Form **99**

EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Depa Interr	rtment nal Reve	of the Treasury enue Service	nformation.	Inspection		
AF	or th	ne 2022 calenda	ar year, or tax year beginning and	ending		-
	heck if		organization		D Employer identificat	ion number
	Addr chan	colo	RADO HORSE RESCUE			
	Nam Chan					
F	Initia returi		isiness as and street (or P.O. box if mail is not delivered to street address)	Room/suite	84-1095741 E Telephone number	
	Final Final	1038	6 N. 65TH STREET		720-494-14	14
	termi	in .	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,629,603.
		nded TONC	MONT, CO 80503		H(a) Is this a group retur	
	Appli tion		ad address of principal officer: DONNELL HEISTAND			Yes X No
	pend		AS C ABOVE		H(b) Are all subordinates includ	
11	ax-e>	xempt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527		
	Vebs		CHR.ORG		H(c) Group exemption n	
KF	orm c	of organization:	X Corporation Trust Association Other	L Year	of formation: 1988 M S	tate of legal domicile: CO
Pa	art I	Summary				
	1	Briefly describ	e the organization's mission or most significant activities: $[{ m TO}~~{ m P}]$	ROVIDE	E A SAFE SOLUT	ION FOR
nce		EVERY H	DRSE IN NEED.			
Governance	2	Check this box	if the organization discontinued its operations or dispos	sed of more	e than 25% of its net assets	š.
ove	3	Number of vot	ing members of the governing body (Part VI, line 1a)			6
	4	Number of ind	4	6		
s S	5	Total number of	of individuals employed in calendar year 2022 (Part V, line 2a)		5	21
/itie	6	Total number of	of volunteers (estimate if necessary)		6	148
Activities	7 a	Total unrelated	I business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated	ousiness taxable income from Form 990-T, Part I, line 11		7b	0.
					Prior Year	Current Year
Ð	8	Contributions	and grants (Part VIII, line 1h)		1,483,698.	1,529,330.
Revenue	9	Program servio	ce revenue (Part VIII, line 2g)		78,760.	64,746.
eve	10	Investment inc	ome (Part VIII, column (A), lines 3, 4, and 7d)		99,513.	-93,220.
œ	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-55,406.	-69,659.
	12	Total revenue	add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,606,565.	1,431,197.
	13	Grants and sin	nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid t	o or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15		compensation, employee benefits (Part IX, column (A), lines 5-10)		665,283.	872,369.
Expenses	1 6a	Professional fu	ndraising fees (Part IX, column (A), line 11e)		0.	0.
x pe	b		ng expenses (Part IX, column (D), line 25) 236, 7	74.		
Ш	17	Other expense	s (Part IX, column (A), lines 11a-11d, 11f-24e)		558,894.	558,233.
	18	Total expenses	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,224,177.	1,430,602.
	19	Revenue less	expenses. Subtract line 18 from line 12		382,388.	595.
OL				Be	eginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (F	art X, line 16)		5,427,292.	5,379,545.
tAs	21		(Part X, line 26)		53,080.	70,184.
ENe.	22		und balances. Subtract line 21 from line 20		5,374,212.	5,309,361.
Pa	art II					
Und	er pen	nalties of perjury, I	declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of my kn	owledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

		(beeueigneu by.									
Sign	Signature of officer	η ^{Date} 7/26/2023										
Here		IVE DIRECTOR	A3CB82BBE9DC4	9C	(7,20,20	,25						
	Type or print name and title											
	Print/Type preparer's name	Preparer's signature	. 21	Date	Check	PTIN						
Paid	KEVIN RICKMAN	Ke	m Julian		sen-employed	P01240896						
Preparer	Firm's name BROCK AND COMPANY	, CPAS, P.C.			Firm's EIN 84-	0930288						
Use Only	Firm's address 4940 PEARL EAST C	R., SUITE 300)									
	BOULDER, CO 80301 Phone no. 303-444-2971											
May the I	RS discuss this return with the preparer shown abo	ve? See instructions				X Yes No						
232001 12-1	3-22 LHA For Paperwork Reduction Act Notic	ce, see the separate ins	tructions.			Form 990 (2022						

Form	m 990 (2022) COLORADO HORSE RESCUE	84-1095741 Page 2
	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
•	OUR MISSION IS TO BUILD A BETTER FUTURE F	FOR HORSES BY CONTINUOUSLY
	REIMAGINING WHAT'S POSSIBLE AND CREATING	
	SOLUTIONS EXIST FOR EVERY HORSE.	
2	Did the organization undertake any significant program services during the year w	which were not listed on the
_	prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it con	ducts, any program services?
-	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three	e largest program services, as measured by expenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of	
	revenue, if any, for each program service reported.	
4a	1 000 000) (Revenue \$ 66,231.)
14	RESCUE - CHR ACTIVELY SEEKS OUT AND TAKES	
	HORSES. WE ENABLE OWNERS TO REHOME THEIR	
	ALSO SAVE HORSES WHO WOULD OTHERWISE BE S	
		- WE EDUCATE THE PUBLIC ON
	RESPONSIBLE HORSE OWNERSHIP, ENGAGE WITH	
	ISSUES FACING OUR INDUSTRY TODAY, AND INS	
		IIGHEST STANDARDS OF CARE,
	REHABILITATION, AND TRAINING TO HELP EVER	•
	WE WORK TO WAKE UP AND UNITE THE EQUINE I	
		ING PROCESS IS STRATEGIC BY
	DESIGN, CREATING SOLID HORSE-AND-HUMAN PA	
	RETURN RATE THAT'S REMARKABLY LOW.	
4b		
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
		, (ionize +,
4d	Other program services (Describe on Schedule O.)	
τu	(Expenses \$ including grants of \$) (Revenue \$)
4e		
-70		Form 990 (2022)

	1 990 (2022) COLORADO HORSE RESCUE 84-1095	574:
Pa	rt IV Checklist of Required Schedules	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	
•	If "Yes," complete Schedule A	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3
4	public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i> Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3
-	during the tax year? If "Yes," complete Schedule C, Part II	4
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6
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	7
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	
	Schedule D, Part III	8
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	
	If "Yes," complete Schedule D, Part IV	9
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	
_	as applicable.	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	1 44
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a
, D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	<u> </u>
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	110
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	116
f		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	
	Schedule D, Parts XI and XII	12a
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12t
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	
	or more? If "Yes," complete Schedule F, Parts I and IV	14
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	144
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	
	1c and 8a? If "Yes," complete Schedule G, Part II	18
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	
	complete Schedule G, Part III	19
20a		20a
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20k
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21

232003 12-13-22

Form 990 (2022)

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Yes No

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Form	990 (2022) COLORADO HORSE RESCUE 84-109	5741	Р	age 4				
Par	TIV 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				
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the							
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete							
	Schedule K. If "No," go to line 25a	24a		X				
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b						
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease							
	any tax-exempt bonds?	24c						
d	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		X				
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If							
	"Yes," complete Schedule L, Part IV	28c		X				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X				
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		x				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete							
	Schedule N, Part II	32		X				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations							
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>				
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and							
	Part V, line 1	34		X				
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X				
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity							
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>				
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?							
	If "Yes," complete Schedule R, Part V, line 2	36		X X				
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization							
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X X				
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			1				
Der	Note: All Form 990 filers are required to complete Schedule O	38	Х	L				
Par								
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	 					
-		1	Yes	No				
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 2							
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	4						
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v					
	(gambling) winnings to prize winners?	1c	х	1				

232004 12-13-22

Form	990 (2022) COLORADO HORSE RESCUE 84-1095 t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	741	P	_{age} 5					
1 ai	Statements Regarding Other INS Things and Tax Compliance (continued)		¥.						
0-			Yes	No					
za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 21								
b	, , , , ,	2b	Х						
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Did the organization have unrelated hubinger group of \$1,000 or more during the user?								
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?								
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
48	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		x					
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a							
b	If "Yes," enter the name of the foreign country								
50		5a		х					
	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?	50 50		<u> </u>					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		<u> </u>					
ou	any contributions that years not tay deductible as charitable contributions?	6a		x					
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua		<u> </u>					
D D	where we deduced the log	6b							
7	Organizations that may receive deductible contributions under section 170(c).	0.0							
	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	х						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	<u> </u>					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10							
Ŭ	to file Form 8282?	7c		x					
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x					
g									
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12 10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
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 12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>					
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans 13b								
С	Enter the amount of reserves on hand 13c			<u> </u>					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>					
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.			v					
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, or any disqualified or other person 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.								

84	-10	95	74	1	Page	6

Form 990 (84-1095741	Page 6
Part VI	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through	7b below, and for a "No" res	sponse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See in		
			37

<u> </u>						X					
Sec	tion A. Governing Body and Management										
		1			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		<u> </u>							
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	b Enter the number of voting members included on line 1a, above, who are independent 1b 6										
2	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?										
3	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		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form S	90 was	s filed?	4		Х					
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5		Х					
6	Did the organization have members or stockholders?			6		Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap										
	more members of the governing body?			7a		Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s										
	persons other than the governing body?			7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year										
a	The governing body?	-	-	8a	х						
b	Each committee with authority to act on behalf of the governing body?			8b	х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea										
Ũ	organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>			9		х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re			Ū							
		venue	Code.)		Yes	No					
102	Did the organization have local chapters, branches, or affiliates?			10a	103	X					
	Da Did the organization have local chapters, branches, or affiliates?										
D	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 event purposes?										
112	and branches to ensure their operations are consistent with the organization's exempt purposes?										
	 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any used by the organization to review this Form 990. 										
	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.										
	 2a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 										
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i>			12b	X						
С		,		100	x						
40	on Schedule O how this was done			12c	X						
13	Did the organization have a written whistleblower policy?			13	X						
14	Did the organization have a written document retention and destruction policy?			14	~						
15	Did the process for determining compensation of the following persons include a review and approva	ai by inc	rependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				v						
	The organization's CEO, Executive Director, or top management official			15a	X						
b	Other officers or key employees of the organization			15b	X						
40	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger			10		v					
	taxable entity during the year?			16a		X					
a	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua		-								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			10							
800	exempt status with respect to such arrangements?	<u></u>		16b							
17 10	List the states with which a copy of this Form 990 is required to be filed NONE	nd 000	T (apotion 501(-)(2)	0.001.3	ov = !! - !						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	na 990-	•1 (Section 501(C)(3)	s oniy)	avallat	ne					
	for public inspection. Indicate how you made these available. Check all that apply.	-									
	X Own website Another's website X Upon request Other <i>(explain</i>		,								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict o	t interest policy, an	d finan	cial						
~ ~	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 boo	oks and	I records								
	$\frac{\text{THE ORGANIZATION} - 720 - 494 - 1414}{10386 \text{ N} 6500}$										
	10386 N. 65TH STREET, LONGMONT, CO 80503										

Form 990 (2022)	COLORADO HORSE RESCUE	84-1095741	Page 7								
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated											
Em	ployees, and Independent Contractors										
Che	eck if Schedule O contains a response or note to any line in this Part VII										
Section A. Of	ficers, Directors, Trustees, Key Employees, and Highest Compensated Employees										
1a Complete th	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 t 	• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.										
Enter -0- in colur	nns (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, box 6 of 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.

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

Name and title Average hours per hours per hou	 (A)	(B)		(C)					(D)	(E)	(F)
hours per week (list any hours for related organizations below line)box, unless person is both an officer and a director/trustee) a director/trustee)compensation from from the organizations (W-2/1099-MISC/ 1099-NEC)amount of other other organizations (W-2/1099-MISC/ 1099-NEC)amount of other other organizations (W-2/1099-MISC/ 1099-NEC)amount of other other organizations (W-2/1099-MISC/ 1099-NEC)amount of other other organizations (W-2/1099-MISC/ 1099-NEC)amount of other other organizations and related organizations(1) DONNELL HEISTAND3.00xx0.0.0.PRESIDENT2.00xx0.0.0.(2) JIM CZEPIEL2.00xx0.0.0.TREASURER2.00xx0.0.0.(3) MOLLY VAUGHAN2.00xx0.0.0.SECRETARYXX0.0.0.0.(4) DAN BURAK1.00x0.0.0.0.DIRECTORX0.0.0.0.0.(5) ANGELA PRIMAVERA1.00x0.0.0.0.DIRECTORX0.0.0.0.0.(6) JULIE OELMAN1.00x0.0.0.0.(7) KATHERINE GREGORY40.000.0.0.0.	Name and title	Average	(do	Position) than (ane	Reportable	Reportable	Estimated
Week (list any hours for related organizations below line)Tom the organization (W-2/1099-MISC/ 1099-NEC)Tom related organization (W-2/1099-MISC/ 1099-NEC)Other compensation from the organization (W-2/1099-MISC/ 1099-NEC)(1) DONNELL HEISTAND3.00XX0.0.0.PRESIDENTXX0.0.0.0.(2) JIM CZEPIEL2.00XX0.0.0.TREASURERXX0.0.0.0.(3) MOLLY VAUGHAN2.00XX0.0.0.SECRETARYXX0.0.0.0.(4) DAN BURAK1.00X0.0.0.0.DIRECTORX0.0.0.0.0.0. ILLE OELMAN1.00X0.0.0.0.0. ILLE OELMAN1.00X0.0.0.0.0. RECTORX0.0.0.0.0.0. RECTORX0.0.0.0.0.0. RECTORX0.0.0.0.0.0. RECTORX0.0.0.0.0.0. RECTORX0.0.0.0.0.0. RECTORX0.0.0.0.0.0. RECTORX0.0.0.0.0.0. RECTOR0.0.0.0.0.0.		1 .	box	box, unless person is b			is both	n an	compensation		
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SECRETARY X X X X 0. 0. 0. (4) DAN BURAK 1.00 X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (5) ANGELA PRIMAVERA 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (6) JULIE OELMAN 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (7) KATHERINE GREGORY 40.00 40.00 0. 0. 0.	(3) MOLLY VAUGHAN	2.00									
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(7) KATHERINE GREGORY 40.00	(6) JULIE OELMAN	1.00									
(7) KATHERINE GREGORY 40.00	DIRECTOR		x						0.	0.	0.
EXECUTIVE DIRECTOR X 117,737. 0. 10,796.	(7) KATHERINE GREGORY	40.00									
	EXECUTIVE DIRECTOR		1		х				117,737.	0.	10,796.
			1								
			1								
			1								
			1								
			1								
			1								
			1								

	990 (2022) COLORADO									84-109	574	1 F	Page 8
Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A) Name and title	(B) (C) Average Position hours per (do not check more than one box, unless person is both an officer and a director/trustee) (list any 5			Position (do not check more t box, unless person is officer and a director				(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimat amount other	of
										organizations (W-2/1099-MISC/ 1099-NEC)		ompens from th organiza and rela rganizat	ne tion ted
	0.11.11								117,737.	0	_	10,7	96
с	Subtotal Total from continuation sheets to Part VI	I, Section A							0.	0	•	10,7	0.
_ <u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but n								117,737. eceived more than \$100,		•	10,7	90.
	compensation from the organization											Yes	1 No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su			-	•	-		Ŭ	• •	•	3	5	x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150			-					-	-	. 4		x
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." com	-				-			-		. 5	;	X
Sec 1	tion B. Independent Contractors Complete this table for your five highest con	mpensated ind	ene	nder	nt co	ontra	actor	s th	nat received more than \$	100 000 of compen	sation	from	
	the organization. Report compensation for t	•	•							•		(C)	
	Name and business	address	NC	ONE	2				Description of s	ervices	Com	pensatio	on
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nited	l to t	thos C		ted	above) who received mo	ore than			

						RS	E RESCUE			84-1095	741 Page 9
Pa	rt V	/	Statement of Re	ven	ue						
			Check if Schedule O	conta	ains a respo	nse	or note to any line	e in this Part VIII			
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
9 0	4	_	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts			•• • • • •								
DOL DOL			Fundraising events				214,381.				
fts, r Ai							,				
, Gi Jilai			Government grants (contr								
Sins			All other contributions, gifts,								
utic		'	similar amounts not included				1,314,949.				
trib Otl		a	Noncash contributions included in			:	18,035.				
Con		-	Total. Add lines 1a-1f	11165		<u> </u>		1,529,330.			
00							Business Code	_, _ ,			
6	2	а	ADOPTION FEES				624200	42,511.	42,511.		
vice	~	b	CORPORATE EVENTS				611430	9,500.	9,500.		
Ser		č	EDUCATION CLINICS			_	611600	9,035.	9,035.		
m ver		d	SURRENDER FEES				624200	2,850.	2,850.		
Program Service Revenue		e	OTHER PROGRAM REVEN	UE			624200	850.	850.		
Pro		f	All other program service		nue			-			
		g	Total. Add lines 2a-2f					64,746.			
	3		Investment income (includ					,			
								23,689.			23,689.
	4		Income from investment of				ſ	·			
	5		Royalties		-						
			,		(i) Real		(ii) Personal				
	6	а	Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss)							
	7	а	Gross amount from sales of		(i) Securit	ies	(ii) Other				
			assets other than inventory	7a	1,007,6	13.					
		b	Less: cost or other basis								
ne			and sales expenses	7b	1,124,5	22.					
evenue		с	Gain or (loss)	7c	-116,9	09.					
Ě			Net gain or (loss)			. <u></u>		-116,909.			-116,909.
Other	8	а	Gross income from fundraisi	ng ev	ents (not						
Oth			including \$	214	,381. of						
			contributions reported on	line	1c). See						
			Part IV, line 18			8a	0.				
		b	Less: direct expenses			8b	71,144.				
		с	Net income or (loss) from	fund	raising ever	ts		-71,144.			-71,144.
	9	а	Gross income from gamin	ig ac	tivities. See						
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
			Net income or (loss) from			°					
	10	а	Gross sales of inventory, I								
			and allowances			10a					
		b	Less: cost of goods sold			10b	2,740.				
		С	Net income or (loss) from	sale	s of inventor	у		1,485.	1,485.		
S							Business Code				
Miscellaneous Revenue	11	а									
lan		b									
Sev		с									
Mis			All other revenue								
			Total. Add lines 11a-11d					1 404 40-			164.263
	12		Total revenue. See instruction	ons				1,431,197.	66,231.	0.	-164,364.

Form 990 (2022) COLORADO HORSE RESCUE 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 respons			(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	117 737	61 755	17 661	35 301
~	trustees, and key employees	117,737.	64,755.	17,661.	35,321
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
7	persons described in section 4958(c)(3)(B)	575,935.	455,499.	3,149.	117,287.
7 8	Other salaries and wages	575,555.	±55,±55•	5,145.	117,2076
0	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	14,912.	11,184.	447.	3 281
9	Other employee benefits	107,203.	80,403.	3,216.	3,281.
9 10	Payroll taxes	56,582.	42,437.	1,697.	12,448
11	Fees for services (nonemployees):	50,5021	12,13,1		12,110
'' a	Management				
b	Legal	3,102.		3,102.	
c		22,910.		22,910.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	8,094.		8,094.	
g		,			
•	column (A), amount, list line 11g expenses on Sch 0.)	40,822.	37,148.		3,674.
12	Advertising and promotion	7,500.	1,500.	3,375.	3,674. 2,625.
13	Office expenses	15,375.	10,301.	1,230.	3,844.
14	Information technology	24,416.	16,359.	1,953.	6,104.
15	Royalties				
16	Occupancy	16,725.	11,206.	1,338.	4,181.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,621.	5,106.	610.	1,905.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	71,108.	63,997.	3,556.	3,555.
23	Insurance	38,805.	19,403.	17,462.	1,940.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	EQUINE MANAGEMENT AND T	231,614.	231,614.		
b		23,607.	21,247.	1,180.	1,180.
c	FARM MANAGEMENT	14,518.	14,518.		•
d	BANK AND CREDIT CARD FE	10,124.	1,012.	2,025.	7,087.
е	All other expenses	21,892.	9,568.	3,566.	8,758.
25	Total functional expenses. Add lines 1 through 24e	1,430,602.	1,097,257.	96,571.	236,774.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

	990 (2 t X	2022) COLORADO HORSE Balance Sheet	KES			<u>04</u> -	1095741 Page
		Check if Schedule O contains a response or not	e to any	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			396,168.	1	490,85
	2	Savings and temporary cash investments	2,658,786.	2	2,658,03		
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current or				_	
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualit		_			
	-	under section 4958(f)(1)), and persons described				6	
	7	Notes and loans receivable, net		7			
	8	Inventories for sale or use			47,251.	8	67,77
Ê	9				13,187.	9	67,77 11,02
		Land, buildings, and equipment: cost or other				_	
		basis. Complete Part VI of Schedule D	10a	1,646,087.			
	b	Less: accumulated depreciation	10b	699,620.	944,205.	10c	946,46
	11	Investments - publicly traded securities		1,367,695.	11	1,202,19	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	0.	15	3,20		
	16	Total assets. Add lines 1 through 15 (must equa			5,427,292.	16	5,379,54
	17	Accounts payable and accrued expenses	53,080.	17	66,97		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
	22	Loans and other payables to any current or form					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				22	
í	23	Secured mortgages and notes payable to unrela		·····		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			
		of Schedule D			0.	25	3,20
	26	Total liabilities. Add lines 17 through 25			53,080.	26	70,18
		Organizations that follow FASB ASC 958, che	ck here	e X			
3		and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions			5,360,912.	27	5,255,56
3	28	Net assets with donor restrictions			13,300.	28	53,79
		Organizations that do not follow FASB ASC 9	58, che	eck here			
		and complete lines 29 through 33.					
5	29	Capital stock or trust principal, or current funds				29	
	30	Paid-in or capital surplus, or land, building, or ec	luipmer	nt fund		30	
	31	Retained earnings, endowment, accumulated in	come, c	or other funds		31	
	32	Total net assets or fund balances			5,374,212.	32	5,309,36
-	33	Total liabilities and net assets/fund balances		·····	5,427,292.	33	5 379 54

5,427,292.

33

33

Total liabilities and net assets/fund balances

Form	1990 (2022) COLORADO HORSE RESCUE	84-10	95741	Pag	_{ge} 12
Pa	rt 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	1,43	L,19	97.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,430),6	02.
3	Revenue less expenses. Subtract line 2 from line 1	3			95.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,374		
5	Net unrealized gains (losses) on investments	5	-65	5,4	46.
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	5,309	9,3	61.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				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	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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 Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form 990 (2022)

(Form 990) Co		omplete if the organ 494	rity Status an ization is a section 501 47(a)(1) nonexempt cha	(c)(3) orga ritable tru	anization o st.			OMB No. 1545-0047
Department of the Trea Internal Revenue Servi			ttach to Form 990 or Fo Form990 for instruction			ormation.		Open to Public Inspection
Name of the org	anization	5					Employer	identification number
		DRADO HORSE						4-1095741
			(All organizations must c			ee instruction	S.	
Ē.	-		For lines 1 through 12, cl	-				
			n of churches described		n 170(b)(1	l)(A)(i).		
			Attach Schedule E (Form		/L\/4\/A\/::	:)		
			anization described in se njunction with a hospital			•)(iii). Enter	the hospital's name.
	ind state:		.j		coolio		,,,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		for the benefit of a col	lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
sect	on 170(b)(1)(A)(iv).(Complete Part II.)						
6 📃 A fed	eral, state, or local go	overnment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).		
	-	-	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	oublic described in
	on 170(b)(1)(A)(vi). ((
			(1)(A)(vi). (Complete Part	,				
-		-	in section 170(b)(1)(A)(i		-		-	-
unive	-	grant conege of agric	ulture (see instructions).		lame, city	, and state of	the college	0
		ally receives (1) more	than 33 1/3% of its supp	ort from co	ontributior	ns, membersh	ip fees, and	d gross receipts from
			t to certain exceptions; a					
incon	ne and unrelated bus	iness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	ifter June 30, 1975.
See s	ection 509(a)(2). (Co	omplete Part III.)						
	ganization organized	and operated exclusi	vely to test for public saf	ety.See	section 50)9(a)(4).		
		-	vely for the benefit of, to				•	
		-	d in section 509(a)(1) o					Check the box on
	-		f supporting organization	-			-	-i. i
			upervised, or controlled l gularly appoint or elect a	• • • •	-			
		complete Part IV, Se		majonty o				ipporting
ĭ		•	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ving
cor	trol or management	of the supporting orga	anization vested in the sa	me persoi	ns that co	ntrol or manag	ge the supp	ported
org	anization(s). You mu	st complete Part IV,	Sections A and C.					
с 🗌 Тур	e III functionally int	egrated. A supporting	g organization operated i	n connect	ion with, a	and functional	ly integrate	d with,
). You must complete F					
			orting organization oper					
		• •	ation generally must sati	•		•	an attentiv	/eness
			nplete Part IV, Sections written determination from					
			nally integrated supportir			турет, туре	п, туре п	
	umber of supported		any integrated supportin					
		on about the supporte						
(i) Name	of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of	-	(vi) Amount of other
org	anization		above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
Total								

Sch			ORSE RESC			84-109	5741 Page
	rt II Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iv) and	d 170(b)(1)(A)(vi)
	(Complete only if you checked	d the box on line 5	5, 7, or 8 of Part I o	r if the organizatio	on failed to qualify	under Part III. If the	organization
	fails to qualify under the tests	s listed below, plea	ase complete Part I	II.)			
Se	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support				-	-	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 \dots						
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						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop						<u></u>
Se	ction C. Computation of Publi	c Support Pe	rcentage				
14	Public support percentage for 2022 (I	ine 6, column (f), c	livided by line 11, o	column (f))		14	
15	Public support percentage from 2021						
16 a	33 1/3% support test - 2022. If the c	organization did n	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	k and
	stop here. The organization qualifies	as a publicly supp	orted organization				
k	33 1/3% support test - 2021. If the c	organization did no	ot check a box on I	ine 13 or 16a, and	d line 15 is 33 1/3%	% or more, check th	is box
	and stop here. The organization qual	ifies as a publicly	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2022. If the org	ganization did not o	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstand	es test, check this	box and stop he	ere. Explain in Par	t VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organization	on qualifies as a pu	blicly supported of	organization		
k	10% -facts-and-circumstances test	- 2021. If the org	ganization did not o	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	ck this box and s	stop here. Explain	in Part VI how the	
	organization meets the facts-and-circu	umstances test. Tl	ne organization qua	alifies as a publicly	y supported organ	ization	
18	Private foundation If the organization	n did not chook o	how on line 12 16	- 166 170 or 17	b shask this have	and and instructions	、

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed below, please complete Part II.) Section A. Public Support

	ction A. Public Support	() 00 10	(1) (2) (2)	()	()) () () () () () () () () (()	(a) =
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1679709.	760,421.	967,671.	<u>1159877.</u>	1396801.	5964479
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	109,291.	123,415.	56,459.	80,683.	68,971.	438,819
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	1789000.	883,836.	1024130.	1240560.	1465772.	6403298
	Amounts included on lines 1, 2, and						
	3 received from disgualified persons						0
k	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.)						6403298
	ction B. Total Support						0405250
	ndar year (or fiscal year beginning in)	(a) 2019	(h) 2010	(c) 2020	(d) 2021	(a) 2022	(f) Total
	Amounts from line 6	(a) 2018 1789000.	(b) 2019 883,836.	1024130.	(d) 2021 1240560.	(e) 2022 1465772.	(f) Total 6403298
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	52,294.	63,353.	46,321.	42,184.		227,841
ł	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	·					
Ċ	Add lines 10a and 10b	52,294.	63,353.	46,321.	42,184.	23,689.	227,841
	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.)	1841294.	947,512.	1070451.	1282744.	1489461.	6631462
	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third, t	· · · · ·			on,
See	ction C. Computation of Publi						····· L
	Public support percentage for 2022 (li			olumo (f))		15	96.56
						16	00 80
<u>16</u>	Public support percentage from 2021 ction D. Computation of Inves				<u></u>	10	93.76
	· · · · · · · · · · · · · · · · · · ·			a a 10 a a lumana (f))		47	3.44
	Investment income percentage for 20		'			17	
18	Investment income percentage from					18	
19a	a 33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box an						X
k	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	is a publicly suppo	rted organization	
	Private foundation. If the organizatio						

COLORADO HORSE RESCUE

1

Yes

No

(Complete only if you checked a box on line 12 of 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

Part IV Supporting Organizations

Schedule A (Form 990) 2022

- 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.)

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

COLORADO HORSE RESCUE Schedule A (Form 990) 2022 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI. 11c Section B. Type I Supporting Organizations Yes No ----

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization</i> (s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	L
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

Yes Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) 1

Section D.	All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization'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			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- The organization satisfied the Activities Test. Complete line 2 below. а
- 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 instruction <u>s).</u>
---	--	---	-------------------------	-----------------	---------------------	-----------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a

2b

3a

2

No

No Yes

Sche	edule A (Form 990) 2022 COLORADO HORSE RESCUE			84-1095741 Page (
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir			
1	Check here if the organization satisfied the Integral Part Test as a qualifyir All other Type III non-functionally integrated supporting organizations mus			Part VI). See instructions.
Sect	tion 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		
	tion 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		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	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		
	tion 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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

Sche	dule A (Form 990) 2022 COLORADO HORS			8	4-1095741	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ied)		
Secti	on D - Distributions				Current Ye	ar
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		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	6	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 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	1		10		
Secti	ection E - Distribution Allocations (see instructions) (i) (ii) Underdistribut Pre-2022				(iii) Distributab Amount for 2	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
a	From 2017					
b	From 2018					
c	From 2019					
d	From 2020					
e	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
8	and 4c. Breakdown of line 7:					
	Excess from 2018					
	Excess from 2019					
	Excess from 2019 Excess from 2020					
	Excess from 2020					
	Excess from 2022					

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022 COLORADO HORSE RESCUE	84-1095741 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 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 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 D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	and 2; Part IV, Section C, , Section B, line 1e; Part V,

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SCHEDULE D		Supplementa	OMB No. 1545-0047				
(Form 990)		Complete if the orga	2022				
•	,		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ttach to Form 990.		Open to Public		
	ment of the Treasury I Revenue Service		0 for instructions and the latest information.		Inspection		
Nam	e of the organization				r identification number		
Par	t I Organiza	COLORADO HORSE RES	こしビ d Funds or Other Similar Funds or A		<u>4-1095741</u>		
Fai		n answered "Yes" on Form 990, Part IV, lin		ccounts.	Complete if the		
		,,	(a) Donor advised funds	(b) Funds an	d other accounts		
1	Total number at er	nd of year					
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4							
5	-		writing that the assets held in donor advised fur				
-			exclusive legal control?		Yes No		
6	•	•	dvisors in writing that grant funds can be used	2			
			r donor advisor, or for any other purpose confe	•	Yes No		
Par	impermissible priva		ganization answered "Yes" on Form 990, Part I				
1		servation easements held by the organization		,			
•		of land for public use (for example, recrea		toricallv impo	rtant land area		
		f natural habitat	Preservation of a cer				
	Preservation	of open space					
2	Complete lines 2a	through 2d if the organization held a qualif	ied conservation contribution in the form of a c	onservation e	asement on the last		
	day of the tax year			Held	at the End of the Tax Year		
а	Total number of co	onservation easements		2a			
b	-						
С			ucture included in (a)	2c			
d		vation easements included in (c) acquired a	• • •				
3			eased, extinguished, or terminated by the orga	2d	a tho tox		
5	year	valion easements mounieu, transieneu, rei	eased, extinguished, or terminated by the organ		g the tax		
4		where property subject to conservation eas	sement is located				
5		tion have a written policy regarding the per					
	violations, and enf	orcement of the conservation easements it	holds?		Yes No		
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservat	ion easement	s during the year		
7	Amount of expens	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation e	asements dur	ing the year		
•							
8			e satisfy the requirements of section 170(h)(4)(E		Yes No		
9			on easements in its revenue and expense state				
Ŭ		c .	note to the organization's financial statements the		the		
	organization's acc	ounting for conservation easements.					
Par	t III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Other	Similar As	sets.		
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and ba	lance sheet v	vorks		
	of art, historical tre	easures, or other similar assets held for pub	olic exhibition, education, or research in furthera	ance of public	:		
			ncial statements that describes these items.		_		
b	-		8, to report in its revenue statement and balance				
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:						
	-			\$			
2	.,		asures, or other similar assets for financial gain				
		unts required to be reported under FASB A		•			
а	-		-	\$			
LHA	For Paperwork Re	eduction Act Notice, see the Instructions	s for Form 990.	Sche	dule D (Form 990) 2022		
232051	09-01-22						

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	dule D (Form 990) 2022 COLORAD	O HORSE RE: Collections of Ar		orical Tre	easures. or	· Other		84–10 r Asset s			age 2
3	Using the organization's acquisition, accessi									lueu)	
	collection items (check all that apply):				Ū		•				
а	Public exhibition	c	1 🗌 k	Loan or exc	change progra	m					
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ney further th	ne organizatio	n's exen	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, hi	storical trea	sures, or othe	r similar	assets		_		_
	to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Par	t IV Escrow and Custodial Arran		ete if the	e organizatio	on answered "	Yes" on	Form 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod		•					_	٦		٦
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing t	table:					Amoun	+	
	Device in a large s								Amoun	L	
	Beginning balance										
	Additions during the year										
-	Distributions during the year										
f 2a	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.						• • • • • • • • • • • • • • • • • • • •	····· ــــ	_]
Par											<u></u>
	•	(a) Current year		Prior year	(c) Two year			/ears back	(e) Fou	r years	back
1a	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1	g, column (a	l)) 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%.									
3a	Are there endowment funds not in the posse	ession of the organiza	ation tha	at are held a	nd administere	ed for th	е		1		
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza								3b		<u> </u>
4 Par	t VI Land, Buildings, and Equipm		wmenti	iunas.							
	Complete if the organization answere). Part I\	V. line 11a. S	See Form 990.	Part X.	line 10.				
	Description of property	(a) Cost or c		1	t or other		ccumulate	he	(d) Boo	k valu	
	Description of property	basis (investr			(other)	• •	preciation		(u) Doo	it valu	0
1a	Land		,		56,129.	-1			26	6.1	29.
	Buildings				32,163.	4	495,4	21.		<u>6,7</u>	
	Leasehold improvements			.,	,		, -				
	Equipment			16	51,140.	1	L10,3	40.	5	0,8	00.
	Other				6,655.		93,8			2,7	
	Add lines 1a through 1e. (Column (d) must e		X. colun							6,4	
			, corall					Schedule			

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 COLORADO HORSE RESCUE

Part VII Investments - Other Securities.	n Form 000, Dort IV, line	11b Soo Form 000 Dart V line 12	
Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
	(b) DOOK Value		d-or-year market value
 (1) Financial derivatives (2) Closely held equity interests 			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	- Fauna 000 Davit IV (line		
Complete if the organization answered "Yes" c (a) Description of investment			d of voor market value
	(b) Book value	(c) Method of valuation: Cost or end	u-oi-year market value
(1)			
(2)			
(3) (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of		e 11d. See Form 990, Part X, line 15.	-
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.	10.,		I
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	i.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OPERATING LEASE OBLIGATION			3,206.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			3,206.
Total, (Column (b) must equal Form 990 Part X col (B) line	25)		1 3.200.

Iotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 COLORADO HORSE RESCUE			84-	1095741	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.				
1	Total revenue, gains, and other support per audited financial statements			1	1,397	,155.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a	<u>-65,446.</u> 39,498.			
b	Donated services and use of facilities	2b	39,498.			
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e		<u>,948.</u>
3	Subtract line 2e from line 1			3	1,423	<u>,103.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	8,094.			
b	Other (Describe in Part XIII.)	. 4b				
с	Add lines 4a and 4b			4c	8 1,431	<u>,094.</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,431	<u>,197.</u>
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem		Expenses per l	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			1	1 4 6 0	0.0.0
1	Total expenses and losses per audited financial statements			1	1,462	,006.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	20 400			
а	Donated services and use of facilities	2 a	39,498.	-		
b	Prior year adjustments			-		
С	Other losses			-		
d	Other (Describe in Part XIII.)					400
е	Add lines 2a through 2d			2e		<u>,498.</u>
3	Subtract line 2e from line 1			3	1,422	,508.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b		8,094.	-		
b	Other (Describe in Part XIII.)	. 4b			-	
С	Add lines 4a and 4b			4c		,094.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,430	,602.
Pa	rt XIII Supplemental Information.					

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

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19,	or if the	2022
Department of the Treasury		Attach to Form 990	or Forr	n 990	·EZ.			Open to Public
Internal Revenue Service		o www.irs.gov/Form990 for instru	ctions	and th	ne latest information	n.		Inspection
Name of the organization								dentification number
		O HORSE RESCUE					84-109	
	complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-l	EZ filers are not
 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations 2 a Did the organization have a written 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? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. 								
(i) Name and addres or entity (fund		al (ii) Activity (iii) Did fundraiser have custody or control of from activity f			Amount paid or retained by fundraiser ted in col. (i)			
			Yes	No				
Total			·					
3 List all states in wh or licensing.	ich the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is e	exempt from	registration

Scho Pa			O HORSE RESC			1095741 Page 2
		of fundraising event contributions and gro				
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events
			MANE EVENT			(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
nue						
Revenue	1	Gross receipts	214,381.			214,381.
	2	Less: Contributions	214,381.			214,381.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				71,144.
	10	, , , , , , , , , , , , , , , , , , , ,				71,144.
	11	Net income summary. Subtract line 10 from li				-71,144.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1	(1) Dull take (in stant		()) Total manaka m (a dal
anu			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E>	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes %	└── Yes % └── No	└── Yes % └── 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)			
а	ls t	ter the state(s) in which the organization condu he organization licensed to conduct gaming ad No," explain:	ctivities in each of these s	states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain:			vear?	Yes No

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Schedule G (Form 990) 2022 COLORADO HORSE RESCUE	84-1095741 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:a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records	
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
 b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amo of gaming revenue retained by the third party \$ c If "Yes," enter name and address of the third party: 	unt
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?	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in cranization's own exempt activities during the tax year.	the
organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	

Schedule G (Form 990) COLORADO HORSE RESCUE	84-1095741 Page 4
Schedule G (Form 990) COLORADO HORSE RESCUE Part IV Supplemental Information (continued) Image: Continued (continued) Image: Continued (continued)	

OMB No. 1545-0047 Supplemental Information to Form 990 or 990-EZ SCHEDULE O Complete to provide information for responses to specific questions on (Form 990) Form 990 or 990-EZ or to provide any additional information. Open to Public Attach to Form 990 or Form 990-EZ. Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number 84-1095741 COLORADO HORSE RESCUE

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL

PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUAL DISCLOSURE FORMS ARE SIGNED AND ANY CONFLICTS ARE REVIEWED BY THE

BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15:

REVIEWED, DISCUSSED, AND APPROVED BY BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

PROVIDED UPON REQUEST.