orm 990

epartment of the Treasury ternal Revenue Service

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.

2022 Open to Public Inspection

OMB No. 1545-0047

evenue Servic					The second secon
the 2022	La January or tay year heginning	, and ending		D Employer identifi	cation number
	C Name of organization 1 HORSE A	T A TIME DRAFT HORSE			
k if applicable:	RESCUE IN			1 00 2040	202
ess change				82-3848	
ne changé	Doing business as Number and street (or P.O. box if mail is not delive	red to street address)	Room/suite	E Telephone number 406 – 493	_4978
ie urange	Number and street (or P.O. box it mail is not delive	, , , , , , , , , , , , , , , , , , , ,		400-453	-4910
al return	326 POPHAM LN	foreign nostal code			
al return/	City or town, state or province, country, and ZIP of			G Gross receipts \$	434,795
ninated	CORVALLIS	MT 59828		G Gloss lecelpts v	
ended return	F Name and address of principal officer:		H(a) Is this a	group return for subordina	ites? Yes X No
olication pending				subordinates included?	Yes No
Silventin parameter	326 POPHAM LN			No," attach a list. See ins	structions
	CORVALLIS	MT 59828		110, 1111111111111111111111111111111111	
ax-exempt state	[92] [50(1) /)	(insert no.) 4947(a)(1) or 527			
ebsite:	WWW.1HORSEATATIME.CO	M		exemption number	tate of legal domicile: MT
orm of organization	The state of the s		L Year of formation:	ZULI NI U	tate or regar define
**********	C. marriani				
		st significant activities:	DOM COINC TO	O STATIGHTER	
SA	describe the organization's mission or move UNWANTED, NEGLECTED AND	ID ABUSED DRAFT HORSES F.	KOM GOTING T	J. DHAOGIAL TO	T
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
*****			on 25% of its net a	ssets	
2 Chec	k this box if the organization disconting the of voting members of the governing both our of independent voting members of the number of individuals employed in calendary number of volunteers (estimate if necessary numbered business revenue from Part VIII	ued its operations or disposed of more u	1an 25% of 1ts not a	OK 3 4	
3 Numi	per of voting members of the governing boo	dy (Part VI, line 1a)	TOTAL	1701 4 4	
4 Numl	per of independent voting members of the	governing body (Part VI, line 16)	Thousand	1510	
5 Total	number of individuals employed in calendary	ar year 2022 (Part V, line 2a)	J.	56 0	
6 Total	number of volunteers (estimate if necessa	ry)	DAVIS GR	63-44 7a	C
7a Total	unrelated business revenue from Part VIII	, column (C), line 12	AB: (400).	7b	C
b Net i	per of independent voting members of the number of individuals employed in calendary number of volunteers (estimate if necessal unrelated business revenue from Part VIII unrelated business taxable income from Fo	rm 990-1, Part I, line 11	Pri	or Year	Current Year
	tributions and grants (Part VIII, line 1h)			777177	363,174 71,271
	(Port VIII line 20)			18,787	11,2,1
40 1	etment income (Part VIII, column (A), lines	3, 4, and /d)			350
	(m () //// and (M) lines h h	n ac ac inc. and ite		239,932	434,795
	add lines 8 through 11 (must 6	equal Part VIII, column (A), line 12)		239,332	
12 10to	nts and similar amounts paid (Part IX, colu	mn (A), lines 1–3)			
	Column Column Column	nn (A) IIII 41			
14 Del	aries, other compensation, employee bene	fits (Part IX, column (A), lines 5–10)			
15 38	faccional fundraising fees (Part IX, column	(A), line 11e)			
16a Pro	fessional fundraising fees (Part IX, column al fundraising expenses (Part IX, column (I	O), line 25)	······	231,199	404,93
	(Part IV column (A) lines 11	a-11d, 11f-24e)		231,199	404,93
17 50	-Laurances Add lines 13-17 (must equal	Part IX, Column (rx), mio 207		8,733	29,85
19 Re	verse less expenses. Subtract line 18 from	line 12	Doginnin	21,564	End of Year 45,01
Se	tal assets (Part X, line 16)			6,411	10/0-
2	(B) ASSES (Fait A, IIII 10)			15,153	45,01
20 To	tal liabilities (Part X line /n)	**************		TO 1 TO 2	
21 To	at assets or fund balances. Subtract line 21	from line 20			Andrew Control of
配 22 No	Signature Block	from line 20	and statements, and	to the best of my kno	wledge and belief, it is
配 22 No	Signature Block	from line 20	and statements, and	to the best of my kno nowledge.	wledge and belief, it is
配 22 No	stal liabilities (Part X, line 26) Signature Block alties of perjury, I declare that I have examined the standard complete. Declaration of preparer (other that I and complete.	from line 20	and statements, and		wledge and belief, it is
Part II Under pena	Signature Block Ities of perjury, I declare that I have examined the tit, and complete. Declaration of preparer (other than the tit)	from line 20	and statements, and	to the best of my kno nowledge.	wledge and belief, it is
Part II Under pena	Signature Block Ities of perjury, I declare that I have examined to the complete. Declaration of preparer (other to Signature of officer	nis return, including accompanying schedules than officer) is based on all information of white	and statements, and		wledge and belief, it is
Part II Under pena true, correc	Signature Block alties of perjury, I declare that I have examined the and complete. Declaration of preparer (other in Signature of officer JASMIN SHINN	nis return, including accompanying schedules than officer) is based on all information of white	and statements, and ch preparer has any k		
Part II Under pena true, correct	Signature Block Ities of perjury, I declare that I have examined to the complete. Declaration of preparer (other to Signature of officer	nis return, including accompanying schedules than officer) is based on all information of white	and statements, and ch preparer has any k		wledge and belief, it is
Part II Under pena true, correct	Signature Block alties of perjury, I declare that I have examined the and complete. Declaration of preparer (other in Signature of officer JASMIN SHINN	nis return, including accompanying schedules than officer) is based on all information of white PRES.	and statements, and ch preparer has any k	Date	Frin PTIN P00753969
Part II Under pena true, correct	Signature Block Signature Block Signature Block Signature Block Signature of perjury, I declare that I have examined the triangle of the perjury of the	nis return, including accompanying schedules than officer) is based on all information of white preparer's signature douglas J Davis	and statements, and ch preparer has any k	Date Check	if PTIN

*	DDAWE HODGE	82-3848202	Page 2
n 990 (2022) 1 HORSE AT A 1	IME DRAFT HORSE	02-5010202	
art III Statement of Program	Service Accomplishments	the in this Dorf III	
Check if Schedule O cor	ntains a response or note to any	y line in this Part III	
and the second second	on: 1 HORSE AT A TIME !	TO SAVE UNWANTED,	
		Listed on the	
Did the organization undertake any sign prior Form 990 or 990-EZ? If "Yes," describe these new services or			Yes X No
Did the organization cease conducting, services?	or make significant changes in how it		Yes X No
If "Yes," describe these changes on Sc Describe the organization's program se expenses. Section 501(c)(3) and 501(c the total expenses, and revenue, if any	hedule O. ervice accomplishments for each of its to e)(4) organizations are required to repor	three largest program services, as m t the amount of grants and allocation	neasured by ns to others,
PROGRAM SUCCESSFULLY 2022, MANY OF WHICH	396,426 including grants	SION BY SAVING MUL'	Revenue \$ 71,271) TIPLE HORSES IN
2022			
. ,			
)/F ¢	including grants	s of \$) (Revenue \$
4b (Code:) (Expenses \$	moldding grand		
N/A			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
4c (Code:) (Expenses \$	including gran	ts of \$	(Revenue \$
4c (Code:) (Expenses \$ N/A	Including gran		
. ,			
		•••••	
4d Other program services (Describe of	on Schedule O.)		
(Expenses \$	including grants of \$) (Revenue \$)

82-3848202

Checklist of Required Schedules ParielVe No Vas Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X 3 candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X 4 election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, \mathbf{x} assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 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 X "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X complete Schedule D, Part III 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 X debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X, as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more X 11b of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more X 11_C of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11d reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 Did the organization maintain an office, employees, or agents outside of the United States? 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 X foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other \mathbf{X} assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on \mathbf{x} 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 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 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 X

Yes

X

Statements Regarding Other IRS Filings and Tax Compliance

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

Did the organization comply with backup withholding rules for reportable payments to vendors and

Check if Schedule O contains a response or note to any line in this Part V

di,						
orm	990 (2022) 1 HORSE AT A TIME DRAFT HORSE 82-384	8202			Pag	ge 5
Pa	Statements Regarding Other IRS Filings and Tax Compliance (cont	linued)		[BARTANA]	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		,			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax re	turns?		2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?					X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Sched			3b		
b	At any time during the calendar year, did the organization have an interest in, or a signature or other	er authori	ty over,			
4a	a financial account in a foreign country (such as a bank account, securities account, or other financial	cial accou	unt)?	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 Financia	al Accour	ots (FBAR).			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Was the organization a party to a prohibited tax shelter transaction at any time during the tax year.	?	110 (1 2) 11 ().	5a		X
5a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-	saction?		5b		X
b	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	d the				
- u	organization solicit any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contrib	utions or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	for goods				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly to	ioi goous		7a	7000000000	0000000
	and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?		*******	7b		
b	lf "Yes," did the organization notify the donor of the value of the goods of services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which i	t was				
С				7c		
	required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7~				
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal bene		ot?	7e		
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit o	ontract?		<u> /†</u>		
g	If the organization received a contribution of qualified intellectual property, did the organization file	e Form 88	399 as required?	/g	-	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the orga	inization t	ile a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maint	ained by	the	8		88888
	sponsoring organization have excess business holdings at any time during the year?					
9	Sponsoring organizations maintaining donor advised funds.			00	000000000000000000000000000000000000000	5000000
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?					
b						
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	108	a			
a	a contract of Farm 200 Bort VIII line 12 for public use of club facilities					
b 11	Section 501(c)(12) organizations. Enter:	,				
a	6	116	a			
b	Compatible services (Do not not amounts due or paid to other sources					
	against amounts due or received from them.)			120		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	Form 10 ²	11? .	12a	1	
ŀ	of "Yes." enter the amount of tax-exempt interest received or accrued during the year	12	b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			13	а	
ā	Note: See the instructions for additional information the organization must report on Schedule C).				
	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	13	Sb			
(c Enter the amount of reserves on hand		<u> </u>	14	a	7
14	Too to see these neumants? If "No " provide an explanation on So	hedule O		14	b	
	1000 to 1000 t	muneration	on or			
15				15	5	2
	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net inves	tment inc	come?	1	6	
16	If "Yes," complete Form 4720, Schedule O.					
17	 Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any 	y activitie:	s			
.,	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			1	7	
	If "Yes," complete Form 6069.			88888	Form 9	

Part VI

21 1	HORSE	AT	A	TIME	DRAFT	HORSE	82-3848202	Page 6
Go	/ernance	Man	age	ment. a	nd Disclo	sure For e	ach "Yes" response to lines 2 through 7b below, and fo	or a "No"
raci	once to line	82 8	Rh c	or 10h he	low describ	he the circu	mstances, processes, or changes on Schedule O. See	instructions.
100	101130 10 11110	, ou, (<i>50,</i> c	1 '		note to any	line in this Part VI	X
Che	ck if Sched	ule O	con	tains a re	sponse or	note to any	IIII III IIII II art vi	
•					4000			

ect	on A. Governing Body and Management		Yes	No
	and the start wear and the governing body at the end of the tax year.		163	
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 4			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
J	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		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
Ia	one or more members of the governing body?	7a		X
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
b	stockholders, or persons other than the governing body?	7b		X
Q	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
8	The governing body?	8a	X	
a	Each committee with authority to act on behalf of the governing body?	8b	X	
b	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
9	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
800	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	ode.)		
JEC	doll B. I dildes (The Society Brogards and Indiana)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a		X
10a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
44-	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
11a	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		1	
С	describe on Schedule O how this was done	120	X	
40	Did the organization have a written whistleblower policy?	13		X
13	Did the organization have a written document retention and destruction policy?	14		X
14	Did the process for determining compensation of the following persons include a review and approval by			
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	158	a	X
a b	The state of the experience of the experience	151	o	X
	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 arrangement			
108	with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16:	a	X
k	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	16	h	
	organization's exempt status with respect to such arrangements?	1 10	D	
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.		*	
	X Own website Another's website X Upon request X Other (explain on Schedule 0)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JASMIN SHINN 326 POPHAM LN	16 1	102	497
	MT 59828 40	70-4	ェフンー	17/

CORVALLIS

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.

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

Position (F) (E) (D) (B) (A) (do not check more than one Estimated amount Reportable Reportable Average Name and title box, unless person is both an of other compensation compensation hours compensation officer and a director/trustee) from related from the per week organization (W-2/ organizations (W-2/ from the (list any nstitutional 1099-MISC/ organization and ey employee ghest compensated 1099-MISC/ hours for related organizations idual trustee 1099-NEC) 1099-NEC) related organizations dotted line) (1) JASMIN SHINN 35.00 0 0 0 0.00 X X PRESIDENT (2) AMBER JOHNSTONE 1.00 0 0 0 0.00 X DIRECTOR SWAIN (3) KELLY 1.00 0 0 X 0.00 DIRECTOR (4) SHERLY SHAE 1.00 0 0 0 0.00 X DIRECTOR (5)(6) (7)(8) (9) (10)

(11)

Section A. Officers, (A) Name and title	(B) Average hours	(do box	not cl	Posi heck i ss per	tion more	than or s both /truste	ne an	d Highest Compensated (D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
										,
		-								
1b Subtotal c Total from continuation sh d Total (add lines 1b and 1c) 2 Total number of individuals (reportable compensation fro	eets to Part VII,	Sec	tion	Α.					n \$100,000 of	
3 Did the organization list any employee on line 1a? If "Yes 4 For any individual listed on I organization and related organization and related organization in Did any person listed on line for services rendered to the	former officer, c s," complete Sch ine 1a, is the sur anizations great	lirect edule m of er the	or, tree or	or su rtabl 150, 	e co 0001	ndivion mpe ? If "\ on fro	dual nsati /es," 	ion and other compensation complete Schedule J for any unrelated organization	on from the such	3 X 4 X 5 X
1 Complete this table for your compensation from the organic	C Islant and	npen:	sate	d inc	lepe n fo	nden r the	t cor	ndar year ending with or w	numin the organizations tax	year.
	(A) and business address							Des	cription of services	CO) Compensation
2 Total number of independe received more than \$100,0	nt contractors (in	nclud	ing b	out n	ot lii	mited	to the	hose listed above) who	0	

	Check if S	chedule O contai	ns a res	ponse or note			(C)	(D)
					(A) Total revenue	(B) Related or exempt	Unrelated	Revenue excluded from tax under
						function revenue	business revenue	sections 512-514
1a	Federated campai	gns	1a					
b			1b					
-1		s	1c					
4		ons	1d					
u	Government grants (conti		1e					
e	All other contributions, gif			242 454				
<u> </u>		ncluded above	1f	363,174				
9	Noncash contributions inc	cluded in	1g \$	6,000				
2		a–1f			363,174			
0 11	Total. Add lines 1	a 11		Business Code				
2a	HORSE ADOPT	TON FEES			45,417	45,417		
b	HORSE PROXY	e elected of the property of the			25,854	25,854		
a .								
b c d e								
ž ,								
f e	All other program	service revenue						
		2a–2f			71,271			
3	Investment incom	ne (including dividend	s, interest	, and				
"	other similar amo							
4		estment of tax-exemp	bond pro	ceeds				
5								
3	Royallies	(i) Real		(ii) Personal				
6-	Gross rents	6a						
ba	Less: rental expenses	6b						
0	Rental inc. or (loss)	6c			1			
ام	Net rental incom							
7a	Gross amount from	(i) Securities		(ii) Other				
	sales of assets	7a						
A L	other than inventory Less: cost or other	14						
Revenue o q	basis and sales exps.	7b						
Š .		7c						
	Gain or (loss)		l					
ther q	Net gain or (loss		T					
통 8a	Gross income from							
	of contributions rep							
		ne 18	8a					
	Less: direct exp		8b					
		loss) from fundraising						
	a Gross income fi							
96		Part IV, line 19	9a					
١.		enses	9b	*				
		loss) from gaming ac						
	a Gross sales of							
''	returns and allo		10a		_			
	b Less: cost of go	oods sold	10b					
	c Net income or (loss) from sales of in	ventory		.			
				Business Co	de	-		
Miscellaneous Revenue	a EXPENSE RI	EIMBURSEMENTS			35	35	50	
ng an								
S S	1 100 1 1 1 1 1			1				
Re		 e						
Ξ		s 11a–11d			35	50		
		See instructions			434,79		21	0

Pq 13

Part IX

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 (D) Fundraising expenses (A) Total expenses (C) (B) Do not include amounts reported on lines 6b, 7b, Management and Program service general expenses expenses 8b, 9b, and 10b of Part VIII. 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, 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 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes 10 Fees for services (nonemployees): Management Legal 2,025 2,025 Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column 665 665 (A) amount, list line 11g expenses on Schedule O.) 126 2,349 51 2,526 Advertising and promotion 12 661 220 574 1,455 Office expenses 13 Information technology 14 15 Royalties 10,862 3,621 14,483 16 Occupancy 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 492 492 20 Payments to affiliates _____ 21 6,004 6,004 Depreciation, depletion, and amortization 22 100 100 Insurance 23 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 131,839 131,839 HORSES PURCHASED 91,615 91,615 VETERINARY & ALT MEDICAL b 68,269 68,269 FEED 25,418 25,418 HORSE TRANSPORTATION 58,239 1,420 60,046 All other expenses 7,778 396,426 404,937 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 (2022) Form 990 (2022)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 11,828 427 1 Cash—non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 500 500 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 43,527 10a basis. Complete Part VI of Schedule D 32,683 20,637 10,844 10c Less: accumulated depreciation 10b 11 Investments—publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 45,011 21,564 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 17 Accounts payable and accrued expenses _____ 17 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, 22 trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 6,411 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 0 6,411 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 45,011 15,153 27 Net assets without donor restrictions 27 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 45,011 15,153 32 Total net assets or fund balances 32 45,011 21,564 33 Total liabilities and net assets/fund balances

TVVVVVVV	Reconciliation of Net Assets			_	_
CII	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	424	,79	
	Total expenses (must equal Part IX, column (A), line 25)	2		.,93	
	Revenue less expenses. Subtract line 2 from line 1	3		,85	
3	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15	,15	3
	Net unrealized gains (losses) on investments	5			
	Donated services and use of facilities	6			
	Investment expenses	7			
		8			
	Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O)	9			
	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
10		10	4!	5,01	L1
62	32, column (B)) T XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>	
	Cristian Contraction of Contraction		Y	es N	No_
1	Accounting method used to prepare the Form 990: X Cash Other Other				
•	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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		<u>X</u>
	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:				
	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		*******
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule 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	-+	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	990	

SCHEDULE A (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.

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

1 HORSE AT A TIME DRAFT HORSE

Employer identification number 82 – 3848202

			RESCUE INC				02 3010	
	nt I	Reasor	for Public Charity St	atus. (All organizations r	nust cor	nplete t	his part.) See instruction	S
he o	organ	ization is not a	private foundation because i	t is: (For lines 1 through 12, ch	eck only o	ne box.)		2 *
1	$\overline{\Box}$	A church, conve	ention of churches, or assoc	iation of churches described in	section 1	70(b)(1)(A)(i).	*
2	П	A school descri	bed in section 170(b)(1)(A)	(ii). (Attach Schedule E (Form	990).)			
3	П	A hospital or a	cooperative hospital service	organization described in sect	ion 170(b)(1)(A)(iii		
4	П	A medical rese	arch organization operated i	n conjunction with a hospital de	escribed in	section	170(b)(1)(A)(iii). Enter the ho	spital's name,
		city, and state:						
5		An organization	operated for the benefit of	a college or university owned o	r operated	by a gov	ernmental unit described in	
		section 170(b)	(1)(A)(iv). (Complete Part II.	.)				
6		A federal, state	e, or local government or gov	ernmental unit described in se	ction 170	(b)(1)(A)(v).	
7		An organization described in se	n that normally receives a su ection 170(b)(1)(A)(vi). (Cor	ibstantial part of its support from nplete Part II.)	m a gover	nmental u	nit or from the general public	
8		A community to	rust described in section 17	0(b)(1)(A)(vi). (Complete Part I	II.)			
9		An agricultural	research organization descr	ibed in section 170(b)(1)(A)(ix	() operated	in conju	nction with a land-grant colleg-	e
		or university or	a non-land-grant college of	agriculture (see instructions).	nter the r	iame, city	, and state of the college of	
		university:			ort from co	ntribution	s membership fees and gros	s
10	X	An organizatio	n that normally receives (1)	more than 33 1/3% of its suppo of functions, subject to certain e	exceptions	: and (2)	no more than 331/3% of its	
		receipts from a	ross investment income and	unrelated business taxable inc	come (les	section	511 tax) from businesses	
		acquired by the	e organization after June 30	, 1975. See section 509(a)(2).	(Complete	e Part III.)		
11		An organizatio	n organized and operated ex	xclusively to test for public safe	ty. See se	ction 509	9(a)(4).	_
12		An organizatio	n organized and operated ex	clusively for the benefit of, to a	perform th	e function	s of, or to carry out the purpos	ses of
		one or more n	ublicly supported organization	ons described in section 509(a)(1) or sec	tion 509	a)(2). See section busia)(3).	Спеск
		the box on line	es 12a through 12d that desc	cribes the type of supporting or	ganization	and com	piete lines 12e, 12i, and 12g.	200
	а	Type I. A	supporting organization oper	rated, supervised, or controlled	by its sup a majority	ported or of the dire	ectors or trustees of the	ıy
		supporting	organization. You must co	er to regularly appoint or elect a emplete Part IV, Sections A ar	nd B.			
	b	Type II. A	supporting organization sup	pervised or controlled in connec	ction with i	ts suppor	ted organization(s), by having	nd
		control or	management of the support	ing organization vested in the s	same pers	ons that c	control or manage the support	eu
		organizati	on(s). You must complete	Part IV, Sections A and C.	J != =====	otion with	and functionally integrated W	ith
	С	its suppor	ted organization(s) (see inst	upporting organization operated ructions). You must complete	Part IV,	ections	A, D, and E.	
	d	Type III n	on-functionally integrated	. A supporting organization ope	erated in c	onnection tribution	with its supported organization	11(5) 2SS
		that is not	t functionally integrated. The	organization generally must sa nust complete Part IV, Section	ns A and	D. and Pa	art V.	
		requireme	s hav if the organization rece	eived a written determination from	om the IR	S that it is	a Type I, Type II, Type III	
	е	functional	lly integrated, or Type III nor	-functionally integrated suppor	ting organ	ization.		
	f	Enter the num	nber of supported organization	ons				
	g	Provide the fo	ollowing information about th	e supported organization(s).				
	(i) Na	me of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o		(v) Amount of monetary support (see	(vi) Amount of other support (see
	C	organization		(described on lines 1–10 above (see instructions))		r governing ment?	instructions)	instructions)
				abovo (oss mondonom)	Yes	No		
	11							
(A	Ŋ							
(E	3)							
((C)							
(1	O)							
_								
(1	E)							

_				1	.	4	8	

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.) Part II

	on A. Public Support					() 2222		4-1
	er year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021.	(e) 2022	(f) To	ital
r	Bifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no			, .				
(ax revenues levied for the organization's benefit and either paid or expended on its behalf				,			
1	The value of services or facilities urnished by a governmental unit to the organization without charge							
4 .	Total. Add lines 1 through 3						00000	
	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on ine 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
	on B. Total Support					T		
Calend	lar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) To	otal
	Amounts from line 4							
	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							
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Gross receipts from related activities, etc	(see instructions	:)	8 1000000000000000000000000000000000000			12	
12	First 5 years. If the Form 990 is for the o	rganization's first	second third four	th or fifth tax vea	er as a section 501((c)(3)		
13	organization, check this box and stop he							
Sec	ion C. Computation of Public S	upport Perce	ntage					
14	Public support percentage for 2022 (line			mn (f))			14	%
15	Public support percentage from 2021 Sch						15	%
16a	33 1/3% support test—2022. If the organ	nization did not cl	heck the box on line	13, and line 14 i	s 33 1/3% or more	, check this		
100	box and stop here . The organization qua							[
b	33 1/3% support test—2021. If the orga	nization did not c	heck a box on line	13 or 16a, and lin	e 15 is 33 1/3% or	more, check		_
	this box and stop here. The organization							L
17a	10%-facts-and-circumstances test—20							
	10% or more, and if the organization meet Part VI how the organization meets the fa	ets the facts-and- acts-and-circums	circumstances test tances test. The or	, check this box a ganization qualifie	ind stop here. Expl es as a publicly sup	lain in ported		Г
L	organization 10%-facts-and-circumstances test—20	121 If the organis	zation did not check	a box on line 13	. 16a. 16b. or 17a.	and line		
b	15 is 10% or more, and if the organization	n meets the facts	s-and-circumstance	s test, check this	box and stop here	. Explain		
	in Part VI how the organization meets the	e facts and circur	metances test. The	organization gual	lifles as a publicly s	supported		
								Γ
10	organization Private foundation. If the organization of	did not check a be	ox on line 13 16a	 16b. 17a. or 17b	check this box and	see	******	
18	Fireate loundation. If the organization (5. 511 mio 10, 10d,					
	instructions							

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

(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.)

Sect	ion A. Public Support						
	dar 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				001 145	262 174	834,261
	received. (Do not include any "unusual grants.")	27,446	84,527	137,969	221,145	363,174	834,201
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		16,231	11,680	18,787	71,621	118,319
	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization'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	27,446	100,758	149,649	239,932	434,795	952,580
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	5,600	35,179	31,300	52,975		125,054
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						
С	Add lines 7a and 7b	5,600	35,179	31,300	52,975		125,054
8	Public support. (Subtract line 7c from						827,526
	line 6.)				1		0217520
Sec	tion B. Total Support ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
		27,446		149,649			952,580
9	Amounts from line 6	27,440	100,730	115,015			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	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.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	27,446					952,580
14	First 5 years. If the Form 990 is for the o organization, check this box and stop he	rganization's first, re		h, or fifth tax yea	r as a section 501(c)(3)	
Se	ction C. Computation of Public S	upport Percer	ntage			T 4=	25.5=0/
15	Public support percentage for 2022 (line	8, column (f), divid	ed by line 13, colu	mn (f))		15	86.87 %
16	Public support percentage from 2021 Sch	nedule A, Part III, I	ine 15			10	70
1000000	ction D. Computation of Investment income percentage for 2022	(line 10e column (f) divided by line 1	3 column (f))		17	%
17	Investment income percentage for 2022 Investment income percentage from 2021					40	%
18		Scriedule A, Fait	heck the hox on lin	e 14 and line 15	is more than 33 1/		:
19a	17 is not more than 33 1/3%, check this I	box and stop here	. The organization	qualifies as a pul	blicly supported org	ganization	X
b	33 1/3% support tests—2021. If the org line 18 is not more than 33 1/3%, check the support tests—2021.	anization did not c	neck a box on line	14 OF HITE 198, AF	a nublicly supporte	d organization	
20	Private foundation. If the organization of	una nox and stop i tid not check a hov	on line 14 19a o	r 19b. check this	box and see instru	ctions	
20	riivate iounidation. Il the organization o	na not oncor a poy	Con mile i i, rea, e			Schedu	le A (Form 990) 202

Part IV

Supporting Organizations

(Complete only if you checked a box on 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

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a 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.
- 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.
- 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.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - 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.)

		1/		M.
	20000	Ye	S	No
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	5b 5c 6 8 9a 9b 9c	a		
	5b 5c 6 8 9a 9b 9c	a		

	le A (Form 990) 2022 1 HORSE AT A TIME DRAFT HORSE 82-38482	
rart	Supporting Organizations (continued)	Yes N
1	Has the organization accepted a gift or contribution from any of the following persons?	
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	11a
	11c below, the governing body of a supported organization?	
b	A family member of a person described on line 11a above?	11b
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	44
	provide detail in Part VI.	11c
ecti	on B. Type I Supporting Organizations	
		Yes N
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? If "No," describe in Part VI how the supported organization(s)	
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
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,	
	supervised, or controlled the supporting organization.	2
ect	ion C. Type II Supporting Organizations	
	4 1 11 4 5	Yes
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	
	or management of the supporting organization was vested in the same persons that controlled or managed	
	the supported organization(s).	1
Sact	tion D. All Type III Supporting Organizations	
	ion b. 7 in Type in experime experime	
		Yes
		Yes
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1 2 3 3 Sec 1 a a b c 2 a a a	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? 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). By reason of the relationship described on line 2, above, did the organization's supported organization 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. tion 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 instruction or the organization is the parent of each of its supported organizations. Complete line 3 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below. Did substantially all of 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 activi	1 2 3 3 Sons).
1 2 3 3 Sec 1 a k c 2 a a	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? 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). 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. Ition 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 instruction). The organization satisfied the Activities Test. Complete line 2 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below. Activities Test. Answer lines 2a and 2b below. Activities Test. Answer lines 2a and 2b below. The organization is the organization's activities during the tax year directly further the exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities described on line 2a, above, constitute activities that, but for the organization's involvement.	a structions).
1 2 3 3 Sec 1 a k 0 2 a 4 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? 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). 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. Ition 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 instruction). The organization satisfied the Activities Test. Complete line 2 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below. Activities Test. Answer lines 2a and 2b below. Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities described on line 2a, above, constitute activities that, but for the organization in Part VI the reas	a structions).
1 2 3 3 Sec 1 a k 0 2 a 4 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? 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 mainteined a close and continuous working relationship with the supported organization(s). 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 organizations have a significant voice in the organization's investment policies and in directing the use of the organization's supported organizations played in this regard. It is not to the method that the organization organizations consists and the organization played in this regard. It is consistent to the method that the organization used to satisfy the Integral Part Test during the year (see Instruction organization satisfied the Activities Test. Complete line 2 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below. The organization as a power lines 2a supported organizations. Complete line 3 below. The organizations and explain how these activities directly further the exempt purposes, how the organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organization, and how the organization determined that these activit	a structions).
1 2 3 Sec 1 a k c 2 a 4	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? 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). 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. Ition 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 instruction). The organization satisfied the Activities Test. Complete line 2 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below. Activities Test. Answer lines 2a and 2b below. Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities described on line 2a, above, constitute activities that, but for the organization in Part VI the reas	a structions).

Par	Type III Non-Functionally Integrated 509(a)(3) Supporting	Organizati	ons	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust of	on Nov. 20, 19	970 (explain in Part VI). S	ee
	instructions. All other Type III non-functionally integrated supporting organization	s must compl	ete Sections A through E.	
Sect	ion 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			
U	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):			
	Average monthly value of securities	1a		A PARTY OF THE PAR
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
	e Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	The state of the s	2		
3		3		
4	E. L. O. O.A.E. of the amount			
	see instructions).	4		
5	to (a laterat line A frame line 2)	5		
		6		
6		7		
7		8		
Sec	ction C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
		2		
3	(5 O !! D !! O h A)	3		
4		4		
5		- 5		
C	emergency temporary reduction (see instructions).	6		
7			II supporting organization	
,	(see instructions).	. ,,	, , , , , , , , , , , , , , , , , , , ,	
	(acc matruotiona).			

Schedule A (Form 990) 2022

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) 5 5 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2022 from Section C, line 6 10 Line 8 amount divided by line 9 amount 10 (ii) (iii) Distributable Underdistributions **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required-explain in Part VI). See instructions. 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) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 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. 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. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

Dahadula A (For	000) 2022	1 HORSI	AT A	TIME	DRAFT	HORSE		82-3848202	Page 8
Schedule A (For Part VI	Supplemental Ir	Iformation. Pro V, Section A, lir Part IV, Section V, line 1: Part V	ovide the enes 1, 2, 3 or C, line 1; or Section	explanation, 3c, 4b, Part IV, B. line 1e	ons requi , 4c, 5a, 6 Section De: Part V,	red by Part 5, 9a, 9b, 9c 0, lines 2 an Section D, l	s, 11a, 11b nd 3; Part l' lines 5, 6, a	and 8; and Part V	, Section s 1c, 2a, 2b,
								01001001001001001	
,									
		,							
				.,,,,,,,,,,,,,					
1									
DAA								Sche	dule A (Form 990) 2022

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-PF.

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

2022

Employer identification number

1 HORSE AT A TIME DRAFT HORSE 82-3848202 RESCUE INC Organization type (check one): Section: Filers of: 3) (enter number) organization **X** 501(c)(Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule |X| For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

PAGE 1 OF 1

Name of organization

1 HORSE AT A TIME DRAFT HORSE

Employer identification number 82-3848202

Part I	Contributors (see instructions). Use duplicate copies of Pa	rt I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LESLIE L ALEXANDER FOUNDATION LESLIE L ALEXANDER FOUNDATION 110 E ATLANTIC AVE STE 320 DELRAY BEACH FL 33444	\$ 70,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 2	Name, address, and ZIP + 4 RENAISSANCE CHARITABLE FOUNDATION RENAISSANCE CHARITABLE FOUNDATION 8910 PURDUE RD STE 555 INDIANAPOLIS IN 46268	Total contributions \$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	JCCS JCCS 321 W BROADWAY STE 400 MISSOULA MT 59802	\$ 15,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 7,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 6,500	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	DONATIONS OF HAY	\$ 6,000	Person Payroll Noncash X (Complete Part II for noncash contributions.)

PAGE 1 OF 1

Page 3

Name of organization

1 HORSE AT A TIME DRAFT HORSE

Employer identification number 82-3848202

Part II	Noncash Property (see instructions). Use duplicate of	copies of Part II if additional space	ce is needed.
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	HAY	\$ 5,000	04/12/22
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	нау	\$ 1,000	08/29/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
Yes No

(i) Unrelated organizations
3a(i)

(ii) Related organizations
3a(ii)

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated (d) Book value (a) Cost or other basis (b) Cost or other basis Description of property (investment) depreciation (other) 1a Land **b** Buildings c Leasehold improvements d Equipment 10,844 32,683 43,527 e Other 32,683 Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2022

DAA

348202 Page 3

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" or	n Form 990 Part IV lii	ne 11h See Form 990 Pa	art X. line 12.
	(a) Description of security or category	(b) Book value	(c) Method of v	
	(including name of security)	(D) Book value	Cost or end-of-year	
1) Financial d				
Closely help	erivatives Id equity interests			
		•		A
οι ιοι (Δ)				
(B)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (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, li	ine 11c. See Form 990, P.	art X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of	
			Cost or end-of-yea	r market value
(1)				
(2)			+	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	The most equal Form 000 Part V and (P) line 12)			
Part IX	n (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV.	line 11d. See Form 990, F	art X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.	E 000 D! IV	En add on 445 Con Forms	OOO Dowl V
	Complete if the organization answered "Yes"	on Form 990, Part IV,	line The or Th. See Form	990, Part X,
	line 25. (a) Description of liab	sility		(b) Book value
1.		mity		(5) 255% (4.05
	I income taxes			
(2)				
(3)				
(5)				
(6)				
(7)			,	
(8)			·	
(9)				
Total. (Colum				
2. Liability fo	or uncertain tax positions. In Part XIII, provide the text of the	footnote to the organization	n's financial statements that rep	orts the
organization'	s liability for uncertain tax positions under FASB ASC 740.	Check here if the text of the	footnote has been provided in l	Part XIII

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. Employer identification number

OMB No. 1545-0047

Open to Public Inspection

lame of the organ			Employer identification number
	E AT A TIME DRAFT HORSE		82-3848202
RESCUE Part I	Organizations Maintaining Donor Advised Fur Complete if the organization answered "Yes" on F	nds or Other Similar Funds or Form 990, Part IV, line 6.	
	Complete if the organization and the control of	(a) Donor advised funds	(b) Funds and other accounts
4 Tatal nu	mher et and of year		
	umber at end of year ate value of contributions to (during year)		
	ate value of grants from (during year)		
00 0	ate value at end of year		
4 Aggrega	organization inform all donors and donor advisors in writing tha	t the assets held in donor advised	<u> </u>
5 Did the	re the organization's property, subject to the organization's excl	usive legal control?	Yes No
6 Did the	organization inform all grantees, donors, and donor advisors in	writing that grant funds can be used	
only for	charitable purposes and not for the benefit of the donor or donor	or advisor, or for any other purpose	
conferri	ng impermissible private benefit?		Yes No
Part II	Conservation Easements.		
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 7.	0
1 Purpos	e(s) of conservation easements held by the organization (check		
	eservation of land for public use (for example, recreation or educ		ally important land area
	otection of natural habitat	Preservation of a certified	historic structure
	eservation of open space		
2 Comple	ete lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form of a co	nservation
	ent on the last day of the tax year.		Held at the End of the Tax Year
	umber of conservation easements		2a
	creage restricted by conservation easements		
	er of conservation easements on a certified historic structure inc		
	er of conservation easements included in (c) acquired after July		
			2d
3 Number	er of conservation easements modified, transferred, released, e	xtinguished, or terminated by the organ	nization during the
tax yea			
	er of states where property subject to conservation easement is	located	
5 Does t	the organization have a written policy regarding the periodic mo	nitoring, inspection, handling of	
violatio	ons, and enforcement of the conservation easements it holds?		Yes No
6 Staff a	and volunteer hours devoted to monitoring, inspecting, handling	of violations, and enforcing conservation	on easements during the year
O Clair C	and volunteer nounce persons and of		
7 Amou	nt of expenses incurred in monitoring, inspecting, handling of vi	olations, and enforcing conservation ea	asements during the year
8 Does	each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)	(B)(i)
and se	ection 170(h)(4)(B)(ii)?		Yes No
9 In Par	t XIII, describe how the organization reports conservation ease	ments in its revenue and expense state	ement and
balan	ce sheet, and include, if applicable, the text of the footnote to the	e organization's financial statements tl	nat describes the
organ	ization's accounting for conservation easements.		
Part III	Organizations Maintaining Collections of Art Complete if the organization answered "Yes" or	Form 990, Part IV, line 8.	
1a If the	organization elected, as permitted under FASB ASC 958, not to	report in its revenue statement and b	alance sheet works
of art,	historical treasures, or other similar assets held for public exhib	oition, education, or research in further	ance of public
servio	ce, provide in Part XIII the text of the footnote to its financial state	ements that describes these items.	
b If the	organization elected, as permitted under FASB ASC 958, to rep	oort in its revenue statement and balar	ice sheet works of
art, hi	istorical treasures, or other similar assets held for public exhibit	on, education, or research in furtheran	ce of public service,
provid	te the following amounts relating to these items:		
(i) R	evenue included on Form 990, Part VIII, line 1		\$
(ii) A	ssets included in Form 990, Part X		Ψ
2 If the	organization received or held works of art, historical treasures,	or other similar assets for financial gai	n, provide the
follow	ring amounts required to be reported under FASB ASC 958 rela	iting to these items:	
a Reve	nue included on Form 990, Part VIII, line 1		\$
h Asse	ts included in Form 990, Part X		
F D	work Reduction Act Notice see the Instructions for Form 9	90	Schedule D (Form 990) 20

Pa	rt XI Reconciliation of Revenue per Audited Financial St	coo Dert IV line 425	ue per return.	1
	Complete if the organization answered "Yes" on Form			*
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	Net unrealized gains (losses) on investments	The second secon		
	Donated services and use of facilities			
С	Recoveries of prior year grants			
d			20	
е	Add lines 2a through 2d		1 . 1	
3	Subtract line 2e from line 1			
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	The second secon		
b	Other (Describe in Part XIII.)		4c	
	Add lines 4a and 4b Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.			
5 D.	Reconciliation of Expenses per Audited Financial	Statements With Expe	nses per Return.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a		2a		
b				
С				
d				
е			2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	5 (90.00) (190.00) (190.00) (190.00)			
b	Other (Describe in Part XIII.)	4b	EXXXXXXX	
			40	
c	Add lines 4a and 4b		4c	
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line			
5 P	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line and XIII) Supplemental Information.	18.)	5	
5 Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line and XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; P	5 art V, line 4; Part X, line	
5 Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line and XIII) Supplemental Information.	4; Part IV, lines 1b and 2b; P	5 art V, line 4; Part X, line	
5 Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line and XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; P	5 art V, line 4; Part X, line	
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Schedule D (Fo	orm 990) 2022 1 HORSE AT A TIME DRAFT H	ORSE 82-3848202	Page 5
Part XIII	orm 990) 2022		
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SCHEDULE O (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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

2022 Open to Public

Name of the organization

1 HORSE AT A TIME DRAFT HORSE

Inspection Employer identification number

82-3848202

RE	SOCOE	T11/C				
FORM 990, PAI	RT VI,	LINE 11B - ORG	GANIZATIO	N'S PROCESS TO	REVIEW FOR	RM 990
THE FORM 990	IS EM	NAILED TO ALL BO	OARD MEMBI	ERS FOR REVIEW	BEFORE FI	LING.
FORM 990, PA	RT VI,	LINE 12C - EN	FORCEMENT	OF CONFLICTS	POLICY	
THE CONFLICT	OF I	TEREST POLICY	APPLIES T	O BOARD MEMBER	S AND IS R	EVIEWED ON
AN ANNUAL BA	sis.					
FORM 990, PA	RT VI	, LINE 18 - NO	PUBLIC DI	SCLOSURE EXPLA	NATION	
THE ORGANIZA	TION 1	POSTS ON FACEBO	OK DIRECT	ING FOLLOWERS	TO THE WEB	SITE
AND/OR GUIDE	STAR.					
				CONTRACTOR DEGGE	GIDE EVDIA	NATION
		, LINE 19 - GOV				
		MAKES ITS GOVER				
POLICY, AND	F.TNAN	CIAL STATEMENTS	AVATUABL	E IO IRE POBLI	C OFON KEQ	OBDI.
FORM 990 - PA	TX	, LINE 24E - OT	HER EXPEN	ISES		
DESCRIPTION		Z 				
	TOT/P	ROG SERVICE	MGT	& GENERAL	FUNI	RAISING
HORSE BOARD	ING					
	\$	13,523	ş	0	\$	0
SUPPLIES & M	/ATERI	ALS				
	\$	11,099	\$	1,420	\$	387
HORSE FOSTE	R CARE	l				
	\$	10,455	\$	0	\$	0

Form **4562**

Department of the Treasury

Name(s) shown on return

Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

1 HORSE AT A TIME DRAFT HORSE

OMB No. 1545-0172

Identifying number

ZUZZ

ment nce No. 179

82-3848202 RESCUE INC Business or activity to which this form relates INDIRECT DEPRECIATION Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1,080,000 Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) 2 2 2,700,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (b) Cost (business use only) (a) Description of property 6 Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 Carryover of disallowed deduction from line 13 of your 2021 Form 4562 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 14 15 Property subject to section 168(f)(1) election 6,004 16 16 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) Part III MACRS deductions for assets placed in service in tax years beginning before 2022 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here 18 Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (e) Convention (f) Method (a) Depreciation deduction (a) Classification of property placed in (business/investment use only-see instructions) service 19a 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25 yrs. 25-year property 27.5 yrs. MM S/L Residential rental MM S/L 27.5 yrs. property 39 yrs. MM S/L i Nonresidential real MM S/L property Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs. 12-year b S/L 30 yrs. С 30-year S/L MM 40-year 40 yrs. Summary (See instructions.) 21 Listed property. Enter amount from line 28 _____ Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 22

here and on the appropriate lines of your return. Partnerships and S corporations—see instructions

For assets shown above and placed in service during the current year, enter the

6,004

22

82-3848202

Form 990, Page 1

Page 1

Asset	Description	Date In Service	Cost	Bus Sec <u>%</u> 179Bonu	Basis is for Depr	PerConv Meth	Prior	Current
Other 1 2 3 4 5	Depreciation: TRAILER HORSE PANELS HORSE TRIMMING STOCKS 2 HORSE SHELTERS HORSE SHELTERS	8/05/19 6/22/21 11/22/21 12/19/21 1/23/22	13,500 2,040 2,658 7,279 18,050 43,527		13,500 2,040 2,658 7,279 18,050 43,527	7 MO S/L 7 MO S/L	4,662 146 32 0 0 4,840	1,929 291 380 1,040 2,364 6,004
	Total Other Depreciation Total ACRS and Other Depre	eciation =	43,527		43,527		4,840	6,004
	Grand Totals Less: Dispositions and Trans Less: Start-up/Org Expense Net Grand Totals	fers - =	43,527 0 0 43,527		43,527 0 0 43,527		4,840 0 0 4,840	6,004 0 0 6,004

Form 990

33. Number of volunteers

Two Year Comparison Report

2021 & 2022

For calendar year 2022, or tax year beginning

, endin

Taxpayer Identification Number

Name
1 HORSE AT A TIME DRAFT HORSE

82-3848202 RESCUE INC 2021 2022 Differences 1. Contributions, gifts, grants 1. 221,145 363,174 142,029 2. Membership dues and assessments 2. 3. Government contributions and grants 3. 18,787 71,271 52,484 4. Program service revenue 4. 5. Investment income 6. Proceeds from tax exempt bonds 6. 7. Net gain or (loss) from sale of assets other than inventory 7. 8. 8. Net income or (loss) from fundraising events 9. Net income or (loss) from gaming 9. 10. Net gain or (loss) on sales of inventory 10. 11. Other revenue 350 11. 239,932 434,795 12. Total revenue. Add lines 1 through 11 12. 13. Grants and similar amounts paid 13. 14. Benefits paid to or for members 14. 15. Compensation of officers, directors, trustees, etc. 15. 16. Salaries, other compensation, and employee benefits 16. 17. Professional fundraising fees 17. 18. Other professional fees 2,690 2,690 18. 14,483 14,483 ш 19. Occupancy, rent, utilities, and maintenance 19. 6,004 6,004 20. Depreciation and Depletion 20. 381,760 150,561 231,199 21. Other expenses 21. 173,738 231,199 404,937 22. Total expenses. Add lines 13 through 21 22. 29,858 8,733 21,125 23. Excess or (Deficit). Subtract line 22 from line 12 23. 24. Total exempt revenue 434,795 434,795 24. 25. Total unrelated revenue 25. 71,621 71,621 26. Total excludable revenue 26. 27. Total assets 45,011 45,011 27. 28. Total liabilities 28. 45,011 45,011 29. Retained earnings 29. 0 30. Number of voting members of governing body 30. 4 4 31. Number of independent voting members of governing body 31. 0 0 32. Number of employees 32.