EXTENDED TO NOVEMBER 15, 2022 Return of Organization Exempt From Income Tax 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.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Α	For th	ne 2021 calendar year, or tax year beginning and	ending					
В	Check i applical	C Name of organization	SECOND SE	D Employer identifi	cation number			
	Addr	ess COLORADO HORSE RESCUE						
Ė	Nam	e		84-10957	4.1			
	Initia		Room/suite	E Telephone numbe				
ļ	Final	10386 M 65mu cmprpm	r toorm salto	720-494-1414				
	term	n l		G Gross receipts \$	4,868,307.			
[Ame	nded TONGRONIII GO QUEDO		H(a) Is this a group r	monther and the contract of th			
	Aopl tion	F Name and address of principal officer: DAN_BURAK		for subordinates				
	pend	SAME AS C ABOVE			ncluded? Yes No			
1	Tax-e:	kempt status: 🗵 501(c)(3) 📗 501(c) () ◀ (insert no.) 🔲 4947(a)(1) k	or 527		list. See instructions			
J	Webs	ite: ▶ WWW.CHR.ORG		H(c) Group exemptio				
K	orm c	of organization: X Corporation Trust Association Other ▶	L. Year o	of formation: 1988 a	vi State of legal domicile; CO			
P;	art i	Summary						
Governance	1	Briefly describe the organization's mission or most significant activities: ${\hbox{\fontfamily TO\ PI$}}{\hbox{\fontfamily $EVERY$\ HORSE\ IN\ NEED.}}$	ROVIDE	A SAFE SOL	UTION FOR			
ğ	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net as:	sets.			
č	3			3	7			
		Number of independent voting members of the governing body (Part VI, line 1b)			7			
త క	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			11			
/itie	6	Total number of volunteers (estimate if necessary)			129			
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.			
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
				Prior Year	Current Year			
ø	8	Contributions and grants (Part VIII, line 1h)		2,030,584.	1,483,698.			
n Suc	9	Program service revenue (Part VIII, line 2g)		51,638.	78,760.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		46,321.	99,513.			
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,263.	-55,406.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,129,806.	1,606,565.			
	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.			
es es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		559,322.	665,283.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	- Control	0.	0.			
Š.	Į.	Total fundraising expenses (Part IX, column (D), line 25) 202, 21		5.67 5.00	FF0 004			
iri	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		567,500.	558,894.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), fine 25)		1,126,822.	1,224,177.			
70 %	19	Revenue less expenses. Subtract line 18 from line 12		1,002,984.	382,388.			
		Total assets (Part X, line 16)	вед	inning of Current Year 4,997,303.	End of Year 5,427,292.			
Raise	20 21	Total liabilities (Part X, line 26)		21,314.	53,080.			
Net Assets	22	Net assets or fund balances, Subtract line 21 from line 20		4,975,989.	5,374,212.			
Pa	rt II			4,010,000 t	J, 314, 212.			
		alties of perjury, I declare that I have examined this return, including accompanying schedules	and statemer	ats, and to the best of my	knowledge and helief, it is			
		ct, and complete.Declar@on of prepager (other than officer) is based on all information of whi			knowledge and boller, it is			
<u></u> ,		RAWAN EHIM	gir proparor z	14/4	762022			
Sign	1	Signature of officer		Date	/ V 138			
Here KATHERINE GREGORY, EXECUTIVE DIRECTOR								
		Type or print name and title		nice	***************************************			
		Print/Type preparer's name Preparer's signature	/ /	ate Check	PTIN			
Paid		KEVIN RICKMAN	elevou-	5/20/22 if self-employ	P01240896			
Prep	arer	Firm's name BROCK AND COMPANY, CPAS, P.C.			84-0930288			
Use	Only	Firm's address 900 S. MAIN STREET, SUITE 200						
-		LONGMONT, CO 80501		Phone no.30	3-776-2160			
May	the li	RS discuss this return with the preparer shown above? See instructions			X Yes No			

For	n 990 (2021) COLORADO HORSE RESCUE 84-1095741 Page 2
Pa	rt III Statement of Program Service Accomplishments
-	Check if Schedule O contains a response or note to any line in this Part III
ŗ	Briefly describe the organization's mission: OUR MISSION IS TO BUILD A BETTER FUTURE FOR HORSES BY CONTINUOUSLY
	REIMAGINING WHAT'S POSSIBLE AND CREATING A REALITY WHERE SAFE
	SOLUTIONS EXIST FOR EVERY HORSE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
<.3	
	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 \$ 896,977. including grants of \$) (Revenue \$ 78,768.)
	RESCUE - CHR ACTIVELY SEEKS OUT AND TAKES IN ALL TYPES OF AT-RISK
	HORSES. WE ENABLE OWNERS TO REHOME THEIR HORSES WITHOUT JUDGMENT. WE
	ALSO SAVE HORSES WHO WOULD OTHERWISE BE SENT TO SLAUGHTER OR UNSAFE
	CONDITIONS VIA AUCTION OR SALE. EDUCATE - WE EDUCATE THE PUBLIC ON
	RESPONSIBLE HORSE OWNERSHIP, ENGAGE WITH OUR COMMUNITIES TO ADDRESS THE
	ISSUES FACING OUR INDUSTRY TODAY, AND INSPIRE PEOPLE TO INVITE HORSES
	INTO THEIR LIVES. CARE - WE UPHOLD THE HIGHEST STANDARDS OF CARE,
	REHABILITATION, AND TRAINING TO HELP EVERY HORSE REACH ITS POTENTIAL.
	WE WORK TO WAKE UP AND UNITE THE EQUINE INDUSTRY TO GIVE EVERY HORSE
	THE LIFE THEY DESERVE. ADOPT - OUR MATCHING PROCESS IS STRATEGIC BY
	DESIGN, CREATING SOLID HORSE-AND-HUMAN PARTNERSHIPS THAT LAST AND A
	RETURN RATE THAT'S REMARKABLY LOW.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	/ / / / / / / / / / / / / / / / / / /
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	The state of the s
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	Note that the state of the stat
4~	Other program services (Describe on Schedule O.)
40	
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$ 896, 977.

Form 990 (2021)

Part IV	Che	cklist	of R	equir	ed S	chedu	les

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_1_		
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
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? # "Yes," complete Schedule C, Part #	5		
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	6	İ	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>	he to termino propried and	
,	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	2-4		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7_		
O	, ,			
^	Schedule D, Part III	8	ļ	
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?			İ
	If "Yes," complete Schedule D, Part IV	9		
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	10		
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.	50.000 50.000	45005	West
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		
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	11b		
С	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	11c		
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	11d		
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	110		
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
120	, ,			
	Schedule D, Parts XI and XII	12a		
a	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	12b		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
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	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	10		
	, , , , , , , , , , , , , , , , , , ,	,		
20a	complete Schedule G, Part III	19	-	
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		

sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35b 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 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 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 37 X		Contractor		ī	T
Part M., column (A), Inte 2º or Yes, **completes Schedule I, Part I and III. 22 X 23 Bid the organization assers** "Fact For AVI, Sunction A, line 3, 4, or 45, about comprehension of the organization is current and former officers, directors, fusitose, key employees, and highest compensation of more than \$10,000 as of the stat day of the year, that Yes are secured beared several and common of the organization have a case example bornal issue with an outstanding orincipal amount of more than \$10,000 as of the stat day of the year, that Yes, **complete Schedule I, Yes**, **Complete Schedule II, Yes**, **Xes**, **Xe	20	Did the exception report more than \$5,000 of grants or other assistance to or for demastic individuals on	Γ	Yes	No
23 Did the originization asswer "Not to Fart VII, Section A, line 3, 4, or 5, about comparisation of the originization accurant and farmer officers, chectors, fundation, implicate, some properties of the day of the originization have a tax exempt band issue with an outstanding phinosph amount of more than \$100,000 as of the bid day of the year, Park via liquid and the thereaths 31, 2002? If "Yes," assue Amer 20 th associated and connected Schedule K, If "Yes," or by a bing 28 of the capital connected and the comparisation invest any processed of the comparisation and the comparisation an	44		22	ĺ	x
and Comport Offices, discoting, fusition, lustope, levy emphysnee, and highest compensated employeen? If "Yes," compete Schedule I, Part II less die of the vegenization here a tex-exempt bond issue with an extraording principal amount of more than \$100,000 as of the less diety of the vegenization where a tex-exempt bonds beyond a temporary period accomplicities. Schedule N. 17-34," got to fine 25a. 24b. Did the organization make a second execution of the compensation of the compensation makes and a second execution of the organization accomplished. 24c. Did the organization was an "on behalf of Issuer for bonds customating accorned any time during the year? 24d. Did the organization and as an "on behalf of Issuer for bonds customating at any time during the year? 24d. Did the organization and as an "on behalf of Issuer for bonds customating at any time during the year? 24d. Did the organization and the organization and again in an excess behalf transaction with a dispetial fear former custing the year? 25d. X b is the organization and the organization and accorned to the experimental organization and poster. If Yes, "complete Schedule I, Part II is the organization and the organization and poster in the experimental or the organization in a prior year, and that the transaction has not been reported on any of the experimental prior Forms 990 or 990 EZ? If Yes," complete Schedule I, Part II is the organization provide again or other assistance to any accorned or former office, director, trustee, key employee, creator or founder, substantial contribution, or 35% controlled entity or funding machine prior of the segmental provided and provided provided provided and the organization provided again or other assistance to any accorned or former office, director, trustee, key employee, creator or founder, or substantial contribution? If Yes, "complete Schedule I, Part IV II II II II II II II II II II II II	23				
Scheduler 24	7				
24a Diff the organization have a trace-assempt 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 Year, "answer lines 240 through 241 and complete Schoolable K. If Year," "you him 250". 24b Did the organization travels are a rescrew account other than a returning escore at any time during the year to defease any tax-essimpt bonds? 24c Did the organization markets are a rescrew account other than a returning escore at any time during the year to defease any tax-essimpt bonds? 25c Secrion 50 (1c(3)), 50 (1c(4)), and 501 (1c(3)) organizations. Did the organization engage in an excess benefit transaction with a discipal feel gross or wing the year? If Year, Complete Schoolable I, Part I 25d Is the organization aware that I organd in an excess benefit transaction with a discipal feel gross or wing the year? If Year, Complete Schoolable I, Part I 25d Is the organization aware that I organd in an excess benefit transaction with a discipalified person in a prior year, and that the transaction what no chaer inspected on any of the organization profes or 900 129 if Year, 1 complete Schoolable I, Part I 25d Is the organization aware mount on Part X, Ins 5 or 22, for receivables from or payables to any current or former office, director, fuseles, key employee, creator or founder, substantial contributor, or 35% or 35% controlled entity finical part or payables assistance to any current or former office, director, fuseles, key employee, creator or founder, substantial contributor or employee thronds a grant order on employee thronds a grant order on effective controlled entity finical days are employee promoters of anythic days are employee promoters or founder, substantial contributor or a paylore or applicable line of paylore and part or a business transaction with answer of any of these persons? If Year, complete Schodule I, Part IV, Is a part IV and the organization provide a grant or offer assistance to a grant order of		•	23		X
test city of the year, 'shat was issued affer Decembar 31, 2002? If "Yes," asswer lines 240 through 24d and complete Schedule K. 6" No." 'go is the 24d Did the organization invest any proceeds of Eax exempt bands beyond a temporary period exception? Did the organization invest any proceeds of Eax exempt bands beyond a temporary period exception? Did the organization invest any proceeds of Eax exempt bands beyond a temporary period exception? Did the organization invest any proceeds of Eax exempt bands a process of the process of Eax exempts	24a				·\$
Schedule K. If 'Ma'' is to fixe 25a bid the organization meantain an escrow account other than a refunding escrow at any time during the year to defease any type several powers. The properties of the componitation of the componitation and escrow account other than a refunding escrow at any time during the year to defease any type several powers. 25a Section 50 (6)(8), 50 (6)(4), and 50 (6)(20) organizations. Did the organization engage in an excess baseful transaction with a disequified promore charge the year? If Yes, 'complete Schedule I, Part I 255 b is the organization aware that It engaged in an excess benefit transaction with a disequified promore into a property of the organization provide and promocularly the year? If Yes, 'complete Schedule I, Part I 255 b is the organization aware that It engaged in an excess benefit transaction with a designation of the part of the organization provide and anot been reported on any of the organization provide and anot been reported on any of the organization provide and anot been reported on any of the organization provide and anot been reported on any of the organization provide and anot been reported on any of the organization provide and another of the organization provide and against organization provide and against organization provide and against organization provide and against organization provide and against organization provide and against organization organization provide and protocy of rating the observations of the composition of the protocy of t			1		
b Did the organization invest any proceeds of insensoraby benefits personal a sergionary period electrophical and an account and other them is refunding escrive at any time during the year to defices any time compilation social and an account account of the different international and account of the organization of the organ			24a		X
any tine example bonde? d Bid the organization and is an "on behalf of" issuer for bonds outstanding at any time during the year? 24d	b		24b		
d Die the enganization and as air to he betall off issuer for bronds outscanding at any time during the year? Section 601(c)(3), 501(c)(4), and 501(c)(29) organizations. Did she organization engage in an excess henefit transaction with a disqualified person during the year? If Yes, "complete Schedule I, Part I	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
25a Section 501(b)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a diceptal field person during the year? If "Yes," complete Schedule I, Part I 25a X b is the organization aware that if engaged in an excess benefit transaction with a diceptal field person in a prior year, and that the transaction has not been reported on any of the organization application as prior year, and that the transaction has not been reported on any of the organization application ap		any tax-exempt bonds?	24c		<u>]</u>
tronsaction with a disqualified person during the year? #*Yes,* complete Schedule 1, Part I	đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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 prior Porms 990 or 990-E27 "Yea," complete Schedule L, Part I 25b X 2	25 a				
that the transaction has not been reported on any of the organization's prior Forms 390 or 930-EZ? If 'Yes,' complete Schedule L, Part I I 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 of any of these persons? If 'Yes,' complete Schedule L, Part II 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 all \$5% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part II B Zf X with the organization as party to a business transaction with one of the following parties (see the Schodule L, Part IV, instructions for applicable linging thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule I, Part IV Zf X X and the part of any individual described in line 2881' If 'Yes,' complete Schedule I, Part IV Zf Zf X X Zf X X Zf X X X Zf X X X X X		transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
Schedule L, Part II 70 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 33% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 71 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 sefection committee member, or to a 35% controlled entity (including an omployee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III. 72 Was the organization a part to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): 73 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 84 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 85 A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. 86 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 87 Did the organization receive contributions of art, historical treasures, or other similar assets, or unaffied conservation contributions? If "Yes," complete Schedule M, Part II. 88 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II. 89 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II. 80 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II. 80 Did the organization ore divention of an entity disregarded as separate from	b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
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, flustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If Yes, "complete Schedule I, Part II		that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
or former officer, director, trustee, key employee, creator or founder, substantial contribution, or 33% Zhout the controlled entity or family member of any of these persons? If *Yes,* complete Schedule I, Part II 26		·	25b		[_X_
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26				
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereol, a grant selection committee member, or to a 39% controlled entity fenduling an employee thereol or dany of these persons? if "Yes," complete Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): 3 A current or former officer, director, frustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 4 A 59% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. 5 A 59% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. 6 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 7 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I. 8 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 8 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II. 8 Did the organization on 100% of an entity disregarded as separate from the organization under Regulations sections 501,701-2 and 301,7701-2 and 301,7701-3 and					
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?" // "Yes," complete Schedule L, Part IV, instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // ** **Yes, "complete Schedule L, Part IV.** b A family member of any individual described in line 28a? // "Yes," complete Schedule L, Part IV.** c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? // ** **But C A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? // ** **But C A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? // ** **But C A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? // ** **But C A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? // ** **But C A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? // ** **But C A 35% controlled entity of one or more individuals and/or organizations of art, historical treasures, or other similar assets, or qualified conservation contributions? // ** **Pers, "complete Schedule K, Part IV.** **But C A 35% controlled entity of the organization receive contributions? // **Pes, "complete Schedule K, Part I.** **But C A 35% controlled entity of the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // **Yes, "complete Schedule N, Part I.** **But C A 35% controlled entity of the organization organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // **Yes, "complete Schedule N, Part IV.** **But C A 35% controlled entity of the organization have a controlled e			_26_		<u>X</u>
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instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? # "Yes," complete Schedule L. Part IV. 28b X b A family member of any individual described in line 28a? # "Yes," complete Schedule L. Part IV. 28b X c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? # "Yes," complete Schedule L. Part IV. 29c X 29d Did the organization receive more than \$25,000 in non-cash contributions? # "Yes," complete Schedule M. 29d X 30d Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? # "Yes," complete Schedule M. 30d X 31d Did the organization liquidate, terminate, or dissolve and cease operations? # "Yes," complete Schedule N, Part I. 31d X 32d Did the organization will plud facts, terminate, or dissolve and cease operations? # "Yes," complete Schedule N, Part I. 31d Did the organization will plud facts, terminate, or dissolve and cease operations? # "Yes," complete Schedule N, Part I. 31d Was the organization will plud facts, terminate, or dissolve and cease operations? # "Yes," complete Schedule N, Part II. 32d Did the organization will plud facts, terminate, or dissolve and cease operations? # "Yes," complete Schedule N, Part II. 32d Was the organization will plud facts, terminate, or dissolve and cease operations? # "Yes," complete Schedule R, Part II, III, or IV, and Part V, IV III a. 33d Was the organization related to any tax-exempt or taxable entity? # "Yes," complete Schedule R, Part II, III, or IV, and Part V, IV III a. 33d Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35d Was the organization organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 35d Section 501(c)(3) organizations. Did the organization make		·	27	sajenis (tas)	LX.
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Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Tale Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable be Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			37		X
Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V The second of the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? The second of the sec	38				
Check if Schedule O contains a response or note to any line in this Part V The second of the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? The second of the second	n	Note: All Form 990 filers are required to complete Schedule O	38	<u>X</u>	Ĺ
Ta Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Te No Yes No 18 10 X It X	rar				
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X		Check if Schedule O contains a response or note to any line in this Part V			
b Enter the number of Forms W-2G included on line 1a, Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	_	5. N	198990893	Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?					
(gambling) winnings to prize winners?		Esta de Mantes de Contro VI de molados de Cambridados de Contro de Cambridados de Contro Cont			
	С			¥	
	10000				(2021)

***************************************	n 990 (2021) COLORADO HORSE RESCUE 84-1095 irtV Statements Regarding Other IRS Filings and Tax Compliance (continued)	5741	j 	age (
_		(*************************************	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 11			AMEN
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	ļ
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	1000	33550	100
3a	g. The first of the deling the your	<u>3a</u>		X
b	in two to line ob, provide an explanation on defledate o	3b		ļ
4a	y y y y y y y y y y y y y y y y y y y			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	95000000	Х
Ŋ	If "Yes," enter the name of the foreign country			
<i>-</i> -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Name of the last o		10 10 10 10 10 10 10 10 10 10 10 10 10 1
5a	, , , , , , , , , , , , , , , , , , ,	5a		X
b	, , , , , , , , , , , , , , , , , , , ,	5b		X
C		<u>5c</u>		
6a	, and the original content of			*7
b	any contributions that were not tax deductible as charitable contributions?	6a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	l		
7		6b		***************************************
	Organizations that may receive deductible contributions under section 170(c).	Hexte	37	9050
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b	X	
С				37
d		7c	Baaras	X
e	If "Yes," indicate the number of Forms 8282 filed during the year		\$40 (0)g	v
f	Did the examplestion during the every necessary discrete and discrete and discrete.	7e		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	//I	PARASE	1985
_	sponsoring organization have excess business holdings at any time during the year?	8	30334415]
9	Sponsoring organizations maintaining donor advised funds,		X 1 1 4 3	plane (
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	grad was	State to
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			800000 30000
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			\$3560X
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?	12a		4 54 5
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	Will.		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			Ţ
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
	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.	94 SEE 14 SEE		
	Section 501(c)(21) organizations. 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		es de ever e
	If "Yes," complete Form 6069.	WHEN :		

Form 990 (2021) COLORADO HORSE RESCUE 84-1095741 Page Part V Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

James Company	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.				
	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	7		30.00	
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent 1b	7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	े			
0	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		1	***************************************	***************************************
4,3	of officers, directors, trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5	AAAAAA PAAAAAA	Х
6	Did the organization have members or stockholders?	- 1	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				
,	more members of the governing body?		7a		X
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			AIGUINAL CO.	
	persons other than the governing body?	İ	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		138.25		
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			***************************************	
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	,,	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
-				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	. []	10a		Χ
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		1		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	Li	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	L	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Χ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	1	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe				
	on Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?	. L	13	X	
14	Did the organization have a written document retention and destruction policy?	. L	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	3			
а	The organization's CEO, Executive Director, or top management official	. 🍱	15a	Х	
b	Other officers or key employees of the organization	. <u>L</u> 1	15b	Х	1,
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	8			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
	taxable entity during the year?		16a		<u> X</u>
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	[32]			
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶NONE				
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 o	nly) a	ıvailab	le
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website X Another's website X Upon request Uther (explain on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	and fi	nanc	ial	
	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				
	THE ORGANIZATION - 720-494-1414				
	10386 N. 65TH STREET, LONGMONT, CO 80503				

Form 990 (2021) COLORADO HORSE RESCUE 84-1
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 the 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.
- e 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 the instructions for the order in which to list the persons above.

Check this box if neither the organization n	or any related	orga	uniza	ition	COL	nper	ısat	ed any current officer, d	lirector, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	l de	Position (do not check more than o				000	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)					compensation	compensation	amount of
	week					Jr/uus	itee)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	0 to 9	stee	l		sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	af trus		yee	m Fer		1099-NEC)	1505 (125)	and related
	below	Adividual trustee or director	Institutional trustee	13	Key employee	Highest compensated employee	181	,		organizations
	line)	igi.	Insti	Officer	ě	High Gilla	Former	*		
(1) DAN BURAK	3.00									
PRESIDENT	ļ	Х		X				0.	0.	0.
(2) DONNELL HEISTAND	2.00									
TREASURER		Х	ļ	X			<u>L</u>	0.	0.	0.
(3) JIM CZEPIEL	2.00									
SECRETARY		Х		X	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(4) ANGELA PRIMAVERA	1.00	ļ			İ					
DIRECTOR		Х	<u> </u>		<u> </u>	<u> </u>		0.	0.	0.
(5) JULIE OELMAN	1.00							_	_	
DIRECTOR		X				ļ	<u> </u>	0.	0.	0.
(6) MOLLY VAUGHAN	1.00							_ :	_	
DIRECTOR	4 00	Х				<u> </u>	ļ	0.	0.	0.
(7) MARC PASQUARIELLO-WILLIAMS	1.00									_
DIRECTOR	10.00	Х				ļ		0.	0.	0.
(8) KATHERINE GREGORY	40.00							100 100		•
EXECUTIVE DIRECTOR				Х		_	_	107,137.	0.	0.
										
			-	-	_		_	14-4-11-44-44-44-44-44-44-44-44-44-44-44		
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Markette Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,			ghes	st C	ompensated Employee	s (continued)		
(A)	(B)			_ (0				(D)	(E)		(F)
Name and title	Average	(do	not c	Pos heck	itior more	ì than :	one	Reportable	Reportable	- 1	Estimated
	hours per week	box, unless person is both an officer and a director/trustee)		compensation	compensati	- 1	amount of				
	(list any		Y/////////		1	1	T ,	from	from relate		other
	hours for	EEE.			Į	_		the organization	organizatior (W-2/1099-MI	- 1	compensation from the
	related	6074	gg			sated		(W-2/1099-MISC/	1099-NEC		organization
	organizations	ruste	T I		36/	nadu		1099-NEC)	10001120	<i>'</i>	and related
	below	individual frustee ondrector	Institutional trustee	\.	Ojćili	38,00	- 55	1		İ	organizations
	line)	April	13	Officer	Кау спіріоуєв	Highest compensated employee	Former			İ	
податива и подолого до сего в виделоги пред и принципера и подила на пред со ден и подат п								70			
			turnumm.	**********	\$		1				and the second second second as the second as the second s
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WINDS TO THE TOTAL OF THE TOTAL		~~~~					<u> </u>				
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	1										***************************************
1b Subtotal			اا		ا	لمسببا		107,137.	·	0.	0.
c Total from continuation sheets to Part VI								0.		0.	0.
d Total (add lines 1b and 1c)							>	107,137.		0.	0.
Total number of individuals (including but not not not not not not not not not no							_		200 of reportable		
compensation from the organization	or mineca to the	300	11010	a ab	010	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	010	oorvod more triair \$100,	odd of reportable	•	1
Compensation from the organization											Yes No
3 Did the organization list any former officer,	director truste	e k	ev e	mni	over	a or	hia	hest compensated empl	ovee on	Γ	
line 1a? If "Yes," complete Schedule J for si			-	-	-		_		-		3 X
4 For any individual listed on line 1a, is the su										····	
and related organizations greater than \$150											4 X
5 Did any person listed on line 1a receive or a											
rendered to the organization? If "Yes," com	•				-			-		ľ	5 X
Section B. Independent Contractors	KINN YMIGGUIG	<u>UR</u>	<u>باد رہ</u>	<u>-111</u>	<u>,,,,,,</u>	<i>711 ·</i>				<u>-</u>	<u> 1 </u>
Complete this table for your five highest cor	mpensated ind	eper	nder	nt co	ntra	ctor	s th	at received more than \$	100,000 of com	oensati	on from
the organization, Report compensation for t	•	•									
(A)								(B)			(C)
Name and business	address	NC	NE	;			-	Description of se	ervices	Cc	mpensation
							ヿ				
							T				
							\top				
							T				
2 Total number of independent contractors (in	icluding but no	t lim	iited	to t	hos	e list	ed	above) who received mo	re than		
\$100,000 of compensation from the organiz	-				0			<u>, </u>			
											000 (0004)

Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenue excluded Total revenue Related or exempt Unrelated function revenue from tax under business revenue sections 512 - 514 1 a Federated campaigns 1a Gifts, Grants b Membership dues 1b c Fundraising events 265,974. 1c d Related organizations id e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1,217,724. 11 19,932. Q. Ploncash contributions included in lines 1a-1f $\mathbf{i}\mathbf{g}$ h Total. Add lines 1a-1f 1,483,698. Business Code 2 a ADOPTION FEES 624200 41,519 41 519 Program Service CORPORATE EVENTS 611430 23,700. 23,700. SURRENDER FEES 624200 6,825, 6 825 EDUCATION CLINICS 611600 4,541. 4,541 OTHER PROGRAM REVENUE 624200 2,175. 2,175. f All other program service revenue Total, Add lines 2a-2f 78,760. Investment income (including dividends, interest, and other similar amounts) 42,184. 42,184 Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents 6a b Less: rental expenses 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 3,261,399 343 assets other than inventory b Less: cost or other basis and sales expenses 3,204,413. 0 Other Revenue 56,986. c Gain or (loss) 7c 343. d Net gain or (loss) 57,329 57,329. 8 a Gross income from fundraising events (not including \$ 265,974. of contributions reported on line 1c). See Part IV, line 18 ٥ b Less: direct expenses 85 55,414 -55,414 c Net income or (loss) from fundraising events -55.414. 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 1,923 b Less: cost of goods sold 10b 1,915. c Net income or (loss) from sales of inventory 8 **Business Code** Miscellaneous d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions 1,606,565. 78,768. 44,099.

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 (B) Program service (**D)** Fundraising (A) Total expenses Do not include amounts reported on lines 6b, Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 107,137. 58,925. 16,071. 32,141. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 445,088. 333,155. 6,018 105,915. Pension plan accruals and contributions (include 13,605. 9,251. 1,497. 2,857. section 401(k) and 403(b) employer contributions) 1,303. 56,402. 40,454. 14,645. Other employee benefits 9 30,566. 1,722. 43,051. 10,763. Payroll taxes 10 Fees for services (nonemployees): 925. 925. a Management 450. 450. Legal 28,452. 28,452. c Accounting Lobbying d e Professional fundraising services. See Part IV, line 17 5,055. 5,055. Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, 37,965. 34,548. 3,417. column (A), amount, list line 11g expenses on Sch O.) 1,219.2,133. 6,095. 2,743. Advertising and promotion 12 $2,\overline{725}$ $9,\overline{539}$ 1,363. 13,627. 13 Office expenses 15,477. 15,477. 7,739. 38,693. Information technology 14 15 Royalties 14,982. 13,484. 749. 749. 16 Occupancy 17 Travel _____ 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 8,103. 8,103. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 $3, \overline{178}$. 3,178. 63,567. 57,211. Depreciation, depletion, and amortization 22 25,448. 12,724. 11,452. 23 Other expenses, Itemize expenses not covered 24 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.) 259,746. 259,746. EQUINE MANAGEMENT AND 682. REPAIRS AND MAINTENANCE 13,647. 12,283. 682. 10,463. FARM MANAGEMENT 10,463. d BANK AND CREDIT CARD FE 9,294. 929. 1,859. 6,506. 3,817. 9,707. 22,382. 8,858. e All other expenses 1,224,177. 896,977. 124,982. 202,218. Total functional expenses. Add lines 1 through 24e 25 Joint costs, Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 825,637. Cash - non-interest-bearing 396,168. 1 Savings and temporary cash investments 1,140,095. 2,658,786. 2 2 Pledges and grants receivable, net 3 3 4 Accounts receivable, net 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 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 Notes and loans receivable, net 7 47,251. Inventories for sale or use 42,564. 8 Prepaid expenses and deferred charges 15,186. 13,187. 9 10a Land, buildings, and equipment: cost or other 10a 1,572,716. basis, Complete Part VI of Schedule D 628,511. 851,861. 944,205. b Less; accumulated depreciation 10b 10c Investments - publicly traded securities 2,121,960. 1,367,695. 11 11 Investments - other securities, See Part IV, line 11 12 Investments - program-related, See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 4,997,303. 5,427,292. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 Accounts payable and accrued expenses 21,314. 53,080. 17 17 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 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, iabilities. trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 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 Total liabilities. Add lines 17 through 25 26 21,314 53,080. 26 Organizations that follow FASB ASC 958, check here 👂 🗓 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 4,945,156. 27 5,360,912. 27 Net assets with donor restrictions 30,833. 13,300. 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33, Capital stock or trust principal, or current funds 29 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 4,975,989. 5,374,212. Total net assets or fund balances 32 32 4,997,303. 5,427,292. Total liabilities and net assets/fund balances 33

	1990 (2021) COLORÁDO HORSE RESCUE	84-10	95741	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets	7,,	7,1111111111111111111111111111111111111	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(MO3111)
\	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	1,60		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,22		
3	Revenue less expenses. Subtract line 2 from line 1	3		2,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,97		MARKED AND THE REST
5	Net unrealized gains (losses) on investments	5	1	5,8	35.
6	Donated services and use of facilities	6		*********	
7	Investment expenses	7	************************		***************************************
8	Prior period adjustments	8		hadadaaan dii Paadaaada aaaaaaa	
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	5,37	4,2	12.
Pa	rt XIII 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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.	1000000		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Χ
	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:		10000000		
	Separate basis Consolidated basis Both consolidated and separate basis		80,50,5		
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	20200		
	consolidated basis, or both:			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.	0.000		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle 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 require	ed audit		. 1	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (2021)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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 for instructions and the latest information.

GIAB No. 1845-0017

Open to Public Inspection

Employer identification number COLORADO HORSE RESCUE 84-1095741 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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 X 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. J 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. 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. 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. 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. 🔟 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). (iv) Is the organization listed (i) Name of supported (iii) Type of organization (ii) EIN (v) Amount of monetary (vi) Amount of other in your governing document? fdescribed on lines 1-10 organization support (see instructions) support (see instructions) Yes Nο above (see instructions)) Total

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

Part II (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 Galendar year (or fiscal year beginning in) (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total (a) 2017 1 Gifts, grants, contributions, and membership fees received, (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total, Add lines 1 through 3 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 Public support. Subtract line 5 from line 4. Section B. Total Support (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ... Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 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 % 15 15 Public support percentage from 2020 Schedule A, Part II, line 14 % 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the

organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990) 2021 Schedule A (Form 990) 2021 COLORADO HORSE RESCUE

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

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

Se	ction A. Public Support			·			
Cale	ondar year (or fiscal year beginning in) 🔊	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and		A COMMISSION OF THE PROPERTY O	2000mm - Comment (1000mm) (100			
	membership fees received, (Do not						
	include any "unusual grants,")	537,447.	1679709.	760,421.	967,671.	1159877.	5105125.
2	Gross receipts from admissions,	***************************************		**************************************			
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	44,193.	109,291.	123,415.	56,459.	80.683.	414,041.
3	Gross receipts from activities that	en commercial en en en estado en en en en en en en en en en en en en	eereereereereereereereereereereereereer				and the the first and the second
-	are not an unrelated trade or bus-						
	iness under section 513						
A	Tax revenues levied for the organ-					**************************************	
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities	***************************************	~~************************************	· · · · · · · · · · · · · · · · · · ·	······································		
J	furnished by a governmental unit to]					
	the organization without charge						
^		581,640.	1789000.	883,836.	1024130.	1240560.	5519166.
	Total. Add lines 1 through 5	201,040°	1703000	000,000.	TOZATOO.	1240300.	2273700.
18	Amounts included on lines 1, 2, and						0
E.	3 received from disqualified persons Amounts included on lines 2 and 3 received						0.
L.	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						0
	amount on line 13 for the year		The state of the s		40-13		0.
	Add lines 7a and 7b		t po kraji je oznakano vjetši u Dujevata izvol		Attended to great Alberta the control of the control		0.
	Public support. (Subtract line 7c from line 6.)		endance and analysis	030304313000000000000000000000000000000	National and Control		5519166.
					I		
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	581,640.	1789000.	883,836.	1024130.	1240560.	5519166.
10 a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,	160 600	E0 004	62 252			
	and income from similar sources	162,689.	52,294.	63,353.	46,321.	42,184.	366,841.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	1.60 600					
	Add lines 10a and 10b	162,689.	52,294.	63,353.	46,321.	42,184.	366,841.
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is		İ			1	
	regularly carried on			7778			
12	Other income, Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)			323.			323.
13	Total support. (Add lines 9, 10c, 11, and 12.)	744,329.	1841294.	947,512.	1070451.	1282744.	5886330.
14	First 5 years. If the Form 990 is for th	e organization's fire	st, second, third, fo	ourth, or fifth tax y	ear as a section 50	11(c)(3) organizatio	٦,
		* 1,2 ; * * * * * * * * * * * * * * * * * *					
Sec	tion C. Computation of Public	s Support Perc	entage				
15	Public support percentage for 2021 (li	ne 8, column (f), di	vided by line 13, co	olumn (f))		15	93.76 %
16 Public support percentage from 2020 Schedule A, Part III, line 15 16 91.51 %							
sec	tion D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	21 (line 10c, colum	n (f), divided by lin	e 13, column (f))		17	6.23 %
18	Investment income percentage from 2	2020 Schedule A, F	Part III, line 17			18	8.49 %
19a	33 1/3% support tests - 2021. If the	organization did no	ot check the box or	n line 14, and line	15 is more than 33	1/3%, and line 17	is not
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and						
	line 18 is not more than 33 1/3%, chec	k this box and sto	p here. The organ	ization qualifies as	a publicly suppor	ted organization	▶ □
	Private foundation. If the organization						

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation, If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

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P6	ift [V Supporting Organizations (continued)	on eritication in the second		energi barrenari
	The second secon		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
έ	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b	***************************************	- Caranton a montron
(A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	110		
Sec	ction B. Type I Supporting Organizations			······································
rannanna.		er er Straut andere er er er er er er er er er er er er	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	48000000	1103	I NO
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers.			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	4		Parties.
2.	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	1	Santa (A-1)	enemonaudini.
۷.		10000000000000000000000000000000000000		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		HERE'S	
Sec	supervised, or controlled the supporting organization. ction C. Type II Supporting Organizations] 2]	***************************************	
	note of type if dupporting organizations			T
-4	Ways a majority of the augmination a disease as to start a disease as to start a disease as the start and a disease as the start	19555 2055 505	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			1000 Carro
	or management of the supporting organization was vested in the same persons that controlled or managed	1,483,431,6		AWA
Sac	the supported organization(s). Tion D. All Type III Supporting Organizations	1 1		
000	All Type III Supporting Organizations	т		
		Tables and	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	1000000000000		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			1980468
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	100000000000000000000000000000000000000		ES.
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	100000000000000000000000000000000000000		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below,			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structions	s).	
2	Activities Test, Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	377201111111		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	67.575.535		
	how the organization was responsive to those supported organizations, and how the organization determined	lanca and a		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b	n nanns ()	grosson (ni
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		1888	
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a	garaya Ma	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ua		
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	yogulos i	Tipogram
	11 - A - Too, Gesenbern • Greenberg of the role played by the organization in this regard.	ו טט		

	dule A (Form 990) 2021 COLORADO HORSE RESCUE (V Type III Non-Functionally Integrated 509(a)(3) Supportin	o Pare		4-1095741 Page 6
(Anomaliana	200 - 200 -		A SAN GARANTO A STOCK DE BROKKE A SAN BROKKE A SAN BANGAR A SAN BANGAR A SAN BANGAR A SAN BANGAR A SAN BANGAR A	tout III. Can industrial
1	Check here if the organization satisfied the Integral Part Test as a qualifyin All other Type III non-functionally integrated supporting organizations must		•	art vij. dee instructions.
Sect	ion A - Adjusted Net Income	Complet	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	mentament et entitude en entitude en internet en entitude en entitude et entitude et entitude et en entitude d	11-11-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
2	Recoveries of prior-year distributions	2	MINORALA NELLE P. (2) (100 P. 2014 - 100 M. (2) (2) (2) (2) (2) (2) (2) (2) (2) (2)	
3	Other gross income (see instructions)	3	**************************************	
4	Add lines 1 through 3.	4	**************************************	gggg, n _{am} nfagna]" (kum hV mkum VV et met dah et Pekad P had et khad PP Pamet h h P Pekad an PP had et et PP het et e
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or	e a se sua de conservacion conservacion		
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7	<u></u>	
<u>.</u>	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	\$21 \$45 \$25 \$16 \$16 \$21 \$15 \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$2
1.1.00000000000000000000000000000000000	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	103808		
1	instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a	Annual Links (1.00) and the control of the control	aurannen an ann an ann an ann ann ann an an aireach de wide de ann an dibheil de bhiolaith an de le Philipher de B
***********		1b		
************	Average monthly cash balances	of c		
-	Fair market value of other non-exempt-use assets	1d		
	Total (add lines 1a, 1b, and 1c)	- Iu		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):	1		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3	·	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0,035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		,,,
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ted Type III supporting organ	ization (see
	instructions).			

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

any. Subtract lines 3g and 4a from line 2. For result greater

Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2022. Add lines 3j

than zero, explain in Part VI. See instructions.

Part VI. See instructions.

Breakdown of line 7:

a Excess from 2017

b Excess from 2018

c Excess from 2019

d Excess from 2020

e Excess from 2021

and 4c.

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection

Part II Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization or education) Preservation of a historically important land area Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last	Nar	ne of the organization COLORADO HORSE RESC	·rrc		Employer identification number		
Total scraibler at and of year Agreement Agreeme	De	rt Organizations Maintaining Donor Advisor	Funds or Other Similar Funds	· or Ao	04-1090/41		
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2. Aggregate value of contributions to (shring year) Aggregate value of contributions to (shring year) Aggregate value of and of year Did the organization inform all denors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, conces, and donor advisors in writing that grant funds can be used only for chart allow purposes and not for the benerif of the donor or donor advisors in writing that grant funds can be used only for chart allow purposes and not for the benerif of the donor or donor advisor, or for any other purpose conforring impermisable private henefit? Partitle*: [Consorvation Essements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purposedy of conservation essements badd by the organization (check all that apply). Prospection of natural habitat. Preservation of a personal problem use (for example, recreation or education) Preservation of a certified historic structure Preservation of pen space Complete lines 2s through 2d if the organization had a qualified concervation contribution in the form of a conservation essement on the last asy of the tax year. Total number of conservation essements Total accessing restricted by conservation essements Total accessing restricted by conservation essements Total number of conservation essements on a certified historic structure included in (a) Number of conservation essements modified, transferred, released, estinguished, or forminated by the organization funding the tax years > Number of conservation bave a written pelicy reparting the periodic monitoring, inspecting, handling of violations, and enforcing conservation essements during the year No thinkeer of conservation essements reported on line 2(6) above satisfy the requirements of section 170(h)(4)(B)(s) and section 170(h)(4)(B)(s) and section 170(h)(4)(B)(s) To line the organization believed, as permitted under FASS ASC 9SS, to te post in its revenue and expense statement and balance sheet, and	1	Total purchase at and of con-		(4	of runds and other accounts		
A Aggregate value of grants from (quing year) A Aggregate value of grants from (quing year) Del the organization inform all denors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that the grant atmos can be used only for chartchile purposes and not for the benefit of the denor or donor advisor, or for any other purpose confaring inspersible purpose benefit? Part III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purposet(s) of conservation sessments held by the organization answered "Yes" on Form 990, Part IV, line 7. Preservation of fand for public use (for example, recreation or advisation) Preservation of a confident historic structure Preservation of open gazec Complete lines 2s through 2st if the organization held a qualified conservation contribution in the form of a conservation essement on the last day of for its vary sure in the season of the last of the Tax Year and for the last of the last year. The life of the Tax Year and the last in the last of the last year in the last of the last year. The last interest in the last interest in the last of the last year in the last of the last year in the las		Total number at end of year					
Doll the conganization inform all denore and denore advisions in writing that the assets held in denor advised winds are the organization inform all denore and denore advisions in writing that grant Arnda can be used only to charitable purposes and for the three for for the denore of conservation from any other purpose conferring impermisable purposes and for the three for of the denore of conservation of any other purpose conferring impermisable private benefit? Part							
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and the organization's property, subject to the organization's exclusione logal control? Determined properties in historia all grantiese, donors, and clones advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the denies or donor advisor, or for any officer purpose conterring impermetable provide benefit? Part III Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation casements held by the organization (check all that apply). Preservation of an organization assements held by the organization of check all that apply). Preservation of open space 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. Total number of conservation easements are certified historic structure included in (a) and the properties of conservation easements are certified historic structure included in (a) and the properties of conservation easements included in (b) acquired after 7/25/05, and not on a historic structure listed in the National Register Number of conservation easements included in (a) acquired after 7/25/05, and not on a historic structure listed in the National Register Number of states where property subject to conservation easements in located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year ▶ Number of states where property subject to conservation easements in located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year ▶ Number of states where property subject to conservation easements in list revenue and expenses attained to the year labeling to the periodic properties of the conservation easements of periodic monitoring, inspectify, handling of			\$		ed Allegaria and Allegaria (America)		
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Innormissable private benefit? Yes No Part II. Conservation Easements. Complete if the organization enswered "Yes" on Form 990, Pert IV, line 7.	6						
Part Conservation Easements - Complete if the organization enswered 'Yes' on Form 990, Part IV, line 7. Propose(5) of conservation classments held by the organization (check all that apply).							
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a Total number of conservation easements 2							
a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (a) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year } 4 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year } 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ 3 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(f)(4)(E)(f) and section 170(f)(4)(E)(f)(f)(f)(f)(f)(f)(f)(f)(f)(f)(f)(f)(f)	2		ed conservation contribution in the form	of a con			
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d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	b				2b		
listed in the National Register 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? 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)(£)(f) and section 170(h)(4)(£)(f)(f) 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 6. 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, hor toor eport in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included o	c	Number of conservation easements on a certified historic struc	cture included in (a)		2c		
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violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	4	Number of states where property subject to conservation ease	ment is located ⊳				
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b Assets included in Form 990, Part X	a				*		
III M D I D I II A A C I A A C I A A C I A A C I	b	Assets included in Form 990, Part X					
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programment,	dule D (Form 990) 2021 COLORADO	O HORSE RE	SCUE			onemiane in carrier of the discourse of	P'8 2	84-10			
ra.	t III Organizations Maintaining C	enangen and enangen and enangen and enangen and enangen and enanged and enanged and enanged and enanged and ena		····/	~~~~		***************************************	**************************************	i (contii	rued)	************
3	Using the organization's acquisition, accession	on, and other record	is, check	any of the i	following that	i make si	gnificar	it use of its			
	collection items (check all that apply):										
а	Public exhibition		d	Loan or exc	hange progra	am					
b	Scholarly research		е	Other			************				
C	Preservation for future generations										
4	Provide a description of the organization's co	llections and explai	in how th	ey further th	ne organizatio	on's exen	npt purp	oose in Part	XIII.		
5	During the year, did the organization solicit or								-1		
V/27/27/11000/03	to be sold to raise funds rather than to be ma								Yes		No
Pa	A IV Escrow and Custodial Arrang	gements. Comp	lete if the	organizatio	in answered '	'Yes" on	Form 9	90, Part IV,	line 9, or		
	reported an amount on Form 990, Par							er			V-1
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for c	contribution	s or other ass	sets not i	ncluded	1			
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
	, ,	,	_						Amoun	t	
С	Beginning balance						1c		***************************************		
d							1				
e	Distributions during the year							······································	***************************************		· APONEO ALLENS
f	Ending balance									***************************************	***************************************
2a	Did the organization include an amount on Fo							<u> </u>	Yes		No
	If "Yes," explain the arrangement in Part XIII.										1
	TV Endowment Funds, Complete it										
	Zirao III. Zirao I	(a) Current year		rior year	(c) Two year			e years back	(e) Four	vears	back
	D. S. J. Grand balance	(a) Carrone year	1 (15)	nor you	(0) (100) (0)	o baok	(4) ////	c youro ocon	(0).00.	70000	
1a	Beginning of year balance	***							ļ		
b	Contributions										
c	Net investment earnings, gains, and losses								 		
d	Grants or scholarships		ļ		 				_		
е	Other expenditures for facilities								ĺ		
	and programs				ļ						
f	Administrative expenses		ļ								
g	End of year balance		<u> </u>		<u> </u>				l		
2	Provide the estimated percentage of the curre		e (line 1g	ı, column (a)	i) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment >	%									
С	Term endowment >9	%									
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.									
3a	Are there endowment funds not in the posses	ssion of the organiz	ation that	are held ar	nd administer	ed for th	e organ	ization			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		<u></u>
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat								3b		
4	Describe in Part XIII the intended uses of the										
	t VI Land, Buildings, and Equipme										
	Complete if the organization answered	l "Yes" on Form 99	0, Part IV	, line 11a. S	ee Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) A	ccumula	ated	(d) Boo	k valu	e
	Doddiption of property	basis (investi		basis			oreciatio		1-7		
	Land				6,129.				26	5.1	29.
	Land				8,365.		159,	009.		$\frac{9,2}{9,3}$	
	Buildings Leasehold improvements			<u> </u>	-,	•				, ,	
				2.8	8,222.	1	.69,	502.	11:	8.7	20.
d	Equipment	F		20	-,					- , ,	<u> • • </u>
	Other		X colum	n (R) line 1	 Oc l				94	4,2	05.

Description of security or category (including name of security)	(b) Book value	ne 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of-year market val
Financial derivatives	(b) DOOK Value	(c) Method of valuation, cost of end-or-year market var
Closely held equity interests		
Other		
(A)	**************************************	
(B)	and the second of the second o	\$\$\text{\$\texittit{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\texitt{\$\text{\$\texititt{\$\text{\$\texitt{\$\texititt{\$\text{\$\text{\$\text{\$\text{\$\texitt{\$\tex
(C)	errennen geben fert des Astronomies Astronomies des materiales de services de services de services de services	
(D)	de e e fer emis de proprie contractorio de contractorio de mante de mante de la proprie con combina	
(E)		
(F)		
G)	**************************************	
H)		Committee in the contract of t
.l. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🔊		
rt VIII Investments - Program Related.	The second secon	
Complete if the organization answered "Yes" o		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market val
1)		
2}		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		
rt IX Other Assets.	F. 000 B. I.V.	
ort IX Other Assets. Complete if the organization answered "Yes" or		
rt IX Other Assets. Complete if the organization answered "Yes" or (a) D	n Form 990, Part IV, lin escription	e 11d. See Form 990, Part X, line 15. (b) Book valu
Other Assets. Complete if the organization answered "Yes" or (a) D		
rt IX Other Assets. Complete if the organization answered "Yes" or (a) D 1)		
ort IX Other Assets. Complete if the organization answered "Yes" or (a) D 1) 2)		
ort IX Other Assets. Complete if the organization answered "Yes" or (a) D 1) 2) 3)		
rt IX Other Assets. Complete if the organization answered "Yes" or (a) D 1) 2) 3) 4)		
Other Assets. Complete if the organization answered "Yes" or (a) D 1) 2) 3) 4) 5)		
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Other Assets. Complete if the organization answered "Yes" or (a) D 1) 2) 3) 4) 5) 6) 77	escription	(b) Book valu
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rt IX Other Assets. Complete if the organization answered "Yes" or (a) D (b) D (c) D (c) D (c) D (d) D (e) D (e) D (f) D (f) D (f) D (g)	escription	(b) Book valu
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Complete if the organization answered "Yes" or (a) D (b) Column (b) must equal Form 990, Part X, col. (B) line 1 (c) Complete if the organization answered "Yes" or (a) Description of liability (b) Federal income taxes (c)	escription	(b) Book valu
rt IX Other Assets. Complete if the organization answered "Yes" or (a) D 1) 2) 3) 4) 5) 6) 1. (Column (b) must equal Form 990, Part X, col. (B) line 1 rt X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability 1) Federal income taxes	escription	(b) Book valu
Complete if the organization answered "Yes" or (a) D (b) D (c) D (c) D (d) D (d) D (e)	escription	(b) Book valu
Complete if the organization answered "Yes" or (a) D 1) 2) 3) 4) 5) 6) 1. (Column (b) must equal Form 990, Part X, col. (B) line 1 rt X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability 1) Federal income taxes 2) 3) 4) 5)	escription	(b) Book valu
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Complete if the organization answered "Yes" or (a) D (b) D (c) D (c) D (d) D (e) D (f) D (f) D (f) D (g) D (g) D (g) D (h) D (g) D (h) D (g) D (h) D (g)	escription	(b) Book valu
Complete if the organization answered "Yes" or (a) D (b) must equal Form 990, Part X, col. (B) line 1 (c) Column (b) must equal Form 990, Part X, col. (B) line 1 (c) Description of liability (d) Description of liability (e) Federal income taxes (e) S (f) S (f) S (g	escription	(b) Book valu

Schedule D (Form 990) 2021

SGHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Gomplete 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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization		~		\$		Employer ide	ntification number
COLORADO HORSE RESCUE					84-1095		
Part 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 par	·t.						n the description of the transformation of the transformation in the transformation of t
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.							
a Mail solicitations e Solicitation of non-government grants							
b Internet and email solicitations f Solicitation of government grants							
c Phone solicitations g Special fundraising events							
d In-person solicitations							
2 a Did the organization have a written of					tees,	or	
key employees listed in Form 990, P						Yes	
b If "Yes," list the 10 highest paid indiv	viduals or entities (fundraisers) pursu	ant to	agreei	ments under which ti	ne fur	ndraiser is to be	9
compensated at least \$5,000 by the	organization.						
		T m	Did	PASSA AND ASSAULT SERVICE	(v)	Amount paid	VIII
(i) Name and address of individual	(ii) Activity	fundr	aiser ustody	(iv) Gross receipts	to (c	Amount paid or retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	(.,, ,	(iii) Did fundraiser have custody or control of contributions?		from activity	liet	fundraiser ted in col. (i)	organization
		 			110		
		Yes	No				
######################################		-	APPARTURA (ATT COMPANY)		~~~~		POPPETA STORY CONTROL MATERIAL CONTROL

	· · · · · · · · · · · · · · · · · · ·						
Total							
List all states in which the organization or licensing.	n is registered or licensed to solicit o	ontribu	ıtions	or has been notified	it is e	xempt from reg	istration
or licensity.	TOTAL PROPERTY OF THE PARTY OF						
NPAGE HISO-							
							
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	The Control of the Co						
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84-1095741 Page 2 Schedule G (Form 990) 2021 COLORADO HORSE RESCUE Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 Part II of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (c) Other events (a) Event #1 (b) Event #2 (d) Total events NONE (add col. (a) through MANE EVENT col. (c)) (event type) (total number) (event type) 265,974. 265,974. 1 Gross receipts 265,974. 265,974. 2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Expenses 6 Rent/facility costs Food and beverages 8 Entertainment 55,414. 55,414. 9 Other direct expenses 55,414. 10 Direct expense summary. Add lines 4 through 9 in column (d) -55,414 11 Net income summary, Subtract line 10 from line 3, column (d) 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. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo bingo/progressive bingo col, (a) through col. (c)) Gross revenue 2 Cash prizes Expenses Noncash prizes Rent/facility costs 5 Other direct expenses Yes 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? b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain:

Schedule G (Form 990) 2021 COLORADO HORSE RESCUE	84-1095741 Page 3
11 Does the organization conduct gaming activities with nonmembers?	
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other ent	,
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	1 1
a The organization's facility	
 b An outside (acility 14 Enter the name and address of the person who prepares the organization's gaming/special events book 	136 %
The time name and address of the person who prepares the organization's gaming/special events book	ks and records:
Name ▶	
Address >	1900 (1900-1909) and the letter of the lette
15a Does the organization have a contract with a third party from whom the organization receives garning re-	evenue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the amount
of gaming revenue retained by the third party 🔊 💲	
c If "Yes," enter name and address of the third party:	
Name Name	10 Million and the control of the second control of the control of
Address >	
16 Gaming manager information:	
Name ▶	
Gaming manager compensation > \$	
Description of services provided 🕨	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds t	to
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organization	ns or spent in the
organization's own exempt activities during the tax year \$\\$\$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, column	(1)
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, column 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	s (iii) and (v); and Part III, lines 9, 95, 105,
100, 100, 10, and 110, and application rates provide any additional information, 000 libitables.	MANAGE CONTRACTOR CONT
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Schedule G (Form 990) COLORADO HORSE RESCUE Part IV Supplemental Information (continued)	84-1095741 Page 4
racing Supplemental Information (continued)	
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SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047 Open to Public Inspection

Name of the organization Employer identification number COLORADO HORSE RESCUE 84-1095741 FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: ANNUAL DISCLOSURE FORMS ARE SIGNED AND ANY CONFLICTS ARE REVIEWED BY THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION B, LINE 15: REVIEWED, DISCUSSED, AND APPROVED BY BOARD OF DIRECTORS. FORM 990, PART VI, SECTION C, LINE 19: PROVIDED UPON REQUEST.