

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2017

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization Colorado Horse Rescue
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
10386 No 65th Street
 City or town State ZIP code
Longmont CO 80503
 Foreign country name Foreign province/state/county Foreign postal code

D Employer identification number
84-1095741

E Telephone number
(720) 494-1414

F Name and address of principal officer:
Carol Brice 10386 No. 65th St., Longmont, CO 80503

G Gross receipts \$ 826,737

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)

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

J Website: www.chr.org

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1988

M State of legal domicile: CO

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>Colorado Horse Rescue (CHR) is a 501 (C)(3) non-profit organization dedicated to providing emergency relief, shelter, care, rehabilitation, and adoption services for abused, neglected, abandoned and unwanted horses.</u>		
	2	Check this box <input type="checkbox"/> 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)	<u>3</u>	<u>6</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>6</u>
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<u>5</u>	<u>5</u>
	6	Total number of volunteers (estimate if necessary)	<u>6</u>	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	<u>0</u>
b	Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u>	<u>0</u>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	<u>Prior Year</u> 604,328	<u>Current Year</u> 537,447
	9	Program service revenue (Part VIII, line 2g)	38,427	44,193
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	27,891	162,689
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	72,546	22,601
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	743,192	766,930
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	221,494	232,977
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>87,786</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	389,239	322,762
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	610,733	555,739	
19	Revenue less expenses. Subtract line 18 from line 12	132,459	211,191	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	<u>Beginning of Current Year</u> 2,728,623	<u>End of Year</u> 2,947,747
	21	Total liabilities (Part X, line 26)	22,779	30,712
	22	Net assets or fund balances. Subtract line 21 from line 20	2,705,844	2,917,035

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
 Signature of officer: Julie Delman Date: 8/27/18
 Type of print name and title: Julie Delman, Board President

Paid Preparer Use Only

Print/Type preparer's name <u>Michael Sczekan CPA</u>	Preparer's signature <u>[Signature]</u>	Date <u>8/27/2018</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00251212</u>
Firm's name ▶ <u>Michael Sczekan & Co CPAs</u>	Firm's EIN ▶ <u>84-0966554</u>			
Firm's address ▶ <u>8267 So Xenia Ct, Centennial, CO 80112</u>	Phone no. <u>(303)770-3356</u>			

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