	12-01-2016	880	SL	5	161

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Equine Voices Rescue and Sanctuary

74-3127794

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
MGT	1	2 DELL COMPUTERS	12-13-2016	1,464	SL	5	268
PRG	1	FENCING/GATE	07-31-2016	12,607	SL	15	840
PRG	1	WELL PUMP	03-10-2016	774	SL	7	111
PRG	1	TACK/FEED ROOM MATERIALS	09-30-2016	2,666	SL	20	133
PRG	1	TACK/FEED ROOM LABOR	09-30-2016	5,945	SL	20	297
PRG	1	QUAD	09-27-2017	7,862	SL	8	983
PRG	1	FRANKLIN WELL PUMP- 3 HP	09-01-2017	5,244	SL	8	655
PRG	1	TRACTOR	08-01-2017	9,019	SL	10	902
PRG	1	R4.5 RASCAL DRAG	09-08-2017	2,199	SL	10	220
PRG	1	5 ACRES AND VISITOR CENT	05-31-2017	70,000	SL	20	3,500
PRG	1	WEBCAMS	05-07-2017	4,143	SL	8	518
PRG	1	STORM SHELTER	10-10-2018	2,100	SL	10	210
PRG	1	2007 COLUM GOLF CART	10-04-2018	2,900	SL	5	580
PRG	1	CARGO TRAILER	10-24-2018	3,900	SL	10	390
PRG	1	IPHONE X	08-01-2018	1,160	SL	5	232
PRG	1	13 PANELS AND GATE	10-24-2019	900	SL	10	90
PRG	1	ATV	09-11-2019	3,330	SL	5	666
PRG	1	HORSE CHUTE	11-25-2019	2,700	SL	8	337
PRG	1	ARCHITECTURAL FEES-NEW O	11-21-2019	1,100	SL	20	55
PRG	1	ATV	12-30-2020	11,910	SL	7	1,701
PRG	1	GATES & FENCING	10-01-2020	12,485	SL	10	1,248
PRG	1	WELL PUMP	01-14-2020	3,500	SL	7	500
PRG	1	OFFICE FURNITURE	11-15-2020	3,601	SL	10	360
PRG	1	OFFICE BUILDING	10-01-2020	323,726	SL	20	16,186
		TOTAL					44,047