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)

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A</u>	or u	e 2021 calendar year, or tax year beginning and	enaing	_	
В	Check if	C Name of organization		D Employer identific	cation number
	Addr				
	Name Chan	ge Doing business as		84-10957	41
	Initia returi	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
Г	Final returi	10386 N 65TH CTPFFT		720-494-	
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,868,307.
Г	□Amer	nded TONGMONTH CO 90503		H(a) Is this a group re	
F	returi ∏Appli			for subordinates	
_	tion pend	SAME AS C ABOVE			—
_				H(b) Are all subordinates in	
		tempt status: X 501(c)(3)	or 527	1 ′	list. See instructions
		ite: ► WWW.CHR.ORG		H(c) Group exemptio	
		f organization: X Corporation Trust Association Other	L Year	of formation: 1988 N	M State of legal domicile: CO
P	art I	Summary			
9	1	Briefly describe the organization's mission or most significant activities: ${\color{red} {\rm TO} \ {\rm Pl}}$ EVERY HORSE IN NEED.	ROVIDE	A SAFE SOLU	JTION FOR
Activities & Governance	2	Check this box if the organization discontinued its operations or dispose	sed of more	than 25% of its net ass	sets.
Ve	3			3	7
Ĝ	4	Number of independent voting members of the governing body (Part VI, line 1b)			7
≪	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			11
ijes	3				129
ΞΞ	6	Total number of volunteers (estimate if necessary)			0.
Ac	/ a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	10	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		
	١.			Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		2,030,584.	1,483,698.
Revenue	9	Program service revenue (Part VIII, line 2g)		51,638.	78,760.
še	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		46,321.	99,513.
	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.
ģ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		559,322.	665,283.
Jse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	. b	Total fundraising expenses (Part IX, column (D), line 25) 202, 23	18. 🗆		
ш	17			567,500.	558,894.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,126,822.	1,224,177.
	19	Revenue less expenses. Subtract line 18 from line 12		1,002,984.	382,388.
7.5				ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		4,997,303.	5,427,292.
ASS	21	Total liabilities (Part X, line 26)		21,314.	53,080.
let/	22	Net assets or fund balances. Subtract line 21 from line 20		4,975,989.	5,374,212.
	art II	Signature Block		1,515,505.	3,374,212.
		alties of perjury, I declare that I have examined this return, including accompanying schedules	and etateme	ante and to the heet of my	knowledge and helief it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wh			Kilowieuge allu bellel, it is
tiuc	, соп	ti, and complete. Decidiation of preparer (other than officer) is based on all information of wi	iicii pi epai ei	lias ally kilowieuge.	
0		Signature of officer		I Date	
Sig		'		2410	
Hei	e	KATHERINE GREGORY, EXECUTIVE DIRECTOR Type or print name and title			
			Tr	Date Check	PTIN
D-'		Print/Type preparer's name Preparer's signature	['	if L	
Pai		KEVIN RICKMAN		self-employ	
	parer	Firm's name BROCK AND COMPANY, CPAS, P.C.		Firm's EIN ▶	84-0930288
Use	Only	Firm's address > 900 S. MAIN STREET, SUITE 200			2 776 2162
		LONGMONT, CO 80501		Phone no. 30	3-776-2160
Ma	y the I	RS discuss this return with the preparer shown above? See instructions			X Yes No

Form 990 (2021) COLORADO HORSE RESCUE
Part IV Checklist of Required Schedules

1 Is the organization described in section 501 (c/S) or 4947(s)(1) (other than a private foundation?) **Prive**, complete Schedule B. Schedule G. Schedule of Contributors**) See instructions **Did the organization engage in Index or indirect political campaign activities on behalf of or in opposition to candidates for public office? **In **Prive**, complete Schedule C. Part I.** **Section 501 (c/S) organizations. Did the organization engage in Inabiging activities, on have a section 501 (t) election in office. **Section 501 (c/S) organizations. Did the organization engage in Inabiging activities, on have a section 501 (t) election in office. **Section 501 (c/S) organizations. Did the organization engage in Inabiging activities, on have a section 501 (t) election in office. **Section 501 (c/S) organizations. Did the organization engage in Inabiging activities, on have a section 501 (t) election in office. **Section 501 (c/S) organization organization engage in Inabiging activities, on have a section 501 (t) election in organization activities on Schedule C. Part II.** **Section 501 (c/S) organization organization organization activities on the service organization activities or consistent organization in the service organization organization activities or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II.** **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.* in provide credit counts engagement, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.** **Did the organization report an amount for liand, buildings, and equipment in Part X. line 10? If "Yes," complete Schedule D, Part VII.** **Did the organization report an amount for orbit engagement, credit repair, or debt negotiation services or account for part in a separate reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.** **Did the organization report an				Yes	No
2 Is 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 II 3 J X 3 J X 4 Section S01(c)(3) organizations. Did the organization engage in lobbying activities, or have a section S01(i) election in effect during the tax year? If "Yes," complete Schedule C, Part II II 5 Is the organization as cellence in Rev. Proc. 98-197 if "Yes," complete Schedule C, Part II II 6 Did the organization as cellence in Rev. Proc. 98-197 if "Yes," complete Schedule C, Part III 7 Did the organization enter in the section S01(c)(4), 501(c)(5), or S01(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-197 if "Yes," complete Schedule C, Part III 8 Did the organization enter in the section S01(c)(4), 501(c)(5), or S01(c)(6), organization that receives the replant to provide advice on the distribution or investment or advised funds or accounts for which donors have the right to provide advice on the distribution or investment or advised funds or accounts for which donors have the right to provide advice on the distribution or investment or season in funds or accounts? If "Yes," complete Schedule D, Part II 8 Did the organization minimal many donor advised funds or accounts for which donors have the right to provide advise the environment, historic land rause, or historic structures? If Yes, "complete Schedule D, Part III 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, in environment or investments - other securities in Part X, line 10? If Yes, "complete Schedule D, Part III 10 Did the organization report an amount for investments - other securities in Part X, line 10? If Yes, "complete Schedule D, Part III 11 If the organization report an amount for investments - other securities in Part X, line 10? If Yes, "complete Schedule D, Part X III 1	1				
3 Dit the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? // "Yes," complete Schedule C, Part I // Section 501(fiv) election in effect during the tax year? // "Yes," complete Schedule C, Part I // Section 501(fiv) election in effect during the tax year? // "Yes," complete Schedule C, Part I // Section 501(fiv) election in effect during the tax year? // "Yes," complete Schedule C, Part I // Section 501(fiv) election in effect during the tax year? // "Yes," complete Schedule C, Part I // Section 501(fiv) election in effect during the tax year? // "Yes," complete Schedule C, Part I // Section 501(fiv) election in effect during the tax year? // "Yes," complete Schedule C, Part I // Section 501(fiv) election in effect during the tax year? // "Yes," complete Schedule C, Part I // Section 501(fiv) election of violation of the violat		•			
public office? If "Yes," complete Schedule C, Part I Section 501(R)3 regarizations. 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 I			2	X	
4 Section 501(x)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 organization that receives membership dues, assessments, or similar amounts as defined in Rev Price. 95:197 if "Yes," complete Schedule C, Part II organization market any donor advised funds or any similar amounts as defined in Rev Price. 95:197 if "Yes," complete Schedule C, Part II organization market 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 II organization receive no hold a conservation assement, including easements to presense open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II organization market and areas, or historic attreasures, or other similar assets? If "Yes," complete Schedule D, Part IV organization report an amount in Part X, line 21, for secrew or custodial account liability, serve as a custodian for amounts not tised in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V organization report an amount for industry in the organization is accounted in the part X, line 107 If "Yes," complete Schedule D, Part V organization report an amount for investments—order securities in Part X, line 107 If "Yes," complete Schedule D, Part V organization report an amount for investments—order securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 107 If "Yes," complete Schedule D, Part V organization report an amount for other labilities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 107 If "Yes," complete Schedule D, Part V organization report an amount for other labilities in Part X, line 15, that is 5% or more of its total assets rep	3				٦,
during the tax year? If 'Yes,' complete Schedule C, Part II sets the organization a section 50 (1c)(8), 50 (1c)(8)			3		<u> </u>
5 Is the organization a section 50 ftc()(4), 50 ftc()(5) or 50 ftc()(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98.197 // "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? // If "yes," complete Schedule D, Part I // X 8 Did the organization maintain any donor advised funds or any similar funds or accounts? // If "yes," complete Schedule D, Part I // X 8 Did the organization maintain any donor advised funds or any similar funds or accounts? // If "yes," complete Schedule D, Part I // X 8 Did the organization maintain and collections of works of art, historical treasures, or other similar assets? // "Yes," complete Schedule D, Part I // X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, in any of the following questions is "Yes," then complete Schedule D, Part V // Yes, "complete Schedule D, Part V // Yes, "complete Schedule D, Part V // Yes, "complete Schedule D, Part V // Yes, as applicable. 9 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? // "Yes," complete Schedule D, Part V // Yes, 'complete Schedule D, Part V // Yes, 'complete Schedule D, Part X // Y	4				7,7
similar amounts as defined in Rev. Proc. 88-197 // 1/19x, "complete Schedule C, Part III of 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?" // 1/19x, "complete Schedule D, Part II of the organization maintain collections of works of art, historical treasures, or other similar assets?" // 1/19x, "complete Schedule D, Part II of 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?" // 1/19x, "complete Schedule D, Part IV or in the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments?" // 19xes, "complete Schedule D, Part IV or in the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments?" // 19xes, "complete Schedule D, Part IV or in the organization report an amount for land, buildings, and equipment in Part X, line 10? // 1/19x, "complete Schedule D, Part IV," b Did the organization report an amount for investments - other securities in Part X, line 10? // 1/19x, "complete Schedule D, Part IV," 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? // 1/19x, "complete Schedule D, Part X," b Did the organization report an amount for investments - program related in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? // 1/19x, "complete Schedule D, Part X," b Did the organization report an amount for other sasets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? // 1/19x, "complete Schedule D, Part X," b Did the organization in spearage organization ine	_		4		
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7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II I I I I I I I I I I I I I I I I I	6				
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Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V' 10 bit 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 V' 11 if the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V, II, VIII, X, or X, as applicable. 2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI' 2 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of list total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI' 3 Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of list total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IV 2 Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of list total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11e 3 Did the organization or a mount for ther liabilities in Part X, line 15, that is 5% or more of list total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11e 3 Did the organization or a mount for other liabilities in Part X, line 15, that is 5% or more of list total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11e 3 Did the organization or liability for uncertain tax positions under Fin 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 3 Did the organization or liability for uncertain tax positions under Fin 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 3 Did the organization oreport an expert process or specification and the organiz	8	, , ,			- T
amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? ## 17'es, "complete Schedule D, Part IV" Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? ## 10	_		8		
## **Yes," complete Schedule D, Part IV 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 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part SI, IV, IV, VIII, IX, or X, as applicable. 22 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII 23 b Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII 24 b 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 25 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 VIII 26 Did the organization report an amount for other labilities 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 X IVIII 27 Did the organization seport an amount for other labilities in Part X, line 15; If "Yes," complete Schedule D, Part X IVIII 28 Did the organization seport an amount for other labilities in Part X, line 15; If that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X IVIII 29 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X IVIII 20 Did the organization as shool described in section 170(b)(1)(A)(IV)? If "Yes," complete Schedule D, Part X IVIII IVIIII 20 Did the organization and school described in section 170(b)(1)(A)(IV)? If "Yes," complete Schedule D, Part X IVIII IVIIIII 21 Did the organization report a total of more than \$15,000 of organization of other assis	9				
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a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 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 c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 X III Part X, line 16? If "Yes," complete Schedule D, Part X III Did the organization report an amount for other lassets in Part X, line 25? If "Yes," complete Schedule D, Part X III Did the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X III Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III 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, Part X III III Was 15 bid the organization maintain an office, employees, or agents outside of the United States? 13	11				
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Form 990 (2021) COLORADO HORSE RESCUE
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		X
h	Schedule K. If "No," go to line 25a	24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		_
C		04-		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			₩
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
0 _	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
00		33		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
2F ~	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
	, , , , , , , , , , , , , , , , , , , ,	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			_ v
~~	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			7.7
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		37	
Dav	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
	Enter 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			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

Form 990 (2021) COLORADO HORSE RESCUE

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		ــــــ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			l
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			7.7
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_		1,7
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_	v	
а	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	├─
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	-		x
	to file Form 8282?	7c		_
	If "Yes," indicate the number of Forms 8282 filed during the year	7.		Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			<u> </u>
g h	If the organization received a contribution of qualified intellectual property, 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	711		
Ü		8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	Ť		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
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 filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			77
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	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		
	If "Yes." complete Form 6069.			

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

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.	u / v	0 10	эрот	50
	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	7			
	If there are material differences in voting rights among members of the governing body, or if the governing	7			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b		7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision				
	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		Х
6	Did the organization have members or stockholders?		6		Х
7a					
	more members of the governing body?		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
	persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
а	The governing body?	8_	Ba	Х	
b	Each committee with authority to act on behalf of the governing body?	8_	3b	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?	10	0a		<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		0b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	1	1a	X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		2a	X	
b	, , , , , , , , , , , , , , , , , , , ,	. 12	2b	X	
С	, , , , , , , , , , , , , , , , , , , ,		_	. ,	
	on Schedule O how this was done		2c	X	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?	1	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent				
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		F -	х	
a	, , , , , , , , , , , , , , , , , , , ,	- 1	5a	X	
D	Other officers or key employees of the organization	18	5b	^	
160	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
10a	taxable entity during the year?	46	6a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	- 10	0a		- 22
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?	10	6b		
Sec	tion C. Disclosure		OD		
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		ılv) a	vailah	ole
	for public inspection. Indicate how you made these available. Check all that apply.	,5 011	,, . .		
	Own website X Another's website X Upon request Other (explain on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, at	nd fin	nanci	al	
	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				

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.
- 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.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(de	not c	Pos	itior) than	ne	Reportable	Reportable	Estimated
	hours per	box.	do not check more than one ox, unless person is both an officer and a director/trustee)			s both	an an	compensation	compensation	amount of
	week	\vdash	cer ar	nd a di	irecto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	eo			ted		organization	(W-2/1099-MISC/	from the
	related	stee	ruste		a o	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al tru	onal t		oloye	le se		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DAN BURAK	3.00	드	드	5	32	토늄	Fc			
PRESIDENT	3.00	х		х				0.	0.	0
(2) DONNELL HEISTAND	2.00	 -								
TREASURER		х		х				0.	0.	0
(3) JIM CZEPIEL	2.00							-	-	
SECRETARY		Х		Х	L	L		0.	0.	0
(4) ANGELA PRIMAVERA	1.00									
DIRECTOR		Х						0.	0.	0
(5) JULIE OELMAN	1.00									
DIRECTOR		Х						0.	0.	0
(6) MOLLY VAUGHAN	1.00							_	_	_
DIRECTOR		Х						0.	0.	0
(7) MARC PASQUARIELLO-WILLIAMS	1.00	ا ا							•	•
DIRECTOR	40.00	Х						0.	0.	0
(8) KATHERINE GREGORY	40.00	-		,,				107 127	0	
EXECUTIVE DIRECTOR		_		Х				107,137.	0.	0
		\vdash								
		1								
		1								
		<u> </u>			L	L				
		\bigsqcup								
		 	_							
		-								
		 	\vdash	_	_	-				
		-								

Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average	- ام)	Position (do not check more than one				ana	Reportable	Reportable	Es	timated	Ł
	hours per	box	, unle	ss per	rson i	is both	n an	compensation	compensation		ount o	
	week		cer ar	id a di	irecto	or/trus T	tee)	from	from related	1 -	other	
	(list any	Individual trustee or director						the	organizations		oensati	
	hours for related	or dir	e e			ated		organization	(W-2/1099-MISC/		om the	
	organizations	ustee	truste		90	bens		(W-2/1099-MISC/	1099-NEC)	1 -	anizatio	
	below	ual tr	tional		ploye	t con	_	1099-NEC)			l relate nizatio	
	line)	divid	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			loiga	ilizatio	113
-	,	=	=	0	×	Ξ ω	ш.					
		•										
						\vdash						
		-										
		-										
		-										
		•										
1b Subtotal	•							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.
2 Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable			
compensation from the organization						•			·			1
											Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	кеу е	empl	oye	e, or	hig	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for si	uch individual									3		Х
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150),000? If "Yes,	" co	mple	ete S	Sche	edule	Jf	or such individual		4		Х
5 Did any person listed on line 1a receive or a	ccrue comper	sati	on fr	om	any	unre	elate	ed organization or individ	dual for services			
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ıch r	oers	on				5		Х
Section B. Independent Contractors	-											
1 Complete this table for your five highest con	mpensated inc	lepe	nde	nt cc	ontra	acto	rs th	nat received more than \$	100,000 of compens	ation fro	m	
the organization. Report compensation for t	the calendar ye	ear e	endir	ng w	ith c	or wi	<u>thin</u>	the organization's tax y	ear.			
(A)								(B)		(C		
Name and business	address	NC	INC	3				Description of s	ervices	Comper	sation	
							_					
							_					
							_					
							_					
2 Total number of independent contractors (in		ot lin	nited	to t			ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz	zation				(J					200 (0)	
												004

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			Check if Schedule O	conta	ains a i	response	or note to any lin	e in this Part VIII			
							,	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									lunction revenue	business revenue	sections 512 - 514
សស	1	а	Federated campaigns			1a					
ani			Membership dues			1b					
Ω̈́ E			Fundraising events			1c	265,974.				
ifts, r A			-			1d	,				
, nila			Government grants (contri			1e					
ons			All other contributions, gifts,		-						
het		•	similar amounts not included			1f	1,217,724.				
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in			1g \$	19,932.				
Son		•	Total. Add lines 1a-1f		u	· 5 14	, •	1,483,698.			
<u> </u>							Business Code	, ,			
ø.	2	а	ADOPTION FEES				624200	41,519.	41,519.		
vic	_	b	CORPORATE EVENTS				611430	23,700.	23,700.		
Ser		c	SURRENDER FEES				624200	6,825.	6,825.		
E S		_	EDUCATION CLINICS				611600	4,541.	4,541.		
Program Service Revenue			OTHER PROGRAM REVENU	JE			624200	2,175.	2,175.		
Pro		f	All other program service	rever	nue			,	,		
			Total. Add lines 2a-2f				•	78,760.			
	3	_	Investment income (includ	lina d	divider	nds. inter	est. and	,			
			other similar amounts)					42,184.			42,184.
	4		Income from investment of								
	5		Royalties								
			,			Real	(ii) Personal				
	6	а	Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6с							
			Net rental income or (loss)				•				
	7		Gross amount from sales of		(i) Se	ecurities	(ii) Other				
			assets other than inventory	7a	3,2	61,399	. 343.				
		b	Less: cost or other basis			-					
<u>je</u>				7b	3,2	04,413	. 0.				
ent		С		7c		56,986					
Rev			Net gain or (loss)				>	57,329.			57,329.
ther Revenue	8		Gross income from fundraising			ot 「					
₽			including \$	265,	974.	of					
			contributions reported on								
			Part IV, line 18			8	0.				
		b	Less: direct expenses				55,414.				
		С	Net income or (loss) from	fund	raising	events	>	-55,414.			-55,414.
	9	а	Gross income from gamin	g act	tivities	. See					
			Part IV, line 19			9	а				
		b	Less: direct expenses			91	0				
		С	Net income or (loss) from	gami	ing act	tivities	>				
	10	а	Gross sales of inventory, I	ess r	eturns	;					
			and allowances			10	a 1,923.				
		b	Less: cost of goods sold				b 1,915.				
		С	Net income or (loss) from	sales	of inv	entory	>	8.	8.		
S	_	_		_	· <u> </u>		Business Code				
Miscellaneous Revenue	11	а									
ane		b									
Sell		С									
Misc		d	All other revenue								
_		е	Total. Add lines 11a-11d				>				
	12		Total revenue. See instruction	ns			>	1,606,565.	78,768.	0.	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
expenses (**D**)
Fundraising (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. 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. 7 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. Other employee benefits 14,645. 9 30,566. 43,051. 1,722. 10,763. 10 Payroll taxes 11 Fees for services (nonemployees): 925. 925. Management 450. 450. Legal 28,452. 28,452. Accounting Lobbying Professional fundraising services. See Part IV, line 17 5,055. 5,055. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 37,965. 34,548. column (A), amount, list line 11g expenses on Sch O.) 3,417. 2,743. 2,133.6,095. 1,219. Advertising and promotion 12 13,627. 2,725. 9,539. 1,363. 13 Office expenses 38,693. 15,477. 15,477. 7,739. 14 Information technology Royalties 15 14,982. 13,484. 749. 749. 16 Occupancy 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 8,103. 8,103. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 57,211. 3,178. <u>3,</u>178. 63,567. Depreciation, depletion, and amortization 22 25,448. 12,724. 11,452. 1,272. 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 13,647.REPAIRS AND MAINTENANCE 12,283. 682. 682. 10,463. 10,463. FARM MANAGEMENT 1,859. 9,294. 6,506. d BANK AND CREDIT CARD FE 929. 22,382. 9,707.3.817. 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) Form 990 (2021)
Part X | Balance Sheet

Pai	rt X	Balance Sheet								
		Check if Schedule O contains a response or no	te to any	line in this Part X						
					(A) Beginning of year		(B) End of year			
	1	Cash - non-interest-bearing			825,637.	1	396,168.			
	2	Savings and temporary cash investments			1,140,095.	2	2,658,786.			
	3	Pledges and grants receivable, net				3				
	4	Accounts receivable, net				4				
	5	Loans and other receivables from any current o								
		trustee, key employee, creator or founder, subs	tantial co	ontributor, or 35%						
		controlled entity or family member of any of the				5				
	6	Loans and other receivables from other disquali	fied pers							
		under section 4958(f)(1)), and persons described	d in secti	on 4958(c)(3)(B)		6				
Ŋ	7	Notes and loans receivable, net	Notes and loans receivable, net							
Assets	8	Inventories for sale or use			42,564.	8	47,251.			
¥	9				15,186.	9	13,187.			
	10a	Land, buildings, and equipment: cost or other								
		basis. Complete Part VI of Schedule D	10a	1,572,716.						
	b	Less: accumulated depreciation	10b	628,511.	851,861.	10c	944,205.			
	11	Investments - publicly traded securities			2,121,960.	11	1,367,695.			
	12	Investments - other securities. See Part IV, line				12				
	13	Investments - program-related. See Part IV, line			13					
	14	Intangible assets			14					
	15	Other assets. See Part IV, line 11		15	- 107 000					
	16	Total assets. Add lines 1 through 15 (must equ			4,997,303.	16	5,427,292.			
	17	Accounts payable and accrued expenses		1	21,314.	17	53,080.			
	18	Grants payable		18						
	19	Deferred revenue			19					
	20	Tax-exempt bond liabilities				20				
	21	Escrow or custodial account liability. Complete				21				
es	22	Loans and other payables to any current or form								
Liabilities		trustee, key employee, creator or founder, subs								
Liak		controlled entity or family member of any of the	-	:		22				
_	23	Secured mortgages and notes payable to unrela				23 24				
	24	Unsecured notes and loans payable to unrelate				24				
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines								
		of O also alsola D	•	•		25				
	26	Total liabilities. Add lines 17 through 25			21,314.	25 26	53,080.			
	20	Organizations that follow FASB ASC 958, che	ock here	► X	21,311	20	3370001			
S O		and complete lines 27, 28, 32, and 33.	JOIN HOLD							
ğ	27				4,945,156.	27	5,360,912.			
3ali	28				30,833.	28	13,300.			
둳		Organizations that do not follow FASB ASC 9			•		,			
ᆵ		and complete lines 29 through 33.	,							
þ	29	Capital stock or trust principal, or current funds				29				
sets	30	Paid-in or capital surplus, or land, building, or ea				30				
Ass	31	Retained earnings, endowment, accumulated in				31				
Net Assets or Fund Balances	32				4,975,989.	32	5,374,212.			
	33				4,997,303.	33	5,427,292.			
							000			

Form **990** (2021)

Form **990** (2021)

Pa	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	,60	5,5	65.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	, 22	$\frac{1}{4,1}$	77.
3	Revenue less expenses. Subtract line 2 from line 1	3				88.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	, 97	5,9	89.
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				
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	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
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,				
	consolidated basis, or both:					
	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 Scho	edule O.	.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audi	it			
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audi	t			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

132012 12-09-21

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021
Open to Public

Inspection

Employer identification number Name of the organization COLORADO HORSE RESCUE 84-1095741 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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).) 3 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.) 6 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.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other vour governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

360	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and	 -					
	membership fees received. (Do not	 -					
	include any "unusual grants.")	 -					
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to	 -					
	or expended on its behalf						
2	The value of services or facilities						
3	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)						
	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ► 📗	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,	 -					
	dividends, payments received on	 -					
	securities loans, rents, royalties,	 -					
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	 -					
10	Other income. Do not include gain						_
	or loss from the sale of capital	 -					
	assets (Explain in Part VI.)	 -					
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	oto (soo instructio	l nc)			12	
	First 5 years. If the Form 990 is for th	· ·		fourth or fifth tax y		· ·	
13	·	· ·			•	. , . ,	ightharpoonup
Sec	organization, check this box and stop etion C. Computation of Public	c Support Per	centage				
	Public support percentage for 2021 (li			oolumn (f))		14	30
		, , , , , , , , , , , , , , , , , , , ,	•	****		15	<u>%</u>
	Public support percentage from 2020						<u>%</u>
юа	33 1/3% support test - 2021. If the contains the support test - 2021 if						► □
	stop here. The organization qualifies a		•				
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the facts			=	•	VI how the organiz	ation
	meets the facts-and-circumstances tes	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		▶□
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not d	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is 1	10% or
	more, and if the organization meets th	e facts-and-circum	nstances test, che	ck this box and st	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	ımstances test. Th	ne organization qua	alifies as a publicly	supported organiz	zation	>
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	

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

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

Sec	etion A. Public Support	slow, picase comp	ioto i urt ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	,	, ,	, ,	,	, ,	,,
	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	,	, ,	- , -	, ,	,	
_	are not an unrelated trade or bus-						
	iness under section 513						
4	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						
·	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	581,640.	1789000.	883,836.	1024130.	1240560.	5519166.
	Amounts included on lines 1, 2, and						
, ,	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						5519166.
	ction B. Total Support						
Cale	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.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, 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						
c	Add lines 10a and 10b	162,689.	52,294.	63,353.	46,321.	42,184.	366,841.
	Net income from unrelated business		•			•	,
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)			323.			323.
13	Total support. (Add lines 9, 10c, 11, and 12.)	744,329.	1841294.	947,512.	1070451.	1282744.	5886330.
	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, 1	fourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi						
15	Public support percentage for 2021 (li	ne 8, column (f), di	ivided by line 13, c	column (f))		15	93.76 %
16	Public support percentage from 2020	Schedule A, Part I	III, line 15			16	91.51 %
Sec	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	21 (line 10c, colun	nn (f), divided by lii	ne 13, column (f))		17	6.23 <u>%</u>
18	Investment income percentage from 2	2020 Schedule A, f	Part III, line 17			18	8.49 %
	33 1/3% support tests - 2021. If the					3 1/3%, and line 17	7 is not
	more than 33 1/3%, check this box ar						► V
b	33 1/3% support tests - 2020. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organizatio						

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.
- 2 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?
- 6 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 Part VI.
- 7 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).
- 8 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.)

	Yes	No
	163	NO
4		
1		
_		
2		
3a		
3b		
3с		
4a		
4b		
4-		
4c		
5a		
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9a		
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٥h		
9b		
0		
9с		
10a		
10b		

Par	t IV	Supporting Organizations (continued)			-g
		, community		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	•	elow, the governing body of a supported organization?	11a		
b		ily member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec		3. Type I Supporting Organizations			
				Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
	organi	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			
				Yes	No
1	Were a	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	pported organization(s).	1		
Sect	tion D	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organi	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, ((ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organi	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were a	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organi	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the org	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	signific	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	suppo	orted 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 ins	truction		
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		ipported 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,			
	how th	he organization was responsive to those supported organizations, and how the organization determined	_		
		nese activities constituted substantially all of its activities.	2a		
b		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		the reasons for the organization's position that its supported organization(s) would have engaged in			
_		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did th	e organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ing Orgar	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain in l	Part VI). See instructions.	
	All other Type III non-functionally integrated supporting organizations mu		•		
Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional)					
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
_3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
_5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	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			
8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
с	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
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-function	ally integrat	ed Type III supporting orga	nization (see	
	instructions).				

Schedule A (Form 990) 2021

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	3		
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
с	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i_	Carryover from 2016 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2021 distributable amount			
с	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
с	Excess from 2019			
d	Excess from 2020			

Schedule A (Form 990) 2021

e Excess from 2021

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
-	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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 Inspection

Name of the organization

COLORADO HORSE RESCUE

Employer identification number 84-1095741

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ar Funds or Ad	counts. Complete if the
	,,	(a) Donor advised fun	ds	(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 w	riting that the assets held in	donor advised fund	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant fu	nds can be used c	only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other	er purpose confer	ring
	impermissible private benefit?			
Pai	t II Conservation Easements. Complete if the organic	anization answered "Yes" on	Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreating	ion or education) 🔲 Pre	servation of a histo	orically important land area
	Protection of natural habitat	Pre	servation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution	in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic structure			2c
d	Number of conservation easements included in (c) acquired af	· ·		
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or termin	ated by the organ	ization during the tax
	year ▶			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period		andling of	
	violations, and enforcement of the conservation easements it l			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enf	orcing conservation	on easements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcin	ig conservation ea	sements during the year
	> \$			
8	Does each conservation easement reported on line 2(d) above	•	. , . , . ,	" — —
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		•	
	balance sheet, and include, if applicable, the text of the footnotes and include, if applicable, the text of the footnotes are also as a second control of the f	ote to the organization's finan	icial statements th	at describes the
Dai	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasur	as or Other 9	Similar Accete
ı aı	Complete if the organization answered "Yes" on Form 9	•	es, or other c	miniai Assets.
10	If the organization elected, as permitted under FASB ASC 958		atatament and hal	anno aboat warks
Ia	of art, historical treasures, or other similar assets held for publ	·		
	•	•		ice of public
h	service, provide in Part XIII the text of the footnote to its finance.			a shoot works of
b	If the organization elected, as permitted under FASB ASC 958	•		
	art, historical treasures, or other similar assets held for public or provide the following amounts relating to those items:	eanibilion, education, or rese	arcii iii iurtrierance	or public service,
	provide the following amounts relating to these items:			• •
	(i) Revenue included on Form 990, Part VIII, line 1			
^		auraa ar athar aimilar accata		
2	If the organization received or held works of art, historical trea-			provide
_	the following amounts required to be reported under FASB AS			• •
a	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			▶ \$

Par	付Ⅲ Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	asures, o	r Other	Similar	Assets	(contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	ollowing tha	t make si	gnificant us	se of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progr	am					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	ne organizatio	on's exem	npt purpose	e in Part	XIII.		
5	During the year, did the organization solicit of										
	to be sold to raise funds rather than to be ma							\square	Yes		No
Par	t IV Escrow and Custodial Arran								ine 9, or		-
	reported an amount on Form 990, Pa			3			,	,	,		
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for o	contributions	s or other as	sets not i	ncluded				
	on Form 990, Part X?		-						Yes		No
b	If "Yes," explain the arrangement in Part XIII										
	•	•	· ·						Amoun	t	
С	Beginning balance						1c				
d	Additions during the year										
е	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F								Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatio	n has been	provided on	Part XIII]
Par	T V Endowment Funds. Complete	if the organization an	swered	"Yes" on Fo	rm 990, Parl	IV, line 1					
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back	(d) Three ye	ars back	(e) Four	years l	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g	g, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment >	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiza	tion tha	t are held ar	nd administe	red for the	e organizat	ion	_		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Par	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answere	d "Yes" on Form 990), Part IV	/, line 11a. S	ee Form 990), Part X,	line 10.				
	Description of property	(a) Cost or o		` ',	or other (other)		ccumulated preciation	t l	(d) Boo	k value	•
1a	Land	<u> </u>	,		6,129.				26	6,12	29.
b	Buildings				8,365.	4	159,00	9.		9,35	
c	Leasehold improvements			=,	.,	_	,			,	
d	Equipment			28	8,222.	1	69,50	2.	11	8,72	20.
	Other				· , = ·	_	,			. , · -	
	I. Add lines 1a through 1e. (Column (d) must e		X colum	nn (R) line 11	Oc)				94	4,20)5.
	(Oolullii juj Illust e	gaari onn ooo, i ait.	c. Colull	, <u>,.</u>	····			-			

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market valu
) Financial derivatives			
Closely held equity interests			
) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market valu
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(0)			
(7)			
(7)			
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	>	
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	>	
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line			
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of			
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of			
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability			
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes			
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3)			
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4)			
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			(b) Book value

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number COLORADO HORSE RESCUE 84-1095741 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations Special fundraising events С g In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

			O HORSE RESC			1095741 Page 2
Pa	ırt l					
		of fundraising event contributions and gro	1			ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			MANTE ETTENE		NONE	(add col. (a) through
			MANE EVENT	(avant tuna)	(total pumbar)	col. (c))
ē			(event type)	(event type)	(total number)	
Revenue	_	Overe versints	265,974.			265,974.
Вè	1	Gross receipts	203,374.			203,374.
	,	Less: Contributions	265,974.			265,974.
	_	Less. Outilibutions	203/3/10			203/3/11
	3	Gross income (line 1 minus line 2)				
		, , , , , , , , , , , , , , , , , , , ,				
	4	Cash prizes				
	5	Noncash prizes				
ses						
Sens	6	Rent/facility costs				
Direct Expenses						
rect	7	Food and beverages				
Ö	_					
	8	Entertainment Other direct expanses				55,414.
	10	Other direct expenses Direct expense summary. Add lines 4 through			•	55,414.
		-55,414.				
Pa	rt l	Net income summary. Subtract line 10 from light Gaming. Complete if the organization		990, Part IV, line 19, or		
		\$15,000 on Form 990-EZ, line 6a.		, , ,	•	
			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) bingo	bingo/progressive bingo	(c) Other gaining	col. (a) through col. (c))
eve.						
	1	Gross revenue				
es	2	Cash prizes				
Expenses		Namanah minan				
EX D	3	Noncash prizes				
Ħ	4	Rent/facility costs				
Direc	7	Rent/facility costs				
	5	Other direct expenses				
		1	Yes %	Yes %	Yes%	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d))	
	_					
		ter the state(s) in which the organization condu	_			
		the organization licensed to conduct gaming a				Yes No
C	11 "	No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax	year?	Yes No
		Yes," explain:			,	

Sch	ledule G (Form 990) 2021 COLORADO HORSE RESCUE 84-1	1095	<u>/41</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	a The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗆	Yes	☐ No
b	o 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			
	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 to			
	retain the state gaming license?		Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year > \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lin	nes 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

132083 10-21-21 Schedule G (Form 990) 2021

Schedule G	(Form 990)	COLORADO	HORSE	RESCUE		84-1095741	Page 4
Part IV	(Form 990) Supplemental Infor	mation _{(continued}	d)				

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

COLORADO HORSE RESCUE

Employer identification number 84-1095741