

**Equine Voices Rescue and Sanctuary  
2021 Exempt Organization Return**

**IRS e-file Signature Authorization  
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning 2021, and ending 20

**2021**Department of the Treasury  
Internal Revenue Service

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

▶ Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer

EIN or SSN

**Equine Voices Rescue and Sanctuary****74-3127794**

Name and title of officer or person subject to tax

**KERRY TOMLINSON, TREASURER****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a 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, 7b, 8b, 9b, or 10b, 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 . . . ▶ <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . . 1b | <b>2,021,853</b> |
| 2a Form 990-EZ check here . . ▶ <input type="checkbox"/>           | b Total revenue, if any (Form 990-EZ, line 9) . . . . . 2b                      |                  |
| 3a Form 1120-POL check here . ▶ <input type="checkbox"/>           | b Total tax (Form 1120-POL, line 22) . . . . . 3b                               |                  |
| 4a Form 990-PF check here . . ▶ <input type="checkbox"/>           | b Tax based on investment income (Form 990-PF, Part V, line 5) . . . . . 4b     |                  |
| 5a Form 8868 check here . . . ▶ <input type="checkbox"/>           | b Balance due (Form 8868, line 3c) . . . . . 5b                                 |                  |
| 6a Form 990-T check here . . . ▶ <input type="checkbox"/>          | b Total tax (Form 990-T, Part III, line 4) . . . . . 6b                         |                  |
| 7a Form 4720 check here . . . ▶ <input type="checkbox"/>           | b Total tax (Form 4720, Part III, line 1) . . . . . 7b                          |                  |
| 8a Form 5227 check here . . . ▶ <input type="checkbox"/>           | b FMV of assets at end of tax year (Form 5227, Item D) . . . . . 8b             |                  |
| 9a Form 5330 check here . . . ▶ <input type="checkbox"/>           | b Tax due (Form 5330, Part II, line 19) . . . . . 9b                            |                  |
| 10a Form 8038-CP check here . ▶ <input type="checkbox"/>           | b Amount of credit payment requested (Form 8038-CP, Part III, line 22) . . 10b  |                  |

**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 entity or ☐ I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the

2021 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 Scott R. Meyer, CPA P.C. to enter my PIN 27794 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 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 entity, I will enter my PIN as my signature on the tax year 2021 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.

Signature of officer or person subject to tax ▶

Date ▶ **07-15-2022****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  
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 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 ▶ **06-27-2022**

**ERO Must Retain This Form - See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

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](http://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](http://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 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          |
| Form 990-T (corporation)                 | 07          |                                   |             |

• 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 22, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☒ calendar year 20 21 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-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-TE and Form 8879-TE for payment instructions.

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

Form 8868 (Rev. 1-2022)

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

**2021**

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. ☒ 2021 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 05-14-2022 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 8677602022134pnma0hg

**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.**

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

Department 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](http://www.irs.gov/Form990) for instructions and the latest information.Open to Public  
Inspection

**A** For the 2021 calendar year, or tax year beginning , 2021, 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) Room/suite  
PO Box 1685  
 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

**F** Name and address of principal officer: Karen Harkson-Pomroy  
PO Box 1685 Green Valley AZ 85622

**G** Gross receipts  
\$ 2,106,038

**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No  
**H(b)** Are all subordinates included? ☐ Yes ☐ No  
 If "No," attach a list. See instructions  
**H(c)** Group exemption number

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

**J** 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

**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** Number of independent voting members of the governing body (Part VI, line 1b) 6

**5** Total number of individuals employed in calendar year 2021 (Part V, line 2a) 10

**6** Total number of volunteers (estimate if necessary) 50

**7a** Total unrelated business revenue from Part VIII, column (C), line 12 0

**7b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0

|                                                                                                               | Prior Year       | Current Year     |
|---------------------------------------------------------------------------------------------------------------|------------------|------------------|
| <b>8</b> Contributions and grants (Part VIII, line 1h) <u>1,207,463</u>                                       | <u>1,207,463</u> | <u>1,866,344</u> |
| <b>9</b> Program service revenue (Part VIII, line 2g) <u>5,585</u>                                            | <u>5,585</u>     | <u>5,295</u>     |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <u>73,285</u>                         | <u>73,285</u>    | <u>67,344</u>    |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>44,002</u>              | <u>44,002</u>    | <u>82,870</u>    |
| <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <u>1,330,335</u> | <u>1,330,335</u> | <u>2,021,853</u> |
| <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <u>0</u>                           | <u>0</u>         | <u>0</u>         |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <u>0</u>                              | <u>0</u>         | <u>0</u>         |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <u>201,956</u>    | <u>201,956</u>   | <u>269,362</u>   |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <u>67,020</u>                        | <u>67,020</u>    | <u>25,771</u>    |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <u>294,117</u>                             | <u>294,117</u>   | <u>294,117</u>   |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <u>745,036</u>                         | <u>745,036</u>   | <u>991,035</u>   |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <u>1,014,012</u>          | <u>1,014,012</u> | <u>1,286,168</u> |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12 <u>316,323</u>                                 | <u>316,323</u>   | <u>735,685</u>   |

|                                                                                       | Beginning of Current Year | End of Year      |
|---------------------------------------------------------------------------------------|---------------------------|------------------|
| <b>20</b> Total assets (Part X, line 15) <u>2,252,990</u>                             | <u>2,252,990</u>          | <u>3,002,694</u> |
| <b>21</b> Total liabilities (Part X, line 25) <u>67,086</u>                           | <u>67,086</u>             | <u>81,105</u>    |
| <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <u>2,185,904</u> | <u>2,185,904</u>          | <u>2,921,589</u> |

## 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** KERRY TOMLINSON  
 Signature of officer Date

KERRY TOMLINSON, TREASURER  
 Type or print name and title

**Paid Preparer Use Only** Print/Type preparer's name Scott R Meyer CPA Preparer's signature Scott R Meyer CPA Date 06-27-2022 Check ☐ if self-employed PTIN XXXXXXXXXX

Firm's name Scott R. Meyer, CPA P.C. Firm's EIN 52-0881-3734

Firm's address 1700 East Fort Lowell Rd Ste 105 Phone no. 520-881-3734

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 (2021)

**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 \$ 462,311 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.

**4b** (Code: ) (Expenses \$ 453,626 including grants of \$ ) (Revenue \$ )  
Rescued abandoned horses, provided food and medical care, arranged for adoptions when possible

**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 ▶ 915,937

**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 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II                                                                                                       |     | X  |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III                                                                                      |     |    |
| 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 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>22</b> 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  |
| <b>23</b> 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  |
| <b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .                                                                                                                                                                                                                                                                                 |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .                                                                                                                                                                                                                                        |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .                                                                                                                                                                                                                                                                           |     |    |
| <b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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  |
| <b>26</b> 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  |
| <b>27</b> 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  |
| <b>28</b> 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):                                                                                                                                                                                             |     |    |
| <b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . .                                                                                                                                                                                                                              | X   |    |
| <b>b</b> A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .                                                                                                                                                                                                                                                                                   |     | X  |
| <b>c</b> 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  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .                                                                                                                                                                                                                                                                         |     | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .                                                                                                                                                                                                         |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .                                                                                                                                                                                                                                                               |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .                                                                                                                                                                                                                                             |     | X  |
| <b>33</b> 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  |
| <b>34</b> 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  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .                                                                                                                                                                                                                                                                                         |     | X  |
| <b>b</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  |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .                                                                                                                                                                                                  |     | X  |
| <b>37</b> 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  |
| <b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O. . . . .                                                                                                                                                                                               | X   |    |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

|                                                                                                                                                                             | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1a</b> Enter the number reported in Box 3 of Form 1099. Enter -0- if not applicable . . . . .                                                                            | 13  |    |
| <b>b</b> Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable . . . . .                                                                           | 0   |    |
| <b>c</b> 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 |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>2a</b>                                                                                                        | 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  | 10 |
| <b>b</b>                                                                                                         | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .                                                                                                                             | 2b  | X  |
| <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. |                                                                                                                                                                                                                                                      |     |    |
| <b>3a</b>                                                                                                        | Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .                                                                                                                                              | 3a  | X  |
| <b>b</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  |    |
| <b>4a</b>                                                                                                        | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . | 4a  | X  |
| <b>b</b>                                                                                                         | If "Yes," enter the name of the foreign country . . . . .<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                                                     |     |    |
| <b>5a</b>                                                                                                        | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .                                                                                                                                      | 5a  | X  |
| <b>b</b>                                                                                                         | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .                                                                                                                           | 5b  | X  |
| <b>c</b>                                                                                                         | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .                                                                                                                                                                          | 5c  |    |
| <b>6a</b>                                                                                                        | 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>b</b>                                                                                                         | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .                                                                                              | 6b  |    |
| <b>7</b>                                                                                                         | <b>Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                                 |     |    |
| <b>a</b>                                                                                                         | 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>b</b>                                                                                                         | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .                                                                                                                                            | 7b  |    |
| <b>c</b>                                                                                                         | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .                                                                                                       | 7c  | X  |
| <b>d</b>                                                                                                         | If "Yes," indicate the number of Forms 8282 filed during the year . . . . .                                                                                                                                                                          | 7d  |    |
| <b>e</b>                                                                                                         | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .                                                                                                                            | 7e  | X  |
| <b>f</b>                                                                                                         | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .                                                                                                                               | 7f  | X  |
| <b>g</b>                                                                                                         | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .                                                                                                           | 7g  | X  |
| <b>h</b>                                                                                                         | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .                                                                                                         | 7h  | X  |
| <b>8</b>                                                                                                         | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .                                             | 8   |    |
| <b>9</b>                                                                                                         | <b>Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                     |     |    |
| <b>a</b>                                                                                                         | Did the sponsoring organization make any taxable distributions under section 4966? . . . . .                                                                                                                                                         | 9a  |    |
| <b>b</b>                                                                                                         | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .                                                                                                                                          | 9b  |    |
| <b>10</b>                                                                                                        | <b>Section 501(c)(7) organizations.</b> Enter:                                                                                                                                                                                                       |     |    |
| <b>a</b>                                                                                                         | Initiation fees and capital contributions included on Part VIII, line 12 . . . . .                                                                                                                                                                   | 10a |    |
| <b>b</b>                                                                                                         | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .                                                                                                                                                | 10b |    |
| <b>11</b>                                                                                                        | <b>Section 501(c)(12) organizations.</b> Enter:                                                                                                                                                                                                      |     |    |
| <b>a</b>                                                                                                         | Gross income from members or shareholders . . . . .                                                                                                                                                                                                  | 11a |    |
| <b>b</b>                                                                                                         | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .                                                                                                                | 11b |    |
| <b>12a</b>                                                                                                       | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .                                                                                                                          | 12a |    |
| <b>b</b>                                                                                                         | If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .                                                                                                                                                      | 12b |    |
| <b>13</b>                                                                                                        | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                              |     |    |
| <b>a</b>                                                                                                         | Is the organization licensed to issue qualified health plans in more than one state? . . . . .                                                                                                                                                       | 13a |    |
| <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.         |                                                                                                                                                                                                                                                      |     |    |
| <b>b</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 |    |
| <b>c</b>                                                                                                         | Enter the amount of reserves on hand . . . . .                                                                                                                                                                                                       | 13c |    |
| <b>14a</b>                                                                                                       | Did the organization receive any payments for indoor tanning services during the tax year? . . . . .                                                                                                                                                 | 14a | X  |
| <b>b</b>                                                                                                         | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . . . . .                                                                                                                                  | 14b |    |
| <b>15</b>                                                                                                        | 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.                                                       |                                                                                                                                                                                                                                                      |     |    |
| <b>16</b>                                                                                                        | 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.                                                                        |                                                                                                                                                                                                                                                      |     |    |
| <b>17</b>                                                                                                        | <b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? . . . . .                          | 17  |    |
| If "Yes," complete Form 5069.                                                                                    |                                                                                                                                                                                                                                                      |     |    |

**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 ☒ **X**

**Section A. Governing Body and Management**

|                                                                                                                                                                                                                                         |             | Yes      | No       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------|----------|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . .                                                                                                                                 | <b>1a</b> 6 |          |          |
| 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>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . .                                                                                                                                   | <b>1b</b> 5 |          |          |
| <b>2</b> 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? . . . . .                                                | <b>2</b>    |          | <b>X</b> |
| <b>3</b> 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? . . . . . | <b>3</b>    |          | <b>X</b> |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .                                                                                                     | <b>4</b>    |          | <b>X</b> |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .                                                                                                           | <b>5</b>    |          | <b>X</b> |
| <b>6</b> Did the organization have members or stockholders? . . . . .                                                                                                                                                                   | <b>6</b>    |          | <b>X</b> |
| <b>7a</b> 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? . . . . .                                                                  | <b>7a</b>   |          | <b>X</b> |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .                                                            | <b>7b</b>   |          | <b>X</b> |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                              |             |          |          |
| <b>a</b> The governing body? . . . . .                                                                                                                                                                                                  | <b>8a</b>   | <b>X</b> |          |
| <b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .                                                                                                                                                | <b>8b</b>   | <b>X</b> |          |
| <b>9</b> 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 . . . . .         | <b>9</b>    |          | <b>X</b> |

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

|                                                                                                                                                                                                                                                                                                                 | Yes                 | No       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------|
| <b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .                                                                                                                                                                                                                         | <b>10a</b>          | <b>X</b> |
| <b>b</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? . . . . .                                                                   | <b>10b</b>          |          |
| <b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .                                                                                                                                                                | <b>11a</b> <b>X</b> |          |
| <b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.                                                                                                                                                                                                          |                     |          |
| <b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .                                                                                                                                                                                                    | <b>12a</b> <b>X</b> |          |
| <b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .                                                                                                                                                          | <b>12b</b> <b>X</b> |          |
| <b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .                                                                                                                                           | <b>12c</b> <b>X</b> |          |
| <b>13</b> Did the organization have a written whistleblower policy? . . . . .                                                                                                                                                                                                                                   | <b>13</b> <b>X</b>  |          |
| <b>14</b> Did the organization have a written document retention and destruction policy? . . . . .                                                                                                                                                                                                              | <b>14</b> <b>X</b>  |          |
| <b>15</b> 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?                                                                                  |                     |          |
| <b>a</b> The organization's CEO, Executive Director, or top management official . . . . .                                                                                                                                                                                                                       | <b>15a</b>          | <b>X</b> |
| <b>b</b> Other officers or key employees of the organization . . . . .                                                                                                                                                                                                                                          | <b>15b</b>          | <b>X</b> |
| If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.                                                                                                                                                                                                                              |                     |          |
| <b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .                                                                                                                                      | <b>16a</b>          | <b>X</b> |
| <b>b</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? . . . . . | <b>16b</b>          | <b>X</b> |

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See 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)<br>Name and title                 | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                   |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E)<br>Reportable compensation from related organizations W-2/ 1099-MISC/ 1099-NEC | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------|---------|--------------|------------------------------|--------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                       |                                                                                            | Individual trustee or director                                                                               | Installed trustee | Officer | Key employee | Highest compensated employee | Former |                                                                                 |                                                                                    |                                                                                               |
| (1) Karen Harkson-Pomroy<br>President | 40.00                                                                                      | X                                                                                                            |                   | X       |              |                              |        | 141,425                                                                         | 0                                                                                  | 0                                                                                             |
| (2) Kerry Tomlinson<br>Treasurer      | 8.00                                                                                       | X                                                                                                            |                   | X       |              |                              |        | 15,019                                                                          | 0                                                                                  | 0                                                                                             |
| (3) Pat Culliney<br>Director          | 1.00                                                                                       | X                                                                                                            |                   |         |              |                              |        | 0                                                                               | 0                                                                                  | 0                                                                                             |
| (4) Diane Murphy<br>Director          | 1.00                                                                                       | X                                                                                                            |                   |         |              |                              |        | 0                                                                               | 0                                                                                  | 0                                                                                             |
| (5) Carolyn Crowder<br>Director       | 1.00                                                                                       | X                                                                                                            |                   |         |              |                              |        | 0                                                                               | 0                                                                                  | 0                                                                                             |
| (6) Jackie Cuyler<br>Secretary        | 2.00                                                                                       | X                                                                                                            |                   | X       |              |                              |        | 0                                                                               | 0                                                                                  | 0                                                                                             |
| (7)                                   |                                                                                            |                                                                                                              |                   |         |              |                              |        |                                                                                 |                                                                                    |                                                                                               |
| (8)                                   |                                                                                            |                                                                                                              |                   |         |              |                              |        |                                                                                 |                                                                                    |                                                                                               |
| (9)                                   |                                                                                            |                                                                                                              |                   |         |              |                              |        |                                                                                 |                                                                                    |                                                                                               |
| (10)                                  |                                                                                            |                                                                                                              |                   |         |              |                              |        |                                                                                 |                                                                                    |                                                                                               |
| (11)                                  |                                                                                            |                                                                                                              |                   |         |              |                              |        |                                                                                 |                                                                                    |                                                                                               |
| (12)                                  |                                                                                            |                                                                                                              |                   |         |              |                              |        |                                                                                 |                                                                                    |                                                                                               |
| (13)                                  |                                                                                            |                                                                                                              |                   |         |              |                              |        |                                                                                 |                                                                                    |                                                                                               |
| (14)                                  |                                                                                            |                                                                                                              |                   |         |              |                              |        |                                                                                 |                                                                                    |                                                                                               |

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

| (A)<br>Name and title                                                | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                    |         |              |                              |         | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--------------------|---------|--------------|------------------------------|---------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                      |                                                                                            | Individual trustee or director                                                                               | Inst./rel. trustee | Officer | Key employee | Highest compensated employee | Former  |                                                                               |                                                                                    |                                                                                               |
| (15) -----                                                           |                                                                                            |                                                                                                              |                    |         |              |                              |         |                                                                               |                                                                                    |                                                                                               |
| (16) -----                                                           |                                                                                            |                                                                                                              |                    |         |              |                              |         |                                                                               |                                                                                    |                                                                                               |
| (17) -----                                                           |                                                                                            |                                                                                                              |                    |         |              |                              |         |                                                                               |                                                                                    |                                                                                               |
| (18) -----                                                           |                                                                                            |                                                                                                              |                    |         |              |                              |         |                                                                               |                                                                                    |                                                                                               |
| (19) -----                                                           |                                                                                            |                                                                                                              |                    |         |              |                              |         |                                                                               |                                                                                    |                                                                                               |
| (20) -----                                                           |                                                                                            |                                                                                                              |                    |         |              |                              |         |                                                                               |                                                                                    |                                                                                               |
| (21) -----                                                           |                                                                                            |                                                                                                              |                    |         |              |                              |         |                                                                               |                                                                                    |                                                                                               |
| (22) -----                                                           |                                                                                            |                                                                                                              |                    |         |              |                              |         |                                                                               |                                                                                    |                                                                                               |
| (23) -----                                                           |                                                                                            |                                                                                                              |                    |         |              |                              |         |                                                                               |                                                                                    |                                                                                               |
| (24) -----                                                           |                                                                                            |                                                                                                              |                    |         |              |                              |         |                                                                               |                                                                                    |                                                                                               |
| (25) -----                                                           |                                                                                            |                                                                                                              |                    |         |              |                              |         |                                                                               |                                                                                    |                                                                                               |
| <b>1b Subtotal</b> .....                                             |                                                                                            |                                                                                                              |                    |         |              |                              |         |                                                                               |                                                                                    |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |                                                                                            |                                                                                                              |                    |         |              |                              |         |                                                                               |                                                                                    |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b> .....                           |                                                                                            |                                                                                                              |                    |         |              |                              | 156,444 | 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 1

**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

|          | Yes | No |
|----------|-----|----|
| <b>3</b> |     | X  |
| <b>4</b> |     | X  |
| <b>5</b> |     | X  |

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

**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

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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 1

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

|                                                                     |                                                                                                                                       | (A)<br>Total revenue                | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512-514 |
|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------|--------------------------------------|---------------------------------------------------------------|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>   | <b>1a</b> Federated campaigns                                                                                                         | <b>1a</b>                           |                                              |                                      |                                                               |
|                                                                     | <b>b</b> Membership dues                                                                                                              | <b>1b</b>                           |                                              |                                      |                                                               |
|                                                                     | <b>c</b> Fundraising events                                                                                                           | <b>1c</b>                           |                                              |                                      |                                                               |
|                                                                     | <b>d</b> Related organizations                                                                                                        | <b>1d</b>                           |                                              |                                      |                                                               |
|                                                                     | <b>e</b> Government grants (contributions)                                                                                            | <b>1e</b> 39,620                    |                                              |                                      |                                                               |
|                                                                     | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included above                                            | <b>1f</b> 1,826,724                 |                                              |                                      |                                                               |
|                                                                     | <b>g</b> Noncash contributions included in<br>lines 1a-1f                                                                             | <b>1g</b> \$ 3,840                  |                                              |                                      |                                                               |
|                                                                     | <b>h</b> <b>Total.</b> Add lines 1a-1f                                                                                                |                                     | 1,866,344                                    |                                      |                                                               |
| <b>Program Service<br/>Revenue</b>                                  | Business Code                                                                                                                         |                                     |                                              |                                      |                                                               |
|                                                                     | <b>2a</b> Clinics and workshops                                                                                                       | 561499                              | 2,095                                        | 2,095                                |                                                               |
|                                                                     | <b>b</b> Transitional boarding                                                                                                        | 561499                              | 300                                          | 300                                  |                                                               |
|                                                                     | <b>c</b> Horse adoptions                                                                                                              | 561499                              | 2,900                                        | 2,900                                |                                                               |
|                                                                     | <b>d</b>                                                                                                                              |                                     |                                              |                                      |                                                               |
|                                                                     | <b>e</b>                                                                                                                              |                                     |                                              |                                      |                                                               |
|                                                                     | <b>f</b> All other program service revenue                                                                                            |                                     |                                              |                                      |                                                               |
|                                                                     | <b>g</b> <b>Total.</b> Add lines 2a-2f                                                                                                |                                     | 5,295                                        |                                      |                                                               |
| <b>Other Revenue</b>                                                | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts)                                              |                                     | 67,344                                       |                                      | 67,344                                                        |
|                                                                     | <b>4</b> Income from investment of tax-exempt bond proceeds                                                                           |                                     |                                              |                                      |                                                               |
|                                                                     | <b>5</b> Royalties                                                                                                                    |                                     |                                              |                                      |                                                               |
|                                                                     | <b>6a</b> Gross rents                                                                                                                 | <b>6a</b> (i) Real (ii) Personal    |                                              |                                      |                                                               |
|                                                                     | <b>b</b> Less: rental expenses                                                                                                        | <b>6b</b>                           |                                              |                                      |                                                               |
|                                                                     | <b>c</b> Rental income or (loss)                                                                                                      | <b>6c</b>                           |                                              |                                      |                                                               |
|                                                                     | <b>d</b> Net rental income or (loss)                                                                                                  |                                     |                                              |                                      |                                                               |
|                                                                     | <b>7a</b> Gross amount from<br>sales of assets<br>other than inventory                                                                | <b>7a</b> (i) Securities (ii) Other |                                              |                                      |                                                               |
|                                                                     | <b>b</b> Less: cost or other basis<br>and sales expenses                                                                              | <b>7b</b>                           |                                              |                                      |                                                               |
|                                                                     | <b>c</b> Gain or (loss)                                                                                                               | <b>7c</b>                           |                                              |                                      |                                                               |
|                                                                     | <b>d</b> Net gain or (loss)                                                                                                           |                                     |                                              |                                      |                                                               |
|                                                                     | <b>8a</b> Gross income from fundraising<br>events (not including \$<br>of contributions reported on line<br>1c). See Part IV, line 18 | <b>8a</b> 94,528                    |                                              |                                      |                                                               |
|                                                                     | <b>b</b> Less: direct expenses                                                                                                        | <b>8b</b> 50,962                    |                                              |                                      |                                                               |
|                                                                     | <b>c</b> Net income or (loss) from fundraising events                                                                                 |                                     | 43,566                                       |                                      | 43,566                                                        |
|                                                                     | <b>9a</b> Gross income from gaming<br>activities. See Part IV, line 19                                                                | <b>9a</b>                           |                                              |                                      |                                                               |
| <b>b</b> Less: direct expenses                                      | <b>9b</b>                                                                                                                             |                                     |                                              |                                      |                                                               |
| <b>c</b> Net income or (loss) from gaming activities                |                                                                                                                                       |                                     |                                              |                                      |                                                               |
| <b>10a</b> Gross sales of inventory, less<br>returns and allowances | <b>10a</b> 72,527                                                                                                                     |                                     |                                              |                                      |                                                               |
| <b>b</b> Less: cost of goods sold                                   | <b>10b</b> 33,223                                                                                                                     |                                     |                                              |                                      |                                                               |
| <b>c</b> Net income or (loss) from sales of inventory               |                                                                                                                                       | 39,304                              | 39,304                                       |                                      |                                                               |
| <b>Miscellaneous<br/>Revenue</b>                                    | Business Code                                                                                                                         |                                     |                                              |                                      |                                                               |
|                                                                     | <b>11a</b>                                                                                                                            |                                     |                                              |                                      |                                                               |
|                                                                     | <b>b</b>                                                                                                                              |                                     |                                              |                                      |                                                               |
|                                                                     | <b>c</b>                                                                                                                              |                                     |                                              |                                      |                                                               |
|                                                                     | <b>d</b> All other revenue                                                                                                            |                                     |                                              |                                      |                                                               |
| <b>e</b> <b>Total.</b> Add lines 11a-11d                            |                                                                                                                                       |                                     |                                              |                                      |                                                               |
| <b>12</b> <b>Total revenue.</b> See instructions                    |                                                                                                                                       | 2,021,853                           | 44,599                                       | 0                                    | 110,910                                                       |

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>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 . . . . .                                                                                                                                                                | 156,444               | 109,510                         | 23,467                                 | 23,467                      |
| 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 . . . . .                                                                                                                                                                                                                | 85,220                | 59,654                          | 12,783                                 | 12,783                      |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .                                                                                                                                            |                       |                                 |                                        |                             |
| 9 Other employee benefits . . . . .                                                                                                                                                                                                                 | 7,889                 | 5,523                           | 1,183                                  | 1,183                       |
| 10 Payroll taxes . . . . .                                                                                                                                                                                                                          | 19,809                | 13,867                          | 2,971                                  | 2,971                       |
| 11 Fees for services (nonemployees):                                                                                                                                                                                                                |                       |                                 |                                        |                             |
| a Management . . . . .                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| b Legal . . . . .                                                                                                                                                                                                                                   |                       |                                 |                                        |                             |
| c Accounting . . . . .                                                                                                                                                                                                                              | 21,727                | 13,811                          | 2,589                                  | 5,327                       |
| d Lobbying . . . . .                                                                                                                                                                                                                                |                       |                                 |                                        |                             |
| e Professional fundraising services. See Part IV, line 17 .                                                                                                                                                                                         | 25,771                |                                 |                                        | 25,771                      |
| f Investment management fees . . . . .                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . .                                                                                                                                  | 15,801                |                                 |                                        | 15,801                      |
| 12 Advertising and promotion . . . . .                                                                                                                                                                                                              | 1,846                 |                                 |                                        | 1,846                       |
| 13 Office expenses . . . . .                                                                                                                                                                                                                        | 23,612                | 18,889                          | 3,542                                  | 1,181                       |
| 14 Information technology . . . . .                                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| 15 Royalties . . . . .                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| 16 Occupancy . . . . .                                                                                                                                                                                                                              | 38,104                | 30,483                          | 5,716                                  | 1,905                       |
| 17 Travel . . . . .                                                                                                                                                                                                                                 | 2,099                 | 1,679                           | 315                                    | 105                         |
| 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 . . . . .                                                                                                                                                                                              | 47,425                | 41,733                          | 4,743                                  | 949                         |
| 23 Insurance . . . . .                                                                                                                                                                                                                              | 14,321                | 11,457                          | 2,148                                  | 716                         |
| 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 . . . . .                                                                                                                                                                                                                | 126,026               | 126,026                         |                                        |                             |
| b Vehicles operations . . . . .                                                                                                                                                                                                                     | 12,817                | 10,253                          | 1,923                                  | 641                         |
| c Printing/copying/postage . . . . .                                                                                                                                                                                                                | 201,776               | 4,286                           | 804                                    | 196,686                     |
| d Public awareness . . . . .                                                                                                                                                                                                                        | 475,032               | 462,311                         | 12,721                                 |                             |
| e All other expenses . . . . .                                                                                                                                                                                                                      | 10,449                | 6,455                           | 1,209                                  | 2,785                       |
| 25 Total functional expenses. Add lines 1 through 24e . .                                                                                                                                                                                           | 1,286,168             | 915,937                         | 76,114                                 | 294,117                     |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . |                       |                                 |                                        |                             |

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

|                                                                     |                                                                                                                                                                                                                   | (A)<br>Beginning of year |           | (B)<br>End of year |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------|--------------------|
| <b>Assets</b>                                                       | 1 Cash - non-interest-bearing                                                                                                                                                                                     | 172,036                  | 1         | 173,541            |
|                                                                     | 2 Savings and temporary cash investments                                                                                                                                                                          | 386,034                  | 2         | 786,972            |
|                                                                     | 3 Pledges and grants receivable, net                                                                                                                                                                              |                          | 3         |                    |
|                                                                     | 4 Accounts receivable, net                                                                                                                                                                                        |                          | 4         | 5,585              |
|                                                                     | 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                                                                                                                                                                                     | 18,106                   | 8         | 15,984             |
|                                                                     | 9 Prepaid expenses and deferred charges                                                                                                                                                                           | 45,070                   | 9         | 68,258             |
|                                                                     | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D                                                                                                                           | 10a 1,203,089            |           |                    |
|                                                                     | b Less: accumulated depreciation                                                                                                                                                                                  | 10b 307,839              |           |                    |
|                                                                     |                                                                                                                                                                                                                   | 826,174                  | 10c       | 895,250            |
|                                                                     | 11 Investments - publicly traded securities                                                                                                                                                                       | 798,525                  | 11        | 1,050,104          |
|                                                                     | 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                               | 7,045                                                                                                                                                                                                             | 15                       | 7,000     |                    |
| 16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) | 2,252,990                                                                                                                                                                                                         | 16                       | 3,002,694 |                    |
| <b>Liabilities</b>                                                  | 17 Accounts payable and accrued expenses                                                                                                                                                                          | 27,466                   | 17        | 81,105             |
|                                                                     | 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                                                                                                                                                   | 39,620                   | 24        |                    |
|                                                                     | 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 <b>Total liabilities.</b> Add lines 17 through 25                                                                                                                                                              | 67,086                   | 26        | 81,105             |
| <b>Net Assets or Fund Balances</b>                                  | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.                                                                                     |                          |           |                    |
|                                                                     | 27 Net assets without donor restrictions                                                                                                                                                                          | 2,133,874                | 27        | 2,740,016          |
|                                                                     | 28 Net assets with donor restrictions                                                                                                                                                                             | 52,030                   | 28        | 181,573            |
|                                                                     | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.                                                                                              |                          |           |                    |
|                                                                     | 29 Capital stock or trust principal, or current funds                                                                                                                                                             |                          | 29        |                    |
|                                                                     | 30 Paid-in or capital surplus, or land, building, or equipment fund                                                                                                                                               |                          | 30        |                    |
|                                                                     | 31 Retained earnings, endowment, accumulated income, or other funds                                                                                                                                               |                          | 31        |                    |
|                                                                     | 32 <b>Total net assets or fund balances</b>                                                                                                                                                                       | 2,185,904                | 32        | 2,921,589          |
| 33 <b>Total liabilities and net assets/fund balances</b>            | 2,252,990                                                                                                                                                                                                         | 33                       | 3,002,694 |                    |

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

|    |                                                                                                                |    |           |
|----|----------------------------------------------------------------------------------------------------------------|----|-----------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)                                                      | 1  | 2,021,853 |
| 2  | Total expenses (must equal Part IX, column (A), line 25)                                                       | 2  | 1,286,168 |
| 3  | Revenue less expenses. Subtract line 2 from line 1                                                             | 3  | 735,685   |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 2,185,904 |
| 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 | 2,921,589 |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                    | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.                                                                                                                                              |     |    |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2a  | X  |
| b Were the organization's financial statements audited by an independent accountant? _____<br>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:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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? _____<br>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)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

|                                                                       |                                                     |
|-----------------------------------------------------------------------|-----------------------------------------------------|
| Name of the organization<br><b>Equine Voices Rescue and Sanctuary</b> | Employer identification number<br><b>74-3127794</b> |
|-----------------------------------------------------------------------|-----------------------------------------------------|

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box 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: \_\_\_\_\_
  - 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)          |                                    |          |                                                                               |                                                             |    |                                                   |                                                 |
| <b>Total</b> |                                    |          |                                                                               |                                                             |    |                                                   |                                                 |

**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) 2017 | (b) 2018  | (c) 2019  | (d) 2020  | (e) 2021  | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .                                                                                                  | 571,990  | 1,472,687 | 1,037,975 | 1,207,463 | 1,866,344 | 6,156,459 |
| 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 <b>Total.</b> Add lines 1 through 3 . . . . .                                                                                                                                                                 | 571,990  | 1,472,687 | 1,037,975 | 1,207,463 | 1,866,344 | 6,156,459 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . . |          |           |           |           |           |           |
| 6 <b>Public support.</b> Subtract line 5 from line 4 . . . . .                                                                                                                                                  |          |           |           |           |           | 672,284   |
|                                                                                                                                                                                                                 |          |           |           |           |           | 5,484,175 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶                                                                                               | (a) 2017 | (b) 2018  | (c) 2019  | (d) 2020  | (e) 2021  | (f) Total |
|---------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------|-----------|-----------|-----------|-----------|
| 7 Amounts from line 4 . . . . .                                                                                                             | 571,990  | 1,472,687 | 1,037,975 | 1,207,463 | 1,866,344 | 6,156,459 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . | 11,139   |           | 110,525   | 73,285    | 67,344    | 262,293   |
| 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 <b>Total support.</b> Add lines 7 through 10 . . . . .                                                                                   |          |           |           |           |           | 6,418,752 |
| 12 Gross receipts from related activities, etc. (see instructions) . . . . .                                                                |          |           |           |           | 12        | 16,213    |

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

**Section C. Computation of Public Support Percentage**

|                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|
| 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) . . . . .                                                                                                                                                                                                                                                                                                                                        | 14 | 85.44 % |
| 15 Public support percentage from 2020 Schedule A, Part II, line 14 . . . . .                                                                                                                                                                                                                                                                                                                                                               | 15 | 85.74 % |
| 16a <b>33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input checked="" type="checkbox"/>                                                                                                                                                            |    |         |
| b <b>33 1/3% support test - 2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>                                                                                                                                                                    |    |         |
| 17a <b>10%-facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>    |    |         |
| b <b>10%-facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/> |    |         |
| 18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>                                                                                                                                                                                                                                                             |    |         |

Form 990  
Worksheet

Schedule A, Line 5 - Excess 2% Limitation Contributors

(This page is not filed with the return. It is for your records only.)

2021

|                                    |               |
|------------------------------------|---------------|
| 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) ..... 128,375

| Name                                | (a)<br>2017 | (b)<br>2018 | (c)<br>2019 | (d)<br>2020 | (e)<br>2021 | (f)<br>Total | (g)<br>Excess contributions<br>(col. (f) minus<br>the 2% limitation) |
|-------------------------------------|-------------|-------------|-------------|-------------|-------------|--------------|----------------------------------------------------------------------|
| Elizabeth Palmer                    | 10,000      |             |             |             |             | 10,000       |                                                                      |
| JDD Holdings-Julie Konisberg        | 25,000      | 30,200      | 40,000      | 40,000      | 68,115      | 203,315      | 74,940                                                               |
| Red Acre Farm                       | 10,000      | 9,000       | 10,000      | 10,000      | 7,000       | 46,000       |                                                                      |
| New Ideas Network-Jerold Tucker     | 170,000     |             |             |             |             | 170,000      | 41,625                                                               |
| JACKIE CUYLER                       | 23,345      | 25,000      | 10,260      | 10,455      |             | 69,060       |                                                                      |
| EILEEN FITZMAURICE                  | 5,000       | 5,000       |             | 5,000       | 5,000       | 20,000       |                                                                      |
| BARBARA SCHILD                      | 5,000       | 5,260       | 7,364       |             |             | 17,624       |                                                                      |
| DONALD HAMMONDS                     |             | 25,000      | 50,000      | 5,000       | 50,000      | 130,000      | 1,625                                                                |
| KORFF FOUNDATION-MARCAE MANTING     |             | 5,500       | 10,000      | 10,000      |             | 25,500       |                                                                      |
| JANET ZAIDENBURG-SCHRUM             |             | 26,063      |             | 11,075      |             | 37,138       |                                                                      |
| ESTATE OF JOAN DANFORTH             |             | 460,844     |             |             |             | 460,844      | 332,469                                                              |
| COUNTRY FAIR WHITE ELEPHANT         |             |             | 5,000       |             | 5,000       | 10,000       |                                                                      |
| CAROLYN CROWDER                     | 5,000       |             | 15,000      | 5,000       |             | 25,000       |                                                                      |
| ERNEST LEDOUX TRUST                 |             |             | 23,637      | 64,540      |             | 88,177       |                                                                      |
| ESTATE OF MARY ELLEN KEARNEY        |             |             | 15,947      | 5,000       |             | 20,947       |                                                                      |
| ROCHESTER AREA COMMUNITY FOUNDATION |             |             | 10,000      |             | 8,000       | 18,000       |                                                                      |
| 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        |                                                                      |
| STEVEN KUHN                         |             |             |             |             | 10,000      | 10,000       |                                                                      |
| VICTOR AND LYDIA BRADFORD TRUST     |             |             |             |             | 36,000      | 36,000       |                                                                      |
| ESTATE OF DAVID MCPHARKE            |             |             |             |             | 350,000     | 350,000      | 221,625                                                              |

Total ..... 672,284

**Schedule B**  
**(Form 990)**

**Schedule of Contributors**

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-PF.

▶ Go to [www.irs.gov/Form990](http://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 foundation

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

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

**General Rule**

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

**Special Rules**

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vii), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$

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

Name of organization

Equine Voices Rescue and Sanctuary

Employer identification number

74-3127794

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                         |
|------------|----------------------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1          | JDD Holdings-Julie Konisberg<br>3333 Richmond Road Ste 460<br>Beachwood OH 44122 | \$ 68,115                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | DONALD HAMMONDS<br>11250 E CAMINO DEL SAHUARO<br>TUCSON AZ 85749                 | \$ 50,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | ESTATE OF DAVID MCPEAKE<br>PO BOX 1126<br>MOUNT VERNON WA 98273                  | \$ 350,000                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            |                                                                                  | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                                                                  | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                                                                  | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**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? . . . . .                                                            |                         | <input type="checkbox"/> Yes <input type="checkbox"/> 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? . . . . . |                         | <input type="checkbox"/> Yes <input type="checkbox"/> 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).<br><input type="checkbox"/> Preservation of land for public use (for example, recreation or education)<br><input type="checkbox"/> Protection of natural habitat<br><input type="checkbox"/> Preservation of open space<br><input type="checkbox"/> Preservation of a historically important land area<br><input type="checkbox"/> Preservation of a certified historic structure |                                                          |
| 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.                                                                                                                                                                                                                                                                                                     |                                                          |
| 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? . . . . .                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> 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)? . . . . .                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> 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:<br>(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$<br>(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:<br>a Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$<br>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

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land                  |                                      | 274,500                         |                              | 274,500        |
| b Buildings              |                                      | 638,027                         | 100,136                      | 537,891        |
| c Leasehold improvements |                                      | 104,717                         | 66,367                       | 38,350         |
| d Equipment              |                                      | 185,845                         | 141,336                      | 44,509         |
| e Other                  |                                      |                                 |                              |                |

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **895,250**

**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<br>(including name of security)   | (b) Book value | (c) Method of valuation:<br>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)                                                                       |                |                                                              |
| <b>Total.</b> (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:<br>Cost or end-of-year market value |
|---------------------------------------------------------------------------|----------------|--------------------------------------------------------------|
| (1)                                                                       |                |                                                              |
| (2)                                                                       |                |                                                              |
| (3)                                                                       |                |                                                              |
| (4)                                                                       |                |                                                              |
| (5)                                                                       |                |                                                              |
| (6)                                                                       |                |                                                              |
| (7)                                                                       |                |                                                              |
| (8)                                                                       |                |                                                              |
| (9)                                                                       |                |                                                              |
| <b>Total.</b> (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                                                 | 1,400          |
| (3)                                                                       |                |
| (4)                                                                       |                |
| (5)                                                                       |                |
| (6)                                                                       |                |
| (7)                                                                       |                |
| (8)                                                                       |                |
| (9)                                                                       |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) | 7,000          |

**Part X Other Liabilities.**

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

| 1. (a) Description of liability                                           | (b) Book value |
|---------------------------------------------------------------------------|----------------|
| (1) Federal income taxes                                                  |                |
| (2)                                                                       |                |
| (3)                                                                       |                |
| (4)                                                                       |                |
| (5)                                                                       |                |
| (6)                                                                       |                |
| (7)                                                                       |                |
| (8)                                                                       |                |
| (9)                                                                       |                |
| <b>Total.</b> (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       | 1,789,318 |
| 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       | 1,789,318 |
| 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 | 232,535 |           |
| c | Add lines 4a and 4b                                                             |    | 4c      | 232,535   |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) |    | 5       | 2,021,853 |

**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       | 1,053,633 |
| 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       | 1,053,633 |
| 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 | 232,535 |           |
| c | Add lines 4a and 4b                                                              |    | 4c      | 232,535   |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) |    | 5       | 1,286,168 |

**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)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Equine Voices Rescue and Sanctuary

Employer identification number

74-3127794

**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<br>1420 Spring Hill Road Ste  | CONDUCTED<br>DIRECT MAIL | X                                                              |    | 921,087                           | 25,771                                                            | 895,316                                           |
| 2                                                         |                          |                                                                |    |                                   |                                                                   |                                                   |
| 3                                                         |                          |                                                                |    |                                   |                                                                   |                                                   |
| 4                                                         |                          |                                                                |    |                                   |                                                                   |                                                   |
| 5                                                         |                          |                                                                |    |                                   |                                                                   |                                                   |
| 6                                                         |                          |                                                                |    |                                   |                                                                   |                                                   |
| 7                                                         |                          |                                                                |    |                                   |                                                                   |                                                   |
| 8                                                         |                          |                                                                |    |                                   |                                                                   |                                                   |
| 9                                                         |                          |                                                                |    |                                   |                                                                   |                                                   |
| 10                                                        |                          |                                                                |    |                                   |                                                                   |                                                   |
| <b>Total</b>                                              |                          |                                                                |    | 921,087                           | 25,771                                                            | 895,316                                           |

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<br><u>Fall dinner</u><br>(event type) | (b) Event #2<br><br>(event type) | (c) Other events<br><u>None</u><br>(total number) | (d) Total events<br>(add col. (a) through<br>col. (c)) |
|-----------------|---------------------------------------------------------------------------|----------------------------------------------------|----------------------------------|---------------------------------------------------|--------------------------------------------------------|
| Revenue         | 1 Gross receipts . . . . .                                                | 94,528                                             |                                  |                                                   | 94,528                                                 |
|                 | 2 Less: Contributions . . . . .                                           |                                                    |                                  |                                                   |                                                        |
|                 | 3 Gross income (line 1 minus<br>line 2) . . . . .                         | 94,528                                             |                                  |                                                   | 94,528                                                 |
| Direct Expenses | 4 Cash prizes . . . . .                                                   |                                                    |                                  |                                                   |                                                        |
|                 | 5 Noncash prizes . . . . .                                                |                                                    |                                  |                                                   |                                                        |
|                 | 6 Rent/facility costs . . . . .                                           |                                                    |                                  |                                                   |                                                        |
|                 | 7 Food and beverages . . . . .                                            | 8,274                                              |                                  |                                                   | 8,274                                                  |
|                 | 8 Entertainment . . . . .                                                 | 3,000                                              |                                  |                                                   | 3,000                                                  |
|                 | 9 Other direct expenses . . . . .                                         | 39,688                                             |                                  |                                                   | 39,688                                                 |
|                 | 10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .  |                                                    |                                  |                                                   | 50,962                                                 |
|                 | 11 Net income summary. Subtract line 10 from line 3, column (d) . . . . . |                                                    |                                  |                                                   | 43,566                                                 |

**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<br>bingo/progressive bingo                    | (c) Other gaming                                                    | (d) Total gaming (add<br>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 . . . . .       | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> 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)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

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) 2021



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

Equine Voices Rescue and Sanctuary

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

2021

Attachment  
Sequence No. 179Department of the Treasury  
Internal Revenue Service (99)

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 2020 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 2022. 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 | 44,047 |

**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 2021                                                  | 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 2021 Tax Year Using the General Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only-see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|----------------------------------------------------------------------------|---------------------|----------------|------------|----------------------------|
| 19a 3-year property            |                                      |                                                                            |                     |                |            |                            |
| b 5-year property              |                                      |                                                                            |                     |                |            |                            |
| c 7-year property              |                                      |                                                                            |                     |                |            |                            |
| d 10-year property             | 11/2021                              |                                                                            |                     |                |            | 3,379                      |
| e 15-year property             |                                      |                                                                            |                     |                |            |                            |
| f 20-year property             |                                      |                                                                            |                     |                |            |                            |
| g 25-year property             |                                      |                                                                            | 25 yrs.             |                | S/L        |                            |
| h Residential rental property  |                                      |                                                                            | 27.5 yrs.           | MM             | S/L        |                            |
| i Nonresidential real property |                                      |                                                                            | 39 yrs.             | MM             | S/L        |                            |

**Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (See instructions.)**

|    |                                                                                                                                                                                                              |    |        |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------|
| 21 | Listed property. Enter amount from line 28                                                                                                                                                                   | 21 |        |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions | 22 | 47,426 |
| 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 (2021)

# Federal Supporting Statements

2021 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> |
|--------------|-----------|-----------|---------------|------------------|
| 3,223        | 10        | MQ        | SL            | 241              |
| 45,202       | 10        | MQ        | SL            | 3,028            |
| 2,340        | 10        | MQ        | SL            | 110              |
| <b>Total</b> |           |           |               | <b>3,379</b>     |

Client Copy

990

## Overflow Statement

(This page is not filed with the return. It is for your records only.)

2021

Page 1

Name(s) as shown on return

FEIN

Equine Voices Rescue and Sanctuary

74-3127794

## Description

## Amount

DONOR MANAGEMENT

\$ 15,801

Total: \$ 15,801

## Description

## Amount

Website

\$ 672

Volunteer expenses

1,768

Bank/cc fees

656

Miscellaneous

3,359

Total: \$ 6,455

## Description

## Amount

Website

\$ 126

Volunteer expenses

332

Bank/cc fees

123

Miscellaneous

628

Total: \$ 1,209

## Description

## Amount

Website

\$ 42

Volunteer expenses

111

Bank/cc fees

2,423

Miscellaneous

209

Total: \$ 2,785

## Description

## Amount

Prof fundraising exps netted against donation revenue

\$ 232,535

Total: \$ 232,535

990

## Overflow Statement

(This page is not filed with the return. It is for your records only.)

2021

Page 2

Name(s) as shown on return

FEIN

Equine Voices Rescue and Sanctuary

74-3127794

## Description

## Amount

|                                                       |                   |
|-------------------------------------------------------|-------------------|
| Prof fundraiser expenses netted against donation revs | \$ 232,535        |
| <b>Total:</b>                                         | <b>\$ 232,535</b> |

Client Copy

Equine Voices Rescue and Sanctuary  
BOOK DEPRECIATION SCHEDULE  
Tax Year End : 12-31-2021  
ID Number : 74-3127794  
Department Number: 1

| Asset# | Description                 | Date Acq'd | Cost    | Salvage Value | Depr. Basis | Method | Life | Prior Depr | CY Depr | Accum Depr |
|--------|-----------------------------|------------|---------|---------------|-------------|--------|------|------------|---------|------------|
| 11     | Mare Motel                  | 10-01-2007 | 24,449  | 0             | 24,449      | SL MQ  | 20   | 16,192     | 1,222   | 17,414     |
| 12     | Hay Barn                    | 02-24-2008 | 5,387   | 0             | 5,387       | SL HY  | 20   | 3,452      | 269     | 3,721      |
| 13     | Volunteer portable restroom | 04-01-2008 | 4,500   | 0             | 4,500       |        | 10   | 4,500      | 0       | 4,500      |
| 17     | Southeast Shelter           | 04-09-2009 | 3,579   | 0             | 3,579       | SL HY  | 20   | 2,103      | 179     | 2,282      |
| 16     | Northwest Shelter           | 05-21-2009 | 1,789   | 0             | 1,789       | SL HY  | 20   | 1,031      | 89      | 1,120      |
| 15     | East Shelter                | 11-23-2009 | 1,500   | 0             | 1,500       | SL HY  | 20   | 831        | 75      | 906        |
| 19     | Bonnie Kay Shelter          | 07-01-2010 | 4,000   | 0             | 4,000       | SL HY  | 20   | 2,100      | 200     | 2,300      |
| 27     | Rehabilitation stall        | 07-01-2012 | 2,260   | 0             | 2,260       | SL HY  | 10   | 1,921      | 226     | 2,147      |
| 41     | PORCH ROOF                  | 01-14-2014 | 2,990   | 0             | 2,990       | SL MQ  | 15   | 1,253      | 179     | 1,432      |
| 42     | SHED                        | 01-14-2014 | 2,548   | 0             | 2,548       | SL MQ  | 15   | 1,071      | 153     | 1,224      |
| 40     | SHADE SHELTER               | 07-22-2014 | 1,600   | 0             | 1,600       | SL MQ  | 20   | 462        | 72      | 534        |
| 39     | BARN                        | 11-21-2014 | 18,317  | 0             | 18,317      | SL MQ  | 20   | 5,013      | 824     | 5,837      |
| 47     | BARN                        | 01-31-2015 | 37,656  | 0             | 37,656      | SL HY  | 20   | 10,165     | 1,694   | 11,859     |
| 48     | BARN IMPS                   | 03-31-2015 | 7,624   | 0             | 7,624       | SL HY  | 20   | 1,972      | 343     | 2,315      |
| 49     | BARN SIGN                   | 06-09-2015 | 959     | 0             | 959         | SL HY  | 10   | 473        | 86      | 559        |
| 50     | HAYBARN IMPROVEMENT         | 09-01-2015 | 6,000   | 0             | 6,000       | SL HY  | 15   | 1,890      | 360     | 2,250      |
| 59     | TACK/FEED ROOM MATERIALS    | 09-30-2016 | 2,666   | 0             | 2,666       | SL HY  | 20   | 565        | 133     | 698        |
|        | STORM SHELTER               | 10-10-2018 | 2,100   | 0             | 2,100       | SL MQ  | 10   | 473        | 210     | 683        |
|        | ***Total**                  |            | 129,924 | 0             | 129,924     |        |      | 55,467     | 6,314   | 61,781     |

Equine Voices Rescue and Sanctuary  
BOOK DEPRECIATION SCHEDULE  
Tax Year End : 12-31-2021  
ID Number : 74-3127794  
Department Number: 2

| Asset# | Description                       | Date Acq'd | Cost   | Salvage Value | Depr. Basis | Method | Life | Prior Depr | CY Depr | Accum Depr |
|--------|-----------------------------------|------------|--------|---------------|-------------|--------|------|------------|---------|------------|
| 14     | Horse Trailer                     | 12-15-2007 | 10,000 | 0             | 10,000      |        | 10   | 10,000     | 0       | 10,000     |
| 4      | Golf Cart                         | 09-30-2008 | 3,500  | 0             | 3,500       |        | 7    | 3,500      | 0       | 3,500      |
| 18     | 2006 Honda Element                | 01-06-2009 | 10,000 | 0             | 10,000      |        | 5    | 10,000     | 0       | 10,000     |
| 28     | Bulldog ATV/dump cart             | 07-01-2012 | 5,209  | 0             | 5,209       |        | 7    | 5,209      | 0       | 5,209      |
| 29     | Chevy truck                       | 07-01-2012 | 28,500 | 0             | 28,500      |        | 8    | 28,500     | 0       | 28,500     |
| 26     | Trailer/bunkhouse (used)          | 07-01-2012 | 4,000  | 0             | 4,000       | SL HY  | 10   | 3,400      | 400     | 3,800      |
| 37     | Jackson Extra Large Horse Trailer | 05-28-2013 | 17,360 | 0             | 17,360      | SL MQ  | 10   | 13,237     | 1,736   | 14,973     |
| 36     | '95 Chevy 3/4 ton                 | 12-03-2013 | 5,000  | 0             | 5,000       | SL MQ  | 8    | 4,453      | 547     | 5,000      |
| 35     | Jackson 2 Horse Trailer- Used     | 12-03-2013 | 6,000  | 0             | 6,000       |        | 7    | 6,000      | 0       | 6,000      |
| 43     | GOLF CART                         | 02-11-2014 | 2,400  | 0             | 2,400       | SL MQ  | 7    | 2,137      | 23      | 2,160      |
| 52     | GOLF CART- 2 SEATER               | 01-01-2015 | 2,000  | 0             | 2,000       | SL HY  | 7    | 1,542      | 257     | 1,799      |
| 64     | TRACTOR                           | 08-01-2017 | 9,019  | 0             | 9,019       | SL HY  | 10   | 3,081      | 902     | 3,983      |
| 62     | QUAD                              | 09-27-2017 | 7,862  | 0             | 7,862       | SL HY  | 8    | 3,195      | 983     | 4,178      |
|        | 2007 COLUM GOLF CART              | 10-04-2018 | 2,900  | 0             | 2,900       | SL MQ  | 5    | 1,450      | 580     | 2,030      |
|        | CARGO TRAILER                     | 10-24-2018 | 3,900  | 0             | 3,900       | SL MQ  | 10   | 975        | 390     | 1,365      |
|        | ATV                               | 12-30-2020 | 11,910 | 0             | 11,910      | SL MQ  | 7    | 0          | 1,701   | 1,701      |

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Equine Voices Rescue and Sanctuary  
BOOK DEPRECIATION SCHEDULE  
Tax Year End : 12-31-2021  
ID Number : 74-3127794  
Department Number: 3

| Asset# | Description         | Date Acq'd | Cost   | Salvage Value | Depr. Basis | Method | Life | Prior Depr | CV Depr | Accum Depr |
|--------|---------------------|------------|--------|---------------|-------------|--------|------|------------|---------|------------|
| 8      | Portable fencing    | 07-01-2005 | 10,795 | 0             | 10,795      |        | 10   | 10,795     | 0       | 10,795     |
| 9      | Portable fencing    | 12-15-2006 | 5,057  | 0             | 5,057       |        | 10   | 5,057      | 0       | 5,057      |
|        | Fencing             | 10-20-2009 | 5,846  | 0             | 5,846       |        | 10   | 5,846      | 0       | 5,846      |
| 7      | Swing Gate Operator | 07-01-2010 | 3,252  | 0             | 3,252       |        | 7    | 3,252      | 0       | 3,252      |
| 21     | Fencing             | 10-01-2011 | 5,712  | 0             | 5,712       | SL MQ  | 15   | 3,477      | 381     | 3,858      |
| 25     | Fencing             | 07-01-2012 | 2,945  | 0             | 2,945       | SL HY  | 15   | 1,666      | 196     | 1,862      |
| 38     | ARENA FENCING/GATE  | 05-27-2014 | 12,975 | 0             | 12,975      | SL MQ  | 10   | 7,689      | 1,168   | 8,857      |
| 46     | FENCING             | 03-31-2015 | 8,585  | 0             | 8,585       | SL HY  | 15   | 2,961      | 515     | 3,476      |
| 57     | FENCING/GATE        | 07-31-2016 | 12,607 | 0             | 12,607      | SL HY  | 15   | 3,780      | 840     | 4,620      |
|        | 13 PANELS AND GATE  | 10-24-2019 | 1,000  | 0             | 1,000       | SL MQ  | 10   | 315        | 90      | 405        |
|        | GATES & FENCING     | 10-01-2020 | 12,485 | 0             | 12,485      | SL MQ  | 10   | 624        | 1,248   | 1,872      |
|        | ***Total***         |            | 81,259 | 0             | 81,259      |        |      | 45,462     | 4,438   | 49,900     |

Equine Voices Rescue and Sanctuary  
BOOK DEPRECIATION SCHEDULE  
Tax Year End : 12-31-2021  
ID Number : 74-3127794  
Department Number: 4

| Asset# | Description              | Date Acq'd | Cost   | Salvage Value | Depr. Basis | Method | Life | Prior Depr | CV Depr | Accum Depr |
|--------|--------------------------|------------|--------|---------------|-------------|--------|------|------------|---------|------------|
| 20     | Water Tank               | 01-30-2011 | 7,441  | 0             | 7,441       | SL MQ  | 10   | 7,347      | 94      | 7,441      |
| 31     | Automatic Horse Waterers | 07-08-2013 | 1,212  | 0             | 1,212       |        | 7    | 1,212      | 0       | 1,212      |
| 58     | WELL PUMP                | 03-10-2016 | 774    | 0             | 774         | SL HY  | 7    | 527        | 111     | 638        |
| 63     | FRANKLIN WELL PUMP- 3 HP | 09-01-2017 | 5,244  | 0             | 5,244       | SL HY  | 8    | 2,293      | 655     | 2,948      |
| 65     | R4.5 RASCAL DRAG         | 09-08-2017 | 2,199  | 0             | 2,199       | SL HY  | 10   | 770        | 220     | 990        |
|        | ATV                      | 09-11-2019 | 3,700  | 0             | 3,700       | SL MQ  | 5    | 833        | 666     | 1,499      |
|        | HORSE CHUTE              | 11-25-2019 | 3,000  | 0             | 3,000       | SL MQ  | 8    | 366        | 337     | 703        |
|        | WELL PUMP                | 01-14-2020 | 3,500  | 0             | 3,500       | SL MQ  | 7    | 500        | 500     | 1,000      |
|        | SEPTIC SYSTEM            | 03-10-2021 | 3,223  | 0             | 3,223       | SL MQ  | 10   | 0          | 241     | 241        |
|        | **Total**                |            | 30,293 | 0             | 30,293      |        |      | 13,844     | 2,824   | 16,672     |

Equine Voices Rescue and Sanctuary  
BOOK DEPRECIATION SCHEDULE  
Tax Year End : 12-31-2021  
ID Number : 74-3127794  
Department Number: 5

| Asset# | Description    | Date Acq'd | Cost  | Salvage Value | Depr. Basis | Method | Life | Prior Depr | CV Depr | Accum Depr |
|--------|----------------|------------|-------|---------------|-------------|--------|------|------------|---------|------------|
| 2      | Misc equipment | 08-15-2004 | 1,739 | 0             | 1,739       |        | 5    | 1,739      | 0       | 1,739      |
| 3      | Tilt Trailer   | 03-10-2006 | 5,000 | 0             | 5,000       |        | 10   | 5,000      | 0       | 5,000      |
| 5      | Computer       | 11-30-2009 | 833   | 0             | 833         |        | 5    | 833        | 0       | 833        |
| 6      | Projector      | 07-01-2010 | 1,009 | 0             | 1,009       |        | 7    | 1,009      | 0       | 1,009      |

|    |                  |            |        |   |        |       |    |        |       |        |
|----|------------------|------------|--------|---|--------|-------|----|--------|-------|--------|
| 23 | Laptop           | 09-14-2011 | 746    | 0 | 746    |       | 5  | 746    | 0     | 746    |
| 30 | Ipad             | 01-14-2013 | 701    | 0 | 701    |       | 5  | 701    | 0     | 701    |
| 33 | 3 IPad2s         | 10-30-2013 | 1,270  | 0 | 1,270  |       | 5  | 1,270  | 0     | 1,270  |
| 32 | IPad Mini        | 10-30-2013 | 317    | 0 | 317    |       | 5  | 317    | 0     | 317    |
| 34 | Portable Tent    | 11-21-2013 | 1,587  | 0 | 1,587  |       | 7  | 1,587  | 0     | 1,587  |
| 44 | ARTWORK PANELS   | 07-09-2014 | 785    | 0 | 785    | SL MQ | 7  | 656    | 51    | 707    |
| 53 | IPHONE 6         | 03-01-2015 | 755    | 0 | 755    |       | 5  | 680    | 0     | 680    |
| 54 | IPHONE 7         | 12-01-2016 | 880    | 0 | 880    | SL HY | 5  | 719    | 161   | 880    |
| 55 | 2 DELL COMPUTERS | 12-13-2016 | 1,464  | 0 | 1,464  | SL HY | 5  | 1,196  | 268   | 1,464  |
| 67 | WEBCAMS          | 05-07-2017 | 4,143  | 0 | 4,143  | SL HY | 8  | 1,813  | 518   | 2,331  |
|    | IPHONE X         | 08-01-2018 | 1,160  | 0 | 1,160  | SL MQ | 5  | 580    | 232   | 812    |
|    | OFFICE FURNITURE | 11-15-2020 | 3,601  | 0 | 3,601  | SL MQ | 10 | 30     | 360   | 390    |
|    | **Total**        |            | 25,990 | 0 | 25,990 |       |    | 18,876 | 1,590 | 20,466 |

Equine Voices Rescue and Sanctuary  
BOOK DEPRECIATION SCHEDULE  
Tax Year End : 12-31-2021  
ID Number : 74-3127794  
Department Number: 6

| Asset# | Description     | Date Acq'd | Cost  | Salvage Value | Depr. Basis | Method | Life | Prior Depr | CV Depr | Accum Depr |
|--------|-----------------|------------|-------|---------------|-------------|--------|------|------------|---------|------------|
| 22     | Memorial Garden | 11-01-2011 | 4,278 | 0             | 4,278       | SL MQ  | 15   | 2,601      | 285     | 2,886      |
|        | **Total**       |            | 4,278 | 0             | 4,278       |        |      | 2,601      | 285     | 2,886      |

Equine Voices Rescue and Sanctuary  
BOOK DEPRECIATION SCHEDULE  
Tax Year End : 12-31-2021  
ID Number : 74-3127794  
Department Number: 7

| Asset# | Description     | Date Acq'd | Cost   | Salvage Value | Depr. Basis | Method | Life | Prior Depr | CV Depr | Accum Depr |
|--------|-----------------|------------|--------|---------------|-------------|--------|------|------------|---------|------------|
| 24     | Security System | 07-01-2012 | 12,136 | 0             | 12,136      | SL HY  | 10   | 10,319     | 1,214   | 11,533     |
|        | **Total**       |            | 12,136 | 0             | 12,136      |        |      | 10,319     | 1,214   | 11,533     |

Equine Voices Rescue and Sanctuary  
BOOK DEPRECIATION SCHEDULE  
Tax Year End : 12-31-2021  
ID Number : 74-3127794  
Department Number: 8

| Asset# | Description     | Date Acq'd | Cost  | Salvage Value | Depr. Basis | Method | Life | Prior Depr | CV Depr | Accum Depr |
|--------|-----------------|------------|-------|---------------|-------------|--------|------|------------|---------|------------|
| 45     | HORSE SCULPTURE | 07-25-2014 | 1,100 | 0             | 1,100       | SL MQ  | 15   | 423        | 66      | 489        |
|        | **Total**       |            | 1,100 | 0             | 1,100       |        |      | 423        | 66      | 489        |

Equine Voices Rescue and Sanctuary  
BOOK DEPRECIATION SCHEDULE  
Tax Year End : 12-31-2021  
ID Number : 74-3127794  
Department Number: 9

| Asset# | Description          | Date Acq'd | Cost  | Salvage Value | Depr. Basis | Method | Life | Prior Depr | CV Depr | Accum Depr |
|--------|----------------------|------------|-------|---------------|-------------|--------|------|------------|---------|------------|
| 60     | TACK/FEED ROOM LABOR | 09-30-2016 | 5,945 | 0             | 5,945       | SL HY  | 20   | 1,262      | 297     | 1,559      |

|           |  |       |   |       |       |     |       |
|-----------|--|-------|---|-------|-------|-----|-------|
| **Total** |  | 5,945 | 0 | 5,945 | 1,262 | 297 | 1,559 |
|-----------|--|-------|---|-------|-------|-----|-------|

Equine Voices Rescue and Sanctuary  
BOOK DEPRECIATION SCHEDULE  
Tax Year End : 12-31-2021  
ID Number : 74-3127794  
Department Number: 10

| Asset#    | Description                | Date Acq'd | Cost    | Salvage Value | Depr. Basis | Method | Life | Prior Depr | CV Depr | Accum Depr |
|-----------|----------------------------|------------|---------|---------------|-------------|--------|------|------------|---------|------------|
| 66        | 5 ACRES AND VISITOR CENTER | 05-31-2017 | 70,000  | 0             | 70,000      | SL HY  | 20   | 11,375     | 3,500   | 14,875     |
|           | IMPROVEMENTS               | 12-23-2021 | 40,735  | 0             | 40,735      | SL MQ  | 20   | 0          | 0       | 0          |
| **Total** |                            |            | 110,735 | 0             | 110,735     |        |      | 11,375     | 3,500   | 14,875     |

Equine Voices Rescue and Sanctuary  
BOOK DEPRECIATION SCHEDULE  
Tax Year End : 12-31-2021  
ID Number : 74-3127794  
Department Number: 14

| Asset#    | Description        | Date Acq'd | Cost   | Salvage Value | Depr. Basis | Method | Life | Prior Depr | CV Depr | Accum Depr |
|-----------|--------------------|------------|--------|---------------|-------------|--------|------|------------|---------|------------|
|           | MUSTANG BARN (CIP) | 01-05-2021 | 25,000 | 0             | 25,000      | SL MM  | 40   | 0          | 0       | 0          |
| **Total** |                    |            | 25,000 | 0             | 25,000      |        |      | 0          | 0       | 0          |

Equine Voices Rescue and Sanctuary  
BOOK DEPRECIATION SCHEDULE  
Tax Year End : 12-31-2021  
ID Number : 74-3127794  
Department Number: 15

| Asset#    | Description                        | Date Acq'd | Cost    | Salvage Value | Depr. Basis | Method | Life | Prior Depr | CV Depr | Accum Depr |
|-----------|------------------------------------|------------|---------|---------------|-------------|--------|------|------------|---------|------------|
|           | ARCHITECTURAL FEES-NEW OFFICE BLDG | 11-21-2019 | 1,100   | 0             | 1,100       | SL MQ  | 20   | 55         | 55      | 110        |
|           | OFFICE BUILDING                    | 10-01-2020 | 323,726 | 0             | 323,726     | SL MQ  | 20   | 4,046      | 16,186  | 20,232     |
|           | GUTTERS                            | 02-17-2021 | 2,340   | 0             | 2,340       | SL MQ  | 10   | 0          | 110     | 110        |
|           | LANDSCAPING                        | 04-24-2021 | 45,202  | 0             | 45,202      | SL MQ  | 10   | 0          | 3,028   | 3,028      |
| **Total** |                                    |            | 372,368 | 0             | 372,368     |        |      | 4,101      | 19,379  | 23,480     |

Equine Voices Rescue and Sanctuary  
BOOK DEPRECIATION SCHEDULE  
Tax Year End : 12-31-2021  
ID Number : 74-3127794  
Grand total for all departments

| Asset#          | Description | Date Acq'd | Cost    | Salvage Value | Depr. Basis | Method | Life | Prior Depr | CV Depr | Accum Depr |
|-----------------|-------------|------------|---------|---------------|-------------|--------|------|------------|---------|------------|
| **Grand Total** |             |            | 928,588 | 0             | 928,588     |        |      | 260,413    | 47,426  | 307,839    |

\* Item is included in UBI  
for Section 199A calculations.  
See "UBIA" in lower right corner.  
Name(s) as shown on return

## Depreciation Detail Listing

Program Services

2021  
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| Equine Voices Rescue and Sanctuary |                       |           |        |                     |                        |                |                       |                      |      |        |       | Social security number EIN<br>74-3127794 |                         |                             |                |
|------------------------------------|-----------------------|-----------|--------|---------------------|------------------------|----------------|-----------------------|----------------------|------|--------|-------|------------------------------------------|-------------------------|-----------------------------|----------------|
| No.                                | Description           | Date      | Cost   | Basis<br>Adjustment | Business<br>percentage | Section<br>179 | Bonus<br>depreciation | Depreciable<br>Basis | Life | Method | Rate  | Prior<br>Depreciation                    | Current<br>Depreciation | Accumulated<br>Depreciation | AMT<br>Current |
| 1                                  | Misc equipment        | 08152004  | 1,739  |                     | 100.00                 |                |                       | 1,739                | 5    |        | 0     | 1,739                                    |                         | 1,739                       |                |
| 2                                  | Tilt Trailer          | 03102006  | 5,000  |                     | 100.00                 |                |                       | 5,000                | 10   |        | 0     | 5,000                                    |                         | 5,000                       |                |
| 3                                  | Golf Cart             | 09302008  | 3,500  |                     | 100.00                 |                |                       | 3,500                | 7    |        | 0     | 3,500                                    |                         | 3,500                       |                |
| 4                                  | Computer              | 11302009  | 833    |                     | 100.00                 |                |                       | 833                  | 5    |        | 0     | 833                                      |                         | 833                         |                |
| 5                                  | Projector             | 07012010  | 1,009  |                     | 100.00                 |                |                       | 1,009                | 7    |        | 0     | 1,009                                    |                         | 1,009                       |                |
| 6                                  | Swing Gate Operator   | 07012010  | 3,252  |                     | 100.00                 |                |                       | 3,252                | 7    |        | 0     | 3,252                                    |                         | 3,252                       |                |
| 7                                  | Portable fencing      | 07012005  | 10,795 |                     | 100.00                 |                |                       | 10,795               | 10   |        | 0     | 10,795                                   |                         | 10,795                      |                |
| 8                                  | Portable fencing      | 12152006  | 5,057  |                     | 100.00                 |                |                       | 5,057                | 10   |        | 0     | 5,057                                    |                         | 5,057                       |                |
| 9                                  | Fencing               | 10202009  | 5,846  |                     | 100.00                 |                |                       | 5,846                | 10   |        | 0     | 5,846                                    |                         | 5,846                       |                |
| 10                                 | Mare Motel            | 10012007  | 24,449 |                     | 100.00                 |                |                       | 24,449               | 20   | SL     | 5     | 16,192                                   | 1,222                   | 17,414                      | 1,222          |
| 11                                 | Hay Barn              | 02242008  | 5,387  |                     | 100.00                 |                |                       | 5,387                | 20   | SL     | 5     | 3,452                                    | 269                     | 3,721                       | 269            |
| 12                                 | Volunteer portable re | 04012008  | 4,500  |                     | 100.00                 |                |                       | 4,500                | 10   |        | 0     | 4,500                                    |                         | 4,500                       |                |
| 13                                 | Horse Trailer         | 12152007  | 10,000 |                     | 100.00                 |                |                       | 10,000               | 10   |        | 0     | 10,000                                   |                         | 10,000                      |                |
| 14                                 | East Shelter          | 11232009  | 1,500  |                     | 100.00                 |                |                       | 1,500                | 20   | SL     | 5     | 831                                      | 75                      | 906                         | 75             |
| 15                                 | Northwest Shelter     | 05212009  | 1,789  |                     | 100.00                 |                |                       | 1,789                | 20   | SL     | 5     | 1,031                                    | 89                      | 1,120                       | 89             |
| 16                                 | Southeast Shelter     | 04092009  | 3,579  |                     | 100.00                 |                |                       | 3,579                | 20   | SL     | 5     | 2,103                                    | 179                     | 2,282                       | 179            |
| 18                                 | Bonnie Kay Shelter    | 07012010  | 4,000  |                     | 100.00                 |                |                       | 4,000                | 20   | SL     | 5     | 2,100                                    | 200                     | 2,300                       | 200            |
| 19                                 | Water Tank            | 01302011  | 7,441  |                     | 100.00                 |                |                       | 7,441                | 10   | SL     | 10    | 7,347                                    | 94                      | 7,441                       | 94             |
| 20                                 | Fencing               | 10012011  | 5,712  |                     | 100.00                 |                |                       | 5,712                | 15   | SL     | 6.667 | 3,477                                    | 381                     | 3,858                       | 381            |
| 21                                 | Memorial Garden       | 11012011  | 4,278  |                     | 100.00                 |                |                       | 4,278                | 15   | SL     | 6.667 | 2,601                                    | 285                     | 2,886                       | 285            |
| 23                                 | Security System       | 07012012  | 12,136 |                     | 100.00                 |                |                       | 12,136               | 10   | SL     | 10    | 10,319                                   | 1,214                   | 11,533                      | 1,214          |
| 24                                 | Fencing               | 07012012  | 2,945  |                     | 100.00                 |                |                       | 2,945                | 15   | SL     | 6.667 | 1,666                                    | 196                     | 1,862                       | 196            |
| 25                                 | Trailer/bunkhouse (us | 07012012  | 4,000  |                     | 100.00                 |                |                       | 4,000                | 10   | SL     | 10    | 3,400                                    | 400                     | 3,800                       | 400            |
| 26                                 | Rehabilitation stall  | 07012012  | 2,260  |                     | 100.00                 |                |                       | 2,260                | 10   | SL     | 10    | 1,921                                    | 226                     | 2,147                       | 226            |
| 27                                 | Bulldog ATV/dump cart | 07012012  | 5,209  |                     | 100.00                 |                |                       | 5,209                | 7    |        | 0     | 5,209                                    |                         | 5,209                       |                |
| 30                                 | Automatic Horse Water | 07082013  | 1,212  |                     | 100.00                 |                |                       | 1,212                | 7    |        | 0     | 1,212                                    |                         | 1,212                       |                |
| 34                                 | Jackson 2 Horse Trail | 112032013 | 6,000  |                     | 100.00                 |                |                       | 6,000                | 7    |        | 0     | 6,000                                    |                         | 6,000                       |                |
| 35                                 | '95 Chevy 3/4 ton     | 12032013  | 5,000  |                     | 100.00                 |                |                       | 5,000                | 8    | SL     | 12.5  | 4,453                                    | 547                     | 5,000                       | 547            |
| 36                                 | Jackson Extra Large   | H05282013 | 17,360 |                     | 100.00                 |                |                       | 17,360               | 10   | SL     | 10    | 13,237                                   | 1,736                   | 14,973                      | 1,736          |
| 37                                 | AUDNA FENCING/GATE    | 05272014  | 12,975 | 1,298               | 100.00                 |                |                       | 11,677               | 10   | SL     | 10    | 7,689                                    | 1,168                   | 8,857                       | 1,168          |

\* Item is included in UBIA for Section 199A calculations. See "UBIA" in lower right corner. Name(s) as shown on return

# Depreciation Detail Listing

Program Services

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Social security number/EIN

74-3127794

## Equine Voices Rescue and Sanctuary

| No. | Description              | Date       | Cost    | Basis Adjustment | Business percentage | Section 179 | Bonus depreciation | Depreciable Basis | Life | Method | Rate   | Prior Depreciation | Current Depreciation | Accumulated Depreciation | AMT Current |
|-----|--------------------------|------------|---------|------------------|---------------------|-------------|--------------------|-------------------|------|--------|--------|--------------------|----------------------|--------------------------|-------------|
| 38  | BARN                     | 11/21/2014 | 18,317  | 1,832            | 100.00              |             |                    | 16,485            | 20   | SL     | 5      | 5,013              | 824                  | 5,837                    | 824         |
| 39  | SHADE SHELTER            | 07/22/2014 | 1,600   | 160              | 100.00              |             |                    | 1,440             | 20   | SL     | 5      | 462                | 72                   | 534                      | 72          |
| 40  | PORCH ROOF               | 01/14/2014 | 2,990   | 299              | 100.00              |             |                    | 2,691             | 15   | SL     | 6.667  | 1,253              | 179                  | 1,432                    | 179         |
| 41  | SEED                     | 01/14/2014 | 2,548   | 255              | 100.00              |             |                    | 2,293             | 15   | SL     | 6.667  | 1,071              | 153                  | 1,224                    | 153         |
| 45  | FENCING                  | 03/31/2015 | 8,583   | 859              | 100.00              |             |                    | 7,726             | 15   | SL     | 6.667  | 2,961              | 515                  | 3,476                    | 515         |
| 46  | BARN                     | 01/31/2015 | 37,656  | 3,766            | 100.00              |             |                    | 33,890            | 20   | SL     | 5      | 10,165             | 1,594                | 11,859                   | 1,695       |
| 47  | BARN INFS                | 03/31/2015 | 7,624   | 762              | 100.00              |             |                    | 6,862             | 20   | SL     | 5      | 1,972              | 343                  | 2,315                    | 343         |
| 48  | BARN SIGN                | 06/09/2015 | 959     | 96               | 100.00              |             |                    | 863               | 10   | SL     | 10     | 473                | 86                   | 559                      | 86          |
| 49  | HAYBARN IMPROVEMENT      | 09/01/2015 | 6,000   | 600              | 100.00              |             |                    | 5,400             | 15   | SL     | 6.667  | 1,890              | 360                  | 2,250                    | 360         |
| 50  | GOLF CART - 2 SEATER     | 01/01/2015 | 2,000   | 200              | 100.00              |             |                    | 1,800             | 7    | SL     | 14.286 | 1,542              | 257                  | 1,799                    | 257         |
| 54  | FENCING/GATE             | 07/31/2016 | 12,607  | 1,260            | 100.00              |             |                    | 11,347            | 15   | SL     | 6.667  | 3,780              | 840                  | 4,620                    | 840         |
| 55  | WELL PUMP                | 03/10/2016 | 774     | 77               | 100.00              |             |                    | 697               | 7    | SL     | 14.286 | 527                | 111                  | 638                      | 111         |
| 56  | TACK/FEED ROOM MATERIALS | 09/30/2016 | 2,666   | 266              | 100.00              |             |                    | 2,400             | 20   | SL     | 5      | 565                | 133                  | 698                      | 133         |
| 57  | TACK/FEED ROOM LABOR     | 09/30/2016 | 5,945   | 594              | 100.00              |             |                    | 5,351             | 20   | SL     | 5      | 1,262              | 297                  | 1,559                    | 297         |
| 58  | QUAD                     | 09/27/2017 | 7,862   | 786              | 100.00              |             |                    | 7,076             | 8    | SL     | 12.5   | 3,195              | 983                  | 4,178                    | 983         |
| 59  | FRANKLIN WELL PUMP       | 09/01/2017 | 5,244   | 524              | 100.00              |             |                    | 4,720             | 8    | SL     | 12.5   | 2,293              | 655                  | 2,948                    | 655         |
| 60  | TRACTOR                  | 08/01/2017 | 9,019   | 901              | 100.00              |             |                    | 8,118             | 10   | SL     | 10     | 3,081              | 902                  | 3,983                    | 902         |
| 61  | R4.5 BASCAL DRAG         | 09/08/2017 | 2,199   | 219              | 100.00              |             |                    | 1,980             | 10   | SL     | 10     | 770                | 220                  | 990                      | 220         |
| 62  | 5 ACRES AND VISITOR      | 05/31/2017 | 70,000  | 7,000            | 100.00              |             |                    | 63,000            | 20   | SL     | 5      | 11,375             | 3,500                | 14,875                   | 3,500       |
| 62  | LAND                     | 05/31/2017 | 100,000 | 10,000           | 100.00              |             |                    | 90,000            | 0    | NDA    |        |                    |                      |                          |             |
| 63  | MERCANS                  | 05/07/2017 | 4,143   | 414              | 100.00              |             |                    | 3,729             | 8    | SL     | 12.5   | 1,813              | 518                  | 2,331                    | 518         |
| 64  | STORM SHELTER            | 10/10/2018 | 2,100   | 210              | 100.00              |             |                    | 1,890             | 10   | SL     | 10     | 473                | 210                  | 683                      | 210         |
| 65  | 2007 COLLUM GOLF CART    | 10/04/2018 | 2,900   | 290              | 100.00              |             |                    | 2,610             | 5    | SL     | 20     | 1,450              | 580                  | 2,030                    | 580         |
| 66  | CARGO TRAILER            | 10/24/2018 | 3,900   | 390              | 100.00              |             |                    | 3,510             | 10   | SL     | 10     | 975                | 390                  | 1,365                    | 390         |
| 67  | IPHONE X                 | 08/01/2018 | 1,160   | 116              | 100.00              |             |                    | 1,044             | 5    | SL     | 20     | 580                | 232                  | 812                      | 232         |
| 68  | 13 PANELS AND GATE       | 10/24/2019 | 1,000   | 100              | 100.00              |             |                    | 900               | 10   | SL     | 10     | 315                | 90                   | 405                      | 90          |
| 69  | ATV                      | 09/11/2019 | 3,700   | 370              | 100.00              |             |                    | 3,330             | 5    | SL     | 20     | 833                | 666                  | 1,499                    | 666         |
| 70  | HORSE CRUTE              | 11/25/2019 | 3,000   | 300              | 100.00              |             |                    | 2,700             | 8    | SL     | 12.5   | 366                | 337                  | 703                      | 337         |
| 71  | ARCHITECTURAL FEES-NE    | 11/21/2019 | 1,100   | 110              | 100.00              |             |                    | 990               | 20   | SL     | 5      | 55                 | 55                   | 110                      | 55          |
| 72  | ATV                      | 12/30/2020 | 11,910  | 1,191            | 100.00              |             |                    | 10,719            | 7    | SL     | 14.286 | 1,701              | 1,701                | 1,701                    | 1,701       |



# Depreciation Detail Listing

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Management & General

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• Item is included in UBI A  
for Section 199A calculations.  
See "UBIA" in lower right corner.  
Name(s) as shown on return

Social security number EIN  
74-3127794

## Equine Voices Rescue and Sanctuary

| No                                | Description        | Date     | Cost   | Business<br>percentage | Section<br>179 | Bonus<br>depreciation | Depreciable<br>Basis | Life | Method | Rate   | Prior<br>Depreciation | Current<br>Depreciation | Accumulated<br>Depreciation | AMT<br>Current |
|-----------------------------------|--------------------|----------|--------|------------------------|----------------|-----------------------|----------------------|------|--------|--------|-----------------------|-------------------------|-----------------------------|----------------|
| 17                                | 2006 Honda Element | 01062009 | 10,000 | 100.00                 |                |                       | 10,000               | 5    |        | 0      | 10,000                |                         | 10,000                      |                |
| 22                                | Laptop             | 09142011 | 746    | 100.00                 |                |                       | 746                  | 5    |        | 0      | 746                   |                         | 746                         |                |
| 28                                | Chevy truck        | 07012012 | 28,500 | 100.00                 |                |                       | 28,500               | 8    |        | 0      | 28,500                |                         | 28,500                      |                |
| 29                                | Ipad               | 01142013 | 701    | 100.00                 |                |                       | 701                  | 5    |        | 0      | 701                   |                         | 701                         |                |
| 31                                | Ipad Mini          | 10302013 | 317    | 100.00                 |                |                       | 317                  | 5    |        | 0      | 317                   |                         | 317                         |                |
| 32                                | 3 Ipad2s           | 10302013 | 1,270  | 100.00                 |                |                       | 1,270                | 5    |        | 0      | 1,270                 |                         | 1,270                       |                |
| 33                                | Portable Tent      | 11212013 | 1,587  | 100.00                 |                |                       | 1,587                | 7    |        | 0      | 1,587                 |                         | 1,587                       |                |
| 42                                | GOLF CART          | 02112014 | 2,400  | 100.00                 |                |                       | 2,400                | 7    | SL     | 14.286 | 2,137                 | 23                      | 2,160                       | 23             |
| 43                                | ARTWORK PANELS     | 07092014 | 785    | 100.00                 |                |                       | 785                  | 7    | SL     | 14.286 | 656                   | 51                      | 707                         | 51             |
| 44                                | HOUSE SCULPTURE    | 07252014 | 1,100  | 100.00                 |                |                       | 990                  | 15   | SL     | 6.667  | 423                   | 66                      | 489                         | 66             |
| 51                                | IPHONE 6           | 03012015 | 755    | 100.00                 |                |                       | 680                  | 5    | SL     | 0      | 680                   |                         | 680                         |                |
| 52                                | IPHONE 7           | 12012016 | 880    | 100.00                 |                |                       | 880                  | 5    | SL     | 20     | 719                   | 161                     | 880                         | 161            |
| 53                                | 2 DELL COMPUTERS   | 12132016 | 1,464  | 100.00                 |                |                       | 1,464                | 5    | SL     | 20     | 1,196                 | 268                     | 1,464                       | 268            |
| <b>Totals</b>                     |                    |          |        |                        |                |                       |                      |      |        |        |                       |                         |                             |                |
|                                   |                    |          |        |                        |                |                       | 50,002               |      |        |        | 48,932                | 569                     | 49,501                      | 569            |
| CY 179 and CY Bonus               |                    |          |        |                        |                |                       |                      |      |        |        |                       |                         |                             |                |
| TOTAL CY Depr including 179/bonus |                    |          |        |                        |                |                       |                      |      |        |        |                       |                         |                             | 569            |
| ST ADJ:                           |                    |          |        |                        |                |                       |                      |      |        |        |                       |                         |                             |                |
| Land Amount                       |                    |          |        |                        |                |                       |                      |      |        |        |                       |                         |                             |                |
| Net Depreciable Cost              |                    |          |        |                        |                |                       |                      |      |        |        |                       |                         |                             |                |
|                                   |                    |          |        |                        |                |                       | 50,505               |      |        |        |                       |                         |                             |                |

# Next Year's Depreciation Worksheet

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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   |           |
| 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   | 603       |
| PRG  | 1          | Fencing                  | 07-01-2012 | 2,945  | SL     | 15   | 196       |
| PRG  | 1          | Trailer/bunkhouse (used) | 07-01-2012 | 4,000  | SL     | 10   | 200       |
| PRG  | 1          | Rehabilitation stall     | 07-01-2012 | 2,260  | SL     | 10   | 113       |
| 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    |           |
| 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    |           |
| MGT  | 1          | ARTWORK PANELS           | 07-09-2014 | 707    | SL     | 7    |           |
| 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    |           |
| MGT  | 1          | IPHONE 6                 | 03-01-2015 | 680    | SL     | 5    |           |
| MGT  | 1          | IPHONE 7                 | 12-01-2016 | 880    | SL     | 5    |           |

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| Form | Multi-Form | Description              | Date       | Basis   | Method | Life | Deduction |
|------|------------|--------------------------|------------|---------|--------|------|-----------|
| MGT  | 1          | 2 DELL COMPUTERS         | 12-13-2016 | 1,464   | SL     | 5    |           |
| 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    |
| PRG  | 1          | SEPTIC SYSTEM            | 03-10-2021 | 3,223   | SL     | 10   | 322       |
| PRG  | 1          | IMPROVEMENTS             | 12-23-2021 | 40,735  | SL     | 20   | 2,037     |
| PRG  | 1          | LANDSCAPING              | 04-24-2021 | 45,202  | SL     | 10   | 4,520     |
| PRG  | 1          | GUTTERS                  | 02-17-2021 | 2,340   | SL     | 10   | 234       |
| PRG  | 1          | MUSTANG BARN (CIP)       | 01-05-2021 | 25,000  | SL     | 40   | 625       |
|      |            | TOTAL                    |            |         |        |      | 49,460    |