

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

OMB No. 1545-0047

forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print DAYS END FARM HORSE RESCUE, INC. 52-1759077 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 1372 WOODBINE ROAD return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. WOODBINE, MD 21797-8514 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) THE ORGANIZATION The books are in the care of ► 1372 WOODBINE ROAD - WOODBINE, MD 21797-8514 Telephone No. ► 301-854-5037 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. MAY 15, 2023 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or ightharpoonup X tax year beginning $_JUL$ 1, 2021 $\underline{\hspace{0.5cm}}$, and ending $\underline{\hspace{0.5cm}}$ $\underline{\hspace{0.5cm}}$ JUN $\underline{\hspace{0.5cm}}$ 30 , 2022Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

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For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A</u> F	or the	2021 calendar year, or tax year beginning $$	ding J	UN 30, 2022				
B (Check if applicable:	C Name of organization		D Employer identifie	cation number			
X	Address	DAYS END FARM HORSE RESCUE, INC.						
	Name change	Doing business as		52-17590	77			
	Initial return	,	om/suite	E Telephone number				
	Final return/	1372 WOODBINE ROAD		301-854-				
	termin- ated Amende	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 2,527,434.				
	return	WOODBINE, MD ZI/9/-0014		H(a) Is this a group return				
	Applica tion pending			for subordinates				
_		SAME AS C ABOVE		H(b) Are all subordinates in				
		mpt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	•	list. See instructions			
		e: ► WWW.DEFHR.ORG organization: X Corporation Trust Association Other ►	l Voor o	H(c) Group exemption	n number ► 1 State of legal domicile: MD			
		Summary	∟ Year c	or formation: 1991 N	State of legal domicile: MD			
		Briefly describe the organization's mission or most significant activities: TO ENS	URE (OUALITY CARE	Z AND			
e S	' 5	PREATMENT OF HORSES THROUGH INTERVENTION, E	DUCA	TION AND OU	TREACH.			
Governance	2	Check this box if the organization discontinued its operations or disposed of						
Ver	3 1	Number of voting members of the governing body (Part VI, line 1a)		1 1	15			
ၓ	4 1	Number of independent voting members of the governing body (Part VI, line 1b)			15			
တ္မ	5 1	otal number of individuals employed in calendar year 2021 (Part V, line 2a)			32			
vitie	6 1	otal number of volunteers (estimate if necessary)			509			
Activities &	7a ⊺	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
_	1 d	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.			
				Prior Year	Current Year			
ē	8	Contributions and grants (Part VIII, line 1h)		1,762,308.	2,117,498.			
en	9 F	Program service revenue (Part VIII, line 2g)		106,816.	87,494.			
Revenue	10 1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		4,363. 32,182.	1,446. 40,724.			
	111	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,905,669.	2,247,162.			
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
	45 0	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		823,830.	931,555.			
ses	16a E	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Expenses	b T	otal fundraising expenses (Part IX, column (D), line 25) 57,145		• .				
X	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		972,437.	1,104,727.			
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,796,267.	2,036,282.			
	19 F	Revenue less expenses. Subtract line 18 from line 12		109,402.	210,880.			
Net Assets or	3		Beg	inning of Current Year	End of Year			
sets	20 ⊺	otal assets (Part X, line 16)		4,585,262.	5,259,535.			
t Ass	21 T	otal liabilities (Part X, line 26)		992,754.	1,558,220.			
	22 N	Net assets or fund balances. Subtract line 21 from line 20		3,592,508.	3,701,315.			
	art II	Signature Block						
		ties of perjury, I declare that I have examined this return, including accompanying schedules and			knowledge and belief, it is			
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of which	preparer i	nas any knowledge.				
C:	_	Signature of officer		I Date				
Sig		ERIN OCHOA, CEO		Duto				
Her	e	Type or print name and title						
		Print/Type preparer's name Preparer's signature,	D	ate Check	PTIN			
Paid		KEITH JENNINGS	3	11/29/22 if self-employ	P01319883			
		Firm's name ► SNYDER COHN, PC	1		52-1022232			
		Firm's address 11200 ROCKVILLE PIKE, SUITE 415						
		NORTH BETHESDA, MD 20852		Phone no. 30	1-652-6700			
May	the IR	S discuss this return with the preparer shown above? See instructions			X Yes No			
					- 000 (2221)			

Form 990 (2021)

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO ENSURE QUALITY CARE AND TREATMENT OF HORSES THROUGH INTERVENTION,
	EDUCATION AND OUTREACH.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1,595,490 • including grants of \$) (Revenue \$76,540 •)
	RESCUE AND REHABILITATION OF ABUSED AND NEGLECTED HORSES IN
	COLLABORATION WITH LOCAL ANIMAL CONTROL AND HUMANE AGENCIES. HORSE CARE
	PROGRAMS INCLUDE ADOPTION, GUARDIAN PROGRAM AND DEFHR FOREVER FAMILY.
	ALSO, WE PROVIDE DISASTER AND LARGE ANIMAL EMERGENCY RESCUE SERVICES.
	RESCUE AND REHABILITATION ALSO INCLUDES LESSONS WITH INTENTIONS, A
	PROGRAM FOCUSED TOWARDS PROSPECTIVE ADOPTERS IN PROVIDING THEM WITH
	REGULAR HORSEMANSHIP & GROUNDWORK LESSONS AND PRACTICE SESSIONS WITH A
	HORSE TO PREPARE THEM FOR HORSE OWNERSHIP.
4b	(Code:) (Expenses \$94,912. including grants of \$) (Revenue \$\$
	HUMANE EDUCATION PROGRAMS TO PROMOTE THE PROPER CARE, TREATMENT AND
	TRAINING OF HORSES. EDUCATION PROGRAMS INCLUDE THE INTERN AND LEGACY
	PROGRAMS, ON AND OFF SITE SEMINARS, YOUTH GROUPS AND TOURS.
	04.400
4c	(Code:) (Expenses \$91,133. including grants of \$) (Revenue \$)
	OUTREACH PROGRAMS DESIGNATED TO CREATE AWARENESS OF THE ABUSE AND
	NEGLECT OF HORSES, INCLUDING INFORMATIONAL BOOTHS AT FAIRS AND EXPOS,
	OUR NEWSLETTER 'HORSE TALK,' CONSULTATION WITH PERSONS WANTING TO START
	HORSE RESCUES AND/OR WORKING WITH THOSE WHO ALREADY HAVE A RESCUE AND
	NEED GUIDANCE. THIS PROGRAM ALSO INVOLVES THE MARYLAND EQUINE
	TRANSITION SERVICE (METS), A STATEWIDE EQUINE SAFETY NET INITIATIVE,
	SPONSORED IN PART BY MARYLAND HORSE COUNCIL FOUNDATION, TO PROVIDE
	RESPONSIBLE ALTERNATIVES FOR HORSES NEEDING HOMES AND ASSISTANCE BY
	HELPING OWNERS TO IDENTIFY AND SELECT THE BEST TRANSITION OPTIONS FOR
	THEIR HORSES.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 1,781,535.
	Form 990 (2021)

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ū	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	١		
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7		-		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_	Х	
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	-··-		
124	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
b	•	10h		X
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13	Did the appropriation projection of the construction of the Light of Object			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			X
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	l		.
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			\ ₃₇
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			l _
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Pa	rt IV Checklist of Required Schedules (continued)			ugo
	· (SOMMASS)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		T
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
ŭ		24c		
ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	23a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	, · ·	0.51		x
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			177
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	X	<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b				
c				
_	(gambling) winnings to prize winners?	1c	Х	

Form **990** (2021)

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

			Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return 2a 32					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b				
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х		
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit					
	any contributions that were not tax deductible as charitable contributions?	6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			,,		
	to file Form 8282?	7c		X		
	If "Yes," indicate the number of Forms 8282 filed during the year	_		- V		
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 <u>g</u> 7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/!!				
Ü	sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b						
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders 11a					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the					
D	organization is licensed to issue qualified health plans					
c	Enter the amount of reserves on hand					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or					
-	excess parachute payment(s) during the year?	15		x		
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х		
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any					
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17				
	If "Yes," complete Form 6069.					

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X			
Sec	tion A. Governing Body and Management								
					Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15						
	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	15						
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	e direct supervisio	n						
	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 9	90 was filed?		4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		<u>X</u>			
6	6 Did the organization have members or stockholders?								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point one or							
	more members of the governing body?			7a		_X_			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockholders, or							
	persons other than the governing body?			7b		_X_			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the following:							
а	The governing body?			8a	Х				
b	Each committee with authority to act on behalf of the governing body?			8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched at the							
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X			
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code.)							
					Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a		_X_			
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the t	form?	11a	Х				
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.								
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13								
b	$Were \ of ficers, \ directors, \ or \ trustees, \ and \ key \ employees \ required \ to \ disclose \ annually \ interests \ that \ could \ give \ rise$	to conflicts?		12b	Х				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," describe							
	on Schedule O how this was done			12c	Х				
13	Did the organization have a written whistleblower policy?			13	Х				
14	Did the organization have a written document retention and destruction policy?			14	Х				
15	Did the process for determining compensation of the following persons include a review and approva	l by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official			15a	X				
b	Other officers or key employees of the organization			15b		<u>X</u>			
	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 arrangements	nent with a							
	taxable entity during the year?			16a		<u>X</u>			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's							
	exempt status with respect to such arrangements?			16b					
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoonup$ MD , CT , FL , IL , M								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, are	nd 990-T (section s	501(c)(3)s	only) a	availab	ole			
	for public inspection. Indicate how you made these available. Check all that apply.								
		on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		olicy, and	financ	ial				
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and records	▶						
	THE ORGANIZATION - 301-854-5037								
	1372 WOODBINE ROAD, WOODBINE, MD 21797-8514								
	CEF CCHEDIILE O FOR FIII. LICT OF CTATEC			Г	agn	(0004)			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization	nor any related	orga	niza	tion	con	npen	sate	ed any current officer, d	rector, or trustee.	
(A)	(B)	(C)			;)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			nne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week	-	cer an	a a a	recto	r/trus	tee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	ord	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the
	organizations	ruste	l trus		ee	npen		1099-NEC)	1099-NEC)	organization and related
	below	dual t	tiona	١.	nploy	st cor	_	1033 (420)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) BRITTANY EBBERT	8.00	<u> </u>	_		_		_			
CHAIR		Х		Х				0.	0.	0.
(2) LINDSEY M. GROFF	4.00									
VICE CHAIR		Х		Х				0.	0.	0.
(3) CHRISTOPHER SCHAEFER	4.00									
TREASURER		Х		Х				0.	0.	0.
(4) LISA GRIMM	4.00									
SECRETARY		Х		Х				0.	0.	0.
(5) CHRISTA COOPER	2.00									
MEMBER		Х						0.	0.	0.
(6) CHRIS GORDON	2.00									
MEMBER		Х						0.	0.	0.
(7) CAROLINE GRIFFIN	2.00									
MEMBER		Х						0.	0.	0.
(8) SUSAN FLAHERTY	2.00									
MEMBER		Х						0.	0.	0.
(9) ELISA HARVEY	2.00									
MEMBER		Х						0.	0.	0.
(10) CHRISTINA KING	2.00									
MEMBER		Х						0.	0.	0.
(11) CAROLYN NORDBERG	2.00									
MEMBER		Х						0.	0.	0.
(12) ROBIN SAGOSKIN	2.00									
MEMBER		Х						0.	0.	0.
(13) DANA SCANLON	2.00									
MEMBER		Х						0.	0.	0.
(14) YORAM TANAY	2.00									
MEMBER		Х						0.	0.	0.
(15) WAYNE M. WILLOUGHBY	2.00									
MEMBER		Х						0.	0.	0.
(16) ERIN CLEMM OCHOA	50.00]								_
CEO		<u> </u>		Х				110,709.	0.	8,723.
		1								
-										F 990 (2224)

Form 990 (2021)

52-1759077

Name and title Average hours per week (list any) hours for related organizations below line) 10 Subtotal 10 Subtotal 10 Subtotal 11 Subtotal 12 Total from continuation sheets to Part VIII, Section A d Total (add dines to and to) 12 Total from continuation sheets to Part VIII, Section A d Total (add dines to and to) 12 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation compensation of from the organizations. Reportable compensation compensation compensation from the organizations. Reportable compensation compensation from the organizations. Reportable compensation compensation from the organization and related arount of other compensation from the organization and related arount of other compensation. Reportable compensation from the organization below the observation and related organization. Reportable compensation from the organization of the organization (W.2/1099-MISC/10	Par	t VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C	ompensated Employee	s (continued)				
the subtotal specified and the specified and the specified and the specified organizations below line) 10		(A)	(B)			•	•	_		(D)	(E)			(F)	
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d Total (add lines 1b and 1c)									•						0.
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," "complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization Possible Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization Possible Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization Possible Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization possible Total number of independent contractors (including but not limited to tho									•	110,709.		0.		8,72	23.
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4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3	Did the organization list any former officer,	director, trust	ee, k	кеу е	empl	loye	e, or	hig	hest compensated emp	loyee on				
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
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\$100,000 of compensation from the organization 0															
Trooper of component from the organization p	2	Total number of independent contractors (in	ncluding but n	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than				
		\$100,000 of compensation from the organiz	zation				(J						000	

Form **990** (2021)

Form 990 (2021) DAYS EN
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
			,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
							30000013 3 12 3 14
nts		Federated campaigns1a					
Sra		Membership dues1b	60 600				
Contributions, Gifts, Grants and Other Similar Amounts		Fundraising events1c	62,690.				
aif.	C	Related organizations 1d					
s, (ini	e	Government grants (contributions) 1e	150,617.				
ioi	f	All other contributions, gifts, grants, and					
but		similar amounts not included above 1f 1,	904,191.				
ΞÓ	ç	Noncash contributions included in lines 1a-1f	236,068.				
Sol	r	Total. Add lines 1a-1f		2,117,498.			
			Business Code				
Φ.	2 =	EDUCATION	611710	45,553.	45,553.		
Š		HORSE RESCUE & REHABIL	611710	41,941.	41,941.		
er, ue			011710	41,741.	41,541.		
m S							
gra Re	C						
Program Service Revenue	e						
ъ.		All other program service revenue		07.404			
		Total. Add lines 2a-2f		87,494.			
	3	Investment income (including dividends, interes		0 005			0 005
		other similar amounts)		9,805.			9,805.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	c	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 226,545.					
	h	Less: cost or other basis					
<u>o</u>		and sales expenses 7b 234,904.					
nu	,	Gain or (loss) 7c -8,359.					
eve		Net gain or (loss)		-8,359.			-8,359.
her Revenue		Gross income from fundraising events (not		0,333.			0,333.
	0 6	including \$ 62,690. of					
δ		contributions reported on line 1c). See					
		' ' '	40,670.				
		· · · · · · · · · · · · · · · · · · ·	34,545.				
			34,343.	6,125.			6,125.
		Net income or (loss) from fundraising events	·····	0,123.			0,123.
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
		Less: direct expenses 9b					
	C	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
			44,689.				
	b	Less: cost of goods sold 10b	10,823.				
\Box	c	Net income or (loss) from sales of inventory	>	33,866.	33,866.		
10			Business Code				
oğ a	11 a	MISCELLANEOUS	900099	733.	733.		
ane	b						
e e	c	:					
Miscellaneous Revenue	c	All other revenue					
	e	Total. Add lines 11a-11d		733.			
	12	Total revenue. See instructions		2,247,162.	122,093.	0.	7,571.

	Check if Schedule O contains a respons	e or note to any line in			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	105 455	106 655	10.000	
	trustees, and key employees	125,477.	106,655.	18,822.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	640 240	5.60 054	64 610	04 456
7	Other salaries and wages	649,349.	560,274.	64,619.	24,456.
8	Pension plan accruals and contributions (include	11 021	10 004	1 040	407
_	section 401(k) and 403(b) employer contributions)	11,931. 85,733.	10,204. 73,248.	1,240.	487. 2,912.
9	Other employee benefits			9,573.	<u> </u>
10	Payroll taxes	59,065.	50,448.	6,730.	1,887.
11	Fees for services (nonemployees):				
a	Management	2,736.		2,736.	
b		29,078.		29,078.	
_	Accounting	49,070.		29,070.	
d	, , , , , , , , , , , , , , , , , , , ,				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	189,369.	183,947.	5,401.	21
12	column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion	10,123.	103,547.	1,012.	21. 9,111.
13	Office expenses	96,006.	48,136.	32,253.	15,617.
14	Information technology	11,198.	9,563.	1,276.	359.
15	Royalties	11/1500	3,3031	1,2,00	333.
16	Occupancy	188,432.	170,256.	16,937.	1,239.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	76,842.	72,683.	4,159.	
23	Insurance	-	-		
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A).				
	amount, list line 24e expenses on Schedule O.)				
а	CONTRIBUTED MATERIALS	233,317.	233,317.	0.	0.
b	SUPPLIES	156,002.	154,386.	1,262.	354.
С	EQUIPMENT MAINTENANCE &	71,872.	70,119.	1,369.	384.
d	PUBLIC AWARENESS & EDUC	29,788.	29,788.	0.	0.
е	All other expenses	9,964.	8,511.	1,135.	318.
25	Total functional expenses. Add lines 1 through 24e	2,036,282.	1,781,535.	197,602.	57,145.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or note	to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		483,947.	1	766,893.	
	2	Savings and temporary cash investments			1,179,573.	2	589,650.
	3	Pledges and grants receivable, net		59,890.	3	159,714.	
	4	Accounts receivable, net	12,399.	4	0.		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial co	ontributor, or 35%			
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualif	ied pers	onssons (as defined			
		under section 4958(f)(1)), and persons described	in sect	ion 4958(c)(3)(B)		6	
ဖွ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9	B			33,266.	9	14,332.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	3,274,979.			
	b	Less: accumulated depreciation	10b	413,849.	1,762,638.	10c	2,861,130, 735,943,
	11	Investments - publicly traded securities			798,656.	11	735,943.
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line 1	1			13	
	14	Intangible assets		0.	14	14,052	
	15	Other assets. See Part IV, line 11	254,893.	15	117,821		
	16	Total assets. Add lines 1 through 15 (must equa	ıl line 3	3)	4,585,262.	16	5,259,535
	17	Accounts payable and accrued expenses			112,897.	17	114,338.
	18	Grants payable		18			
	19	Deferred revenue	0.	19	29,681.		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete F	Part IV o	of Schedule D		21	
Se	22	Loans and other payables to any current or form	er office	er, director,			
≝		trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of thes	e perso	ons	4-4-4	22	
-	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·	676,593.	23	1,414,201.
	24	Unsecured notes and loans payable to unrelated	-		150,000.	24	0.
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24).	Complete Part X	F2 064		•
		of Schedule D			53,264.		0.
	26	Total liabilities. Add lines 17 through 25			992,754.	26	1,558,220.
_s		Organizations that follow FASB ASC 958, check	ck here	· X			
Se		and complete lines 27, 28, 32, and 33.			2 254 176		2 220 202
alar	27	Net assets without donor restrictions			3,254,176.	27	3,230,383.
Ä	28	Net assets with donor restrictions			338,332.	28	470,932.
Ĕ		Organizations that do not follow FASB ASC 95	8, che	ck here 🕨 🔛			
느		and complete lines 29 through 33.					
ts (29	Capital stock or trust principal, or current funds			29		
sse	30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc			3 500 500	31	2 701 215
ž	32	Total net assets or fund balances	l l	3,592,508.	32	3,701,315.	
	33	Total liabilities and net assets/fund balances			4,585,262.	33	5,259,535.

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form **990** (2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization DAYS END FARM HORSE RESCUE, 52-1759077 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Part II 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.)

Sec	ction A. Public Support	,, p	oc compress r arri	,			_
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		, ,	. ,	. ,	. ,	
	membership fees received. (Do not						
	include any "unusual grants.")	1887864.	1628517.	2112330.	1762308.	2117498.	9508517.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1887864.	1628517.	2112330.	1762308.	2117498.	9508517.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						246 - 26
	column (f)						346,506.
	Public support. Subtract line 5 from line 4.						9162011.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	1887864.	1628517.	2112330.	1762308.	2117498.	9508517.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	4 220	15 065	22 107	10 420	0 005	60 E14
	and income from similar sources	4,228.	15,865.	22,187.	10,429.	9,805.	62,514.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)	15,640.	3,657.	60.	50.	733.	20,140.
11	Total support. Add lines 7 through 10	13,040.	3,037.	00.	30.	733.	9591171.
		etc (see instruction	ine)			12	<u> </u>
12	First 5 years. If the Form 990 is for the	•	,	fourth or fifth tax v			_
.0	organization, check this box and stor	•	, , ,	•		. , , ,	>
Sec	etion C. Computation of Publi						
	Public support percentage for 2021 (I			column (f))		14	95.53 %
	Public support percentage from 2020					15	93.14 %
	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies						▶ 5
b	33 1/3% support test - 2020. If the		~				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te			=			▶ □
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not d	heck a box on line			
	more, and if the organization meets the	ne facts-and-circum	stances test, ched	ck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	▶□
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	· >

Schedule A (Form 990) 2021

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

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

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
-	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T	T	Т	T	1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		rot opening their	foundly an extra to	l	01(a)(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		
Sec	check this box and stop here ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2021 (li			column (fl)		15	%
	Public support percentage from 2020	, , , , , , , , , , , , , , , , , , , ,	,			16	%
	ction D. Computation of Inves					1	70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
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	10a		
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	10b		
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Par	t IV Supporting Organizations (continued)			
			Yes	No
11	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			
	11c below, the governing body of a supported organization?	11a		
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, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	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		
	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,			
C1	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
	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	-		
Sact	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Seci	tion b. All Type III Supporting Organizations			l
_	Did the constitution and ideals and of the constitution and the last describe (file constitution)		Yes	No
	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	4		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	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	2		
	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.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally in	ntears	ted Type III supporting organ	nization (see

5 6

7

8

instructions)

Schedule A (Form 990) 2021

6

7

Multiply line 5 by 0.035.

Recoveries of prior-year distributions

Minimum Asset Amount (add line 7 to line 6)

5 Net value of non-exempt-use assets (subtract line 4 from line 3)

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

Schedule A (Form 990) 2021

e Excess from 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

DAYS END FARM HORSE RESCUE, INC.

52-1759077

Organiz	rganization type (cneck one):							
Filers of:		Section:						
Form 990 or 990-EZ		$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization						
		4947(a)(1) nonexempt charitable trust not treated as a private foundation						
		527 political organization						
Form 99	0-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
	neck if your organization is covered by the General Rule or a Special Rule . ote: 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							
	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							
X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% 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.							
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year						
answer "	· · · · · · · · · · · · · · · · · · ·							

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

DAYS END FARM HORSE RESCUE, INC.

52-1759077

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>150,617.</u>	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
2		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$60,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions \$ 61,900.	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		\$ <u>165,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

DAYS END FARM HORSE RESCUE, INC.

52-1759077

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$.	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021) Page **3**

Name of organization

Employer identification number

DAYS END FARM HORSE RESCUE, INC.

52-1759077

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Page 4 Schedule B (Form 990) (2021) Name of organization **Employer identification number** DAYS END FARM HORSE RESCUE, INC. 52-1759077 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization DAYS END FARM HORSE RESCUE, INC. **Employer identification number** 52-1759077

Par	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ds or Ac	counts. Complete if the
	organization anomored 150 or 1 or 1 oso, 1 art 1, in a	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor ac	dvised fund	ls .
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpo	se conferri	ng
	impermissible private benefit?			Yes No
Par	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 99	00, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	X Preservation of land for public use (for example, recreat	ion or education) Preservatio	n of a histo	rically important land area
	X Protection of natural habitat	Preservatio	n of a certi	fied historic structure
	X Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the fo	rm of a cor	servation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	cture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic stru	ıcture	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by	the organiz	zation during the tax
	year ▶	_		
4	Number of states where property subject to conservation eas	ement is located 1	_	
5	Does the organization have a written policy regarding the peri		of	
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing o	onservatio	n easements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conse	rvation eas	sements during the year
_	> \$			
8	Does each conservation easement reported on line 2(d) above	*		
_	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation	•		
	balance sheet, and include, if applicable, the text of the footne	· ·	ements tha	at describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures or	Other S	imilar Assets
ı uı	Complete if the organization answered "Yes" on Form			illiai 7.000to.
10	If the organization elected, as permitted under FASB ASC 958		at and hala	unce chect works
Id		•		
	of art, historical treasures, or other similar assets held for pub service, provide in Part XIII the text of the footnote to its finan	· · · · · · · · · · · · · · · · · · ·		ce of public
h	If the organization elected, as permitted under FASB ASC 958			shoot works of
b	art, historical treasures, or other similar assets held for public	•		
	provide the following amounts relating to these items:	exhibition, education, or research in r	urtificianice	or public service,
	(i) Revenue included on Form 990, Part VIII, line 1			• •
				L A
2	If the organization received or held works of art, historical trea	usures or other similar assets for finar		
_	the following amounts required to be reported under FASB AS		ıcıaı yalıı, þ	or ovide
9	Revenue included on Form 990, Part VIII, line 1			> \$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2021

132051 10-28-21

	t III Organizations Maintaining C	ollections of Art	, Histo	orical Tre	asures, o	r Othe	r Simi	ar Asset	S (conti	nued)	ago
3	Using the organization's acquisition, accession	on, and other records	s, check	any of the fo	ollowing that	make si	ignificar	nt use of its			
	collection items (check all that apply):										
а	Public exhibition d Loan or exchange program										
b	b Scholarly research e Other										
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	how the	ey further th	e organizatio	n's exer	npt pur	oose in Par	XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, his	torical treas	ures, or othe	r similar	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Pa	t IV Escrow and Custodial Arran		te if the	organization	n answered '	'Yes" on	Form 9	90, Part IV,	line 9, or	•	
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodi								_		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing ta	able:							
							_		Amour	nt	
С	Beginning balance										
d	Additions during the year							I			
е	Distributions during the year										
f	Ending balance						. <u>1</u> 1	<u> </u>			7
	Did the organization include an amount on Fo						ity?	L	Yes		∐ No
	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i										
ı aı	t V Endowment Funds. Complete i	(a) Current year		rior year	(c) Two year			e years back	(e) Fou	r vaare	hack
4.	Danissis a of year halance	151,629.		127,183.		5,189.	(u) 11110	134,259.	+ ` '		785.
_	Beginning of year balance	131,029.		127,103.	13.	, 109.		134,239,		130,	705.
b	Contributions	-35,792.		24,446.	_5	3,006.		930.			474.
C	Net investment earnings, gains, and losses	33,732.		24,440.		,,,,,,,,,		750,		٠,	1/1.
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses	115,837.		151,629.	127	7,183.		135,189.		134	259
g 2	End of year balance Provide the estimated percentage of the curr	· · · · · ·		,		,,100.		100,100,	89. 134,259.		233.
a	Board designated or quasi-endowment	ent year end balance	% %	, coluitiii (a)) Helu as.						
b	Permanent endowment	%	_70								
C	Term endowment ► 100										
·	The percentages on lines 2a, 2b, and 2c short										
3a	Are there endowment funds not in the posse	•	tion that	are held an	d administer	ed for th	ne organ	ization			
ou	by:	oolon or the organiza	tion that	are note an	a darriiriiotor	ca for th	io organ	ization		Yes	No
	(i) Unrelated organizations								3a(i)		Х
	(ii) Related organizations								3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Sc	hedule R?							
4	Describe in Part XIII the intended uses of the										
Pa	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990	, Part IV	, line 11a. S	ee Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or ot	ther	(b) Cost	or other	(c) A	ccumul	ated	(d) Boo	k valu	<u>е</u>
	,	basis (investm		basis (de	preciation	on	. ,		
1a	Land			1,04	5,391.				1,04	5,3	91.
b	Buildings			1,80	4,732.		117,	684.	1,68	7,0	48.
С	Leasehold improvements			5	6,004.		10,	950.	4	5,0	54.
d	Equipment				5,504.		260,			5,4	
е	Other			4	3,348.		25,	135.		8,2	
	. Add lines 1a through 1e. (Column (d) must e		K, colum	n (B), line 10	Oc.)			▶	2,86	1,1	30.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 DAYS END FAR Part VII Investments - Other Securities.	M HORSE RESC	UE, INC. 52	-1759077 _{Page}
Complete if the organization answered "Yes" o	n Form 990 Part IV line	11h See Form 990 Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
(1) Financial derivatives	(b) Book value	(c) Method of Valuation. Cool of ond	or your market value
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description	Tru. See Form 990, Fart X, line 15.	(b) Book value
· · · ·	CSCHPRION		(b) Book value
(1) (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	>	
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

(6) (7) (8)

Schedule D	(Form 990)	202 (21	DAYS	END	FARI	1 HOR	SE	RES	CUE	,	INC.	

	t XI Reconciliation of Revenue per Audited Financial Stat	ements with	nevenue per ne	tui II.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,180,049.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-102,073.		
b	Donated services and use of facilities	2b	415.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-101,658.
3	Subtract line 2e from line 1			3	2,281,707.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-34,545.		
С	Add lines 4a and 4b			4c	-34,545.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<u> </u>	·····	5	2,247,162.
Pа	rt XII Daconciliation of Evnances per Audited Einancial Sta				
	rt XII Reconciliation of Expenses per Audited Financial Sta	itements with	Expenses per F	tetur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		teturi	n. 2,071,242.
	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	e 12a.			
1	Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements	e 12a.			
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	e 12a.			
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b	415.		
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c			2,071,242.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	415.		2,071,242. 34,960.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	415.	1	2,071,242.
1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	415.	1 2e	2,071,242. 34,960.
1 2 a b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	415.	1 2e	2,071,242. 34,960.
1 2 a b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	415.	1 2e	34,960. 2,036,282.
1 2 a b c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	34,545.	1 2e	2,071,242.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.

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

PART II, LINE 9:

THERE WERE NO REVENUES OR EXPENSES DIRECTLY RELATED TO CONSERVATION EASEMENTS DURING THE YEAR. THE ORGANIZATION PAID MORTGAGE INTEREST ON THE LAND, WHICH IS RESTRICTED BY CONSERVATION EASEMENTS. THE LAND IS REPORTED ON THE BALANCE SHEET.

PART V, LINE 4:

THE ORGANIZATION HAS A ONE-THIRD BENEFICIAL INTEREST IN A PERPETUAL TRUST THAT DISTRIBUTES ONE-THIRD OF 5% OF ITS FAIR VALUE TO THE ORGANIZATION ON AN ANNUAL BASIS. THE FAIR VALUE OF THE TRUST IS RECORDED AS PERMANENTLY RESTRICTED NET ASSETS AND THE CHANGES IN ITS FAIR VALUE ARE CLASSIFIED AS

CHANGES IN PERMANENTLY RESTRICTED NET ASSETS.

PART X, LINE 2:

THE ORGANIZATION ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS

BASED ON A "MORE LIKELY THAN NOT" THRESHOLD TO THE RECOGNITION OF THE TAX

POSITIONS BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION

UNDER SCRUTINY BY THE APPLICABLE TAXING AUTHORITY. IF A TAX POSITION OR

POSITIONS ARE DEEMED TO RESULT IN UNCERTAINTIES OF THOSE POSITIONS, THE

UNRECOGNIZED TAX EFFECT IS ESTIMATED BASED ON A "CUMULATIVE PROBABILITY

ASSESSMENT" THAT AGGREGATES THE ESTIMATED TAX LIABILITY FOR UNCERTAIN TAX

POSITIONS. INTEREST AND PENALTIES, IF ANY, ARE ACCRUED AS A COMPONENT OF

GENERAL AND ADMINISTRATIVE EXPENSES WHEN ASSESSED. DAYS END FARM HORSE

RESCUE, INC. IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM INCOME

TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND CLASSIFIED

BY THE INTERNAL REVENUE SERVICE AS OTHER THAN A PRIVATE FOUNDATION.

SIMILAR TO OTHER TAX-EXEMPT ORGANIZATIONS, THE ORGANIZATION IS SUBJECT TO

TAX ON UNRELATED BUSINESS INCOME. TAX YEARS PRIOR TO 2019 ARE NO LONGER

SUBJECT TO EXAMINATION BY TAXING AUTHORITIES.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EVENTS EXPENSES -34,545.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENTS EXPENSES 34,545.

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

DAYS END FARM HORSE RESCUE, INC. Employer identification number 52-1759077

Fundraising Activities. required to complete this part	 Complete if the organization answe t. 	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not		
 1 Indicate whether the organization rais a	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with prividuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-ga gover dising a ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes			
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No					
Sample of the organization of licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exempt from re	gistration		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2021

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b.

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events			
			FALL	GOLF		(add col. (a) through			
			FESTIVAL	TOURNAMENT	2	' ' '			
			(event type)	(event type)	(total number)	col. (c))			
ne					<u> </u>				
Revenue	1	Gross receipts	22,050.	49,742.	31,568.	103,360.			
	2	Less: Contributions	8,515.	22,607.	31,568.	62,690.			
	3	Gross income (line 1 minus line 2)	13,535.	27,135.		40,670.			
	4	Cash prizes							
S	5	Noncash prizes							
pense	6	Rent/facility costs							
Direct Expenses	7	Food and beverages							
	8	Entertainment							
	9	Other direct expenses	7,090.	23,105.	4,350.	34,545.			
	10		9 in column (d)		•	34,545.			
	11	Net income summary. Subtract line 10 from li			_	6,125.			
Pa	art III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than								
		\$15,000 on Form 990-EZ, line 6a.							
a)			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add			
Revenue			(=, =95	bingo/progressive bingo	(e) carror garring	col. (a) through col. (c))			
eve									
ч	1	Gross revenue							
S	2	Cash prizes							
Direct Expenses	3	Noncash prizes							
ect E	4	Rent/facility costs							
ā									
	5	Other direct expenses							
	6	Volunteer labor	Yes % No	Yes % No	Yes % No				
	7	Direct expense summary. Add lines 2 through	5 in column (d)						
	8	Net gaming income summary. Subtract line 7	Trom line 1, column (d)		P				
9	En	ter the state(s) in which the organization condu	cts gaming activities:						
		the organization licensed to conduct gaming ac				Yes No			
		No," explain:				169 140			
D	"	No, explain.							
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax y	/ear?	Yes No			
b	If "	Yes," explain:							
	_								
	_								

Schedule G (Form 990) 2021

132082 10-21-21

Sch	edule G (Form 990) 2021 DAYS END FARM HORSE RESCUE, INC. 52-	1759077	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	/ 6
		100	70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No No
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party \$		
c	: If "Yes," enter name and address of the third party:		
·	The first that a day out of the third party.		
	Name		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	•		
a	solution Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	□ Na
	retain the state gaming license?	. L res	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
D -	organization's own exempt activities during the tax year > \$		
Ра	TITIO Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	G (Form 990)	DAYS	${ t END}$	FARM	HORSE	RESCUE,	INC.	52-1759077	Page 4
Part IV	G (Form 990) Supplemental Infor	mation	(continue) (-			
			COntinue	.u)					

SCHEDULE L

Department of the Treasury

(Form 990)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Internal Revenue Service	► Go to	www.irs.gov/Fo	rm99	0 for ir	structions and the	latest information.			In	spect	ion	
Name of the organization							Emp	oloyer	identi	ificati	on nu	mber
		FARM HOR					_		590	77		
Part I Excess Bene	efit Transact	tions (section 50	01(c)(3), secti	on 501(c)(4), and sec	ction 501(c)(29) orgar	nizatio	ns on	ly).			
Complete if the	organization ans	swered "Yes" on F	orm 9	90, Pa	rt IV, line 25a or 25b	, or Form 990-EZ, Pa	ırt V, li	ne 40	b.			
1 (a) Name of disqualified p	nerson (b)	Relationship bety			ified	c) Description of trans	sactio	n		(d)	Corre	cted?
- (a) Name of disquamed p	5613611	person and or	ganıza	ation	,,	by Decemption of train				<u> </u>	es	No
										-	_	
										-	-	
											+	
										-	-	
											-	
2 Enter the amount of tax	incurred by the	organization man	agers	or disc	ualified persons duri	ing the year under						
4050	•	9	•		•			> \$				
3 Enter the amount of tax,								\$				
					· 							
Part II Loans to and	d/or From In	terested Pers	ons.									
Complete if the	organization ans	swered "Yes" on F	orm 9	990-EZ	Part V, line 38a or F	Form 990, Part IV, line	e 26; c	or if th	e orga	nizatio	n	
•		0, Part X, line 5, 6	Ť T						(h) Ani	arovad		
(a) Name of interested person	(b) Relationship with organization		fron	an to or	(e) Original principal amount	(f) Balance due	(g) defa		(h) App by boa	ard or	1 (1 <i>)</i> * 1	/ritten ment?
interested person	With organizatio	or loan		zation?	principal amount	amount			comm			1
	+		То	From			Yes	No	Yes	No	Yes	No
Total Crosts or As	oistanas Da				> \$							
		nefiting Inter										
·		swered "Yes" on F				(-D) T	- 6		1-1	\ D		,
(a) Name of interested	person	(b) Relationship interested pers			(c) Amount of assistance	(d) Type assistan) Purp assista	ose o	Ť
		the organiza	ation	.								
								\dashv				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2021

Schedule L (Form 990) 2021 DAYS E	ND FAR	м но	DRSE	RESCUI	E, INC.	!	52-1759	077	Page 2
Part IV Business Transactions Involvi	ng Intere	sted l	Persor	ıs.					
Complete if the organization answered	"Yes" on Fo	rm 990	, Part IV	line 28a, 2	8b, or 28c.			(-) Ch	oring of
(a) Name of interested person	(b) Relation				(c) Amount of		scription of		aring of zation's
	j person	and th	ne organ	zation	transaction	trai	nsaction	rever	nues?
								Yes	No
HARMONY HILL FARM LLC	MEMBER	OF	LLC	IS RE	30,000	RENT	FOR DE		X
						+			
Part V Supplemental Information.									
		_4:	C-b-	-ll. (:	:t:\				
Provide additional information for response	nses to que	stions (on Sche	dule L (see	nstructions).				
SCH L, PART IV, BUSINESS T	2 X X C Z C I	תד∩או	C TN	770T 77TN	C TNMEDECMI	ישם חי	DCOMC.		
BCII II, FART IV, BUSINESS II	MINDAC	LION	2 TM	VOLVIN	G INIERESI	ומדם עב	RBOIND.		
(A) NAME OF PERSON: HARMON	у нтт.т.	FAR	м т.т.	C					
(11) WHILL OF THIRDOW. IMMEDIA		1 1111							
(B) RELATIONSHIP BETWEEN II	NTEREST	ГED	PERS	ON AND	ORGANIZAT	ION:			
(-,									
MEMBER OF LLC IS RELATED TO	O EXECU	JTIV	E DI	RECTOR	OF ORGANI	ZATIOI	N		
(D) DESCRIPTION OF TRANSACT	rion: F	RENT	FOR	DE2 W	HICH IS A	SATEL	LITE		
FACILITY USED FOR OVERFLOW	AND QU	JARA	NTIN	E PURF	OSES				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

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

Name of the organization DAYS END FARM HORSE RESCUE, INC. Employer identification number 52-1759077

Check if applicable	Par	tl T	ypes	of Property								
2 At - Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded X 3 2,751. PUBLICLY TRADED VALI 10 Securities - Publicly traded X 3 2,751. PUBLICLY TRADED VALI 11 Securities - Partnership, LLC, or 12 trust interests 12 Securities - Partnership, LLC, or 14 trust interests 14 Coulified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Other remove and r					Check if	Number of contributions or	Noncash contr amounts repor	ted on	noncash co	of determin		
3 At - Fractional Interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded X 3 2 , 751 . PUBLICLY TRADED VALI 10 Securities - Publicly traded X 3 2 , 751 . PUBLICLY TRADED VALI 11 Securities - Partnership, LLC, or 11 trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution 14 Qualified conservation contribution 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Residential 18 Real estate - Other 19 Drugs and medical supplies 11 Taxidermy 12 Interiorial artifacts 13 Scientific specimens 14 Acheological artifacts 15 Scientific specimens 16 Other ► (GUARDIAN PROG) 17 Other ► (GUARDIAN PROG) 18 Other ► (HORSE & BARN) 17 As 28 , 618 . FMV 17 Other ► (FORSE & BARN) 18 Other ► (SPECIAL EVENT) X 3 4 20 3 , 182 . FMV 17 State - St	1	Art - Wo	rks of a	rt								
4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 8 Intellectual property 9 Securities - Publicly traded 1 Securities - Publicly traded 1 Securities - Partnership, LLC, or trust interests 1 Securities - Partnership, LLC, or trust interests 1 Qualified conservation contribution - Historic structures 1 Qualified conservation contribution - Other 1 Real estate - Residential 1 Real estate - Residential 1 Real estate - Other	2											
5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicity traded X 3 2,751. PUBLICLY TRADED VALI 10 Securities - Publicity traded X 3 2,751. PUBLICLY TRADED VALI 11 Securities - Partnership, LLC, or 11 trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historica Structures 14 Qualified conservation contribution - Other 15 Real estate - Commercial 16 Real estate - Commercial 17 Real estate - Commercial 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 21 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ (GUARDIAN PROG.) X 34 203,182. PMV 26 Other ▶ (HORSE & BARN) X 173 28,618. FMV 27 Other ▶ (SPECIAL EVENT) X 3 553. FMV 28 Other ▶ (SPECIAL EVENT) X 3 553. FMV 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8289, Part V, Donee Acknowledgement 29 If 'Yes,' describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32b If 'Yes,' describe in Part II. 31 If we organization in Part II. 31 If the organization in Column (c) for a type of property for which column (a) is checked, describe in Part II.	3	Art - Fra	ctional i	interests								
6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Closely held stock 11 Securities - Closely held stock 11 Securities - Closely held stock 12 Securities - William - Closely held stock 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Historic structures 15 Real estate - Commercial 16 Real estate - Commercial 17 Real estate - Commercial 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ (GUARDIAN PROG) 26 Other ▶ (HORSE & BARN) 27 Other ▶ (TINTERN PROGRA) X 34 203,182, FMV 28 Other ▶ (TINTERN PROGRA) X 36 6 682, FMV 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Drugs the organization crompleted Form 8283, Part V, Donee Acknowledgement 29 Drugs the organization crompleted Form 8283, Part V, Donee Acknowledgement 29 Uses the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 30a During the year, did the organization receive by contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a If Yes, "describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 32b Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 32 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 33 If Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	4	Books a	nd publ	lications								
8 Intellectual property 9 Securities - Publicly traded	5	Clothing	and ho	ousehold goods								
8 Intellectual property 9 Securities - Publicity traded 10 Securities - Closely helid stock 11 Securities - Closely helid stock 11 Securities - Rartnership, LLC, or 11 trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Commercial 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Colter ► (GUARDIAN PROG) X 34 203,182.FMV 26 Other ► (GUARDIAN PROG) X 173 28,618.FMV 27 Other ► (TNTERN PROGRA) X 6 682.FMV 28 Other ► (SPECIAL EVENT) X 3 553.FMV Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Drugs and medical supplies Part II. 11 If the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 20 Des the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 20 Des the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 30 Des the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 31 X	6	Cars and	d other	vehicles								
9 Securities - Publicly traded	7	Boats ar	nd plane	es								
10 Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other	8											
11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 21 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ (GUARDIAN PROG.) 26 Other ▶ (HORSE & BARN.) 27 Other ▶ (INTERN PROGRA.) 28 Other ▶ (INTERN PROGRA.) 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Ves Notes and the organization completed Form 8283, Part V, Donee Acknowledgement 29 Ves Notes (Figure 1) Supplies (9	Securitie	es - Pub	licly traded	X	3	2	<u>,751.</u>	PUBLICLY	TRADEI) VZ	4LU
trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Commercial 18 Collectibles 19 Food inventory 20 Prugs and medical supplies 21 Taxidermy 21 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ (GUARDIAN PROG) X 34 203,182 FMV 26 Other ▶ (HORSE & BARN) X 173 28,618 FMV 27 Other ▶ (INTERN PROGRA) X 6 682 FMV 28 Other ▶ (SPECIAL EVENT) X 3 553 FMV 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Yes Note of Forms 4 (10 the entire holding period? 30a X if "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Tyes," describe in Part II. 32 If the organization in In Part III. 33 If the organization in In Part III. 34 If the organization in Interpret an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.	10	Securitie	es - Clos	sely held stock								
13 Qualified conservation contribution · Historic structures 14 Qualified conservation contribution · Other	11											
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2021

132142 11-17-21 Schedule M (Form 990) 2021

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.

▶ Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

DAYS END FARM HORSE RESCUE, INC.

Employer identification number 52-1759077

FORM 990, PART VI, SECTION B, LINE 11B: ACCORDING TO DEFHR POLICY: EACH YEAR, PRIOR TO THE SUBMISSION OF THE ORGANIZATION'S FORM 990 TO THE IRS, EACH VOTING MEMBER OF THE BOARD OF DIRECTORS IS PROVIDED WITH A COPY OF THE FINAL FORM 990 AS COMPLETED BY THE INDEPENDENT AUDITORS. BOARD MEMBERS ARE PROVIDED AT LEAST 5 BUSINESS DAYS MAKE SUGGESTIONS AND ADDRESS ANY TO REVIEW THE FORM AND RAISE QUESTIONS, POTENTIAL PROBLEMS OR CONCERNS WITH THE TREASURER. FORM 990, PART VI, SECTION B, LINE 12C: OFFICERS AND DIRECTORS ARE REQUIRED TO SIGN "ANNUAL AFFIRMATION OF COMPLIANCE WITH CONFLICT OF INTEREST POLICY." FORM 990, PART VI, SECTION B, LINE 15A: THE CEO'S SALARY IS DETERMINED BY COMPARABLE DATA AND DELIBERATION BY THE BOARD OF DIRECTORS. ANNUAL PERFORMANCE REVIEW FOLLOWED BY PERCENTAGE INCREASE, AS APPROPRIATE. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: MD, CT, FL, IL, MI, NJ, NC, OH, VA, WA, MO, PA, NY, CA FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS AND 990 ARE AVAILABLE AT THE ORGANIZATION'S HEADOUARTERS, OWN WEBSITE AND UPON REQUEST.

FORM 990, PART XII, LINE 2C:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization DAYS END FARM HORSE RESCUE, INC.	Employer identification number 52-1759077
THE AUDIT OVERSIGHT AND SELECTION PROCESS HAS NOT CHANGED	FROM THE
PRIOR YEAR.	
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