Department of the Treasury Internal Revenue Service

## **Short Form**

OMB No. 1545-0047

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form, as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

AI	For the	2023 calenda	ar year, or tax year beginning	01/01/2023	and ending	12/3	31/2023	
B	Check if ap	oplicable:	<b>C</b> Name of organization			D Emplo	oyer identifica	tion number
	Address c	hange	RED FEATHER FARM				85-3666	5789
Ц	Name cha	change Number and street (or P.O. box if mail is not delivered to street address)			Room/suite	E Teleph	none number	
=	Initial retur		5662 Old Rural Hall Road				720-557-	4793
	Amended	n/terminated	City or town, state or province, country, and Z	P or foreign postal code		F Grou	p Exemptior	 ו
	Applicatio		Winston Salem, NC 27105			Num	ber	
		ting Method:	Cash Accrual Other (specify	):	н	Check 🗸	if the organ	nization is <b>not</b>
		•	featherfarmnc.org	·			to attach Sc	
			eck only one) – 🗹 501(c)(3) 🗌 501(c) (	) (insert no.) 🗌 4947(a	a)(1) or 527	(Form 99		
			✓ Corporation □ Trust		her:	·	,	
		-	7b to line 9 to determine gross receipts. If			al assets		
			500,000 or more, file Form 990 instead of	•			¢	193,398
_	art I		e, Expenses, and Changes in Ne				$\frac{\Psi}{1000}$ for F	
-			the organization used Schedule O		•			,
	1		ons, gifts, grants, and similar amounts				1	172,712
	2		ervice revenue including government			· · +	2	20,686
	3	-	ip dues and assessments			-	3	0
	4	Investment				•••	4	0
	 5a		punt from sale of assets other than inv		5a		-	0
	b		or other basis and sales expenses .	-	5a 5b	0		
e	_		•	L	÷	0	Fo	0
	6 6		ss) from sale of assets other than inve Id fundraising events:	intory (subtract line ob ir	offinine Sa)	· · ·	5c	0
	-	-	ome from gaming (attach Schedul	e C if greater than				
	а				60			
Revenue	<b>_</b>			L	6a	0		
ě	b		me from fundraising events (not inclu aising events reported on line 1) (atta		0 of contributi	ons		
č			ch gross income and contributions exe		ch			
			-		6b	0		
	C d		et expenses from gaming and fundrais		6c	U		
	d	line 6c)	e or (loss) from gaming and fundrais	•		Joiraci	0.1	
		,		· · · · · · · · ·			6d	0
	7a		s of inventory, less returns and allowa		7a	0		
	b		of goods sold	L Contraction of the second	7b	0	-	_
	c		it or (loss) from sales of inventory (sub				7c	0
	8		nue (describe in Schedule O)				8	0
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, a				9	193,398
	10		similar amounts paid (list in Schedul	eU)		· ·	10	5,000
	11		aid to or for members	· · · · · · · · ·		· ·	11	0
ses	12		ther compensation, and employee be				12	3,888
en (	13		al fees and other payments to indepe				13	627
Expenses	14		y, rent, utilities, and maintenance .				14	1
			ublications, postage, and shipping .				15	345
	16	Other expe	enses (describe in Schedule O) .See	Schedule O, Statement 1		<u> </u>	16	174,717
	17	Total expe	enses. Add lines 10 through 16				17	184,578
ts	18		(deficit) for the year (subtract line 17 f	,			18	8,820
Se	19		or fund balances at beginning of ye					
As			ar figure reported on prior year's return			-	19	14,079
Net Assets	20		nges in net assets or fund balances (e				20	0
	21	Net assets	or fund balances at end of year. Com	bine lines 18 through 20	)		21	22,899
Foi	Paper	work Reduct	ion Act Notice, see the separate instruc	tions.	Cat. No. 10642I		For	m <b>990-EZ</b> (2023)

Form	990-EZ (2023)					Page <b>2</b>
Pa	rt II Balance Sheets (see the instructions f	or Part II)				, •
	Check if the organization used Schedule	,	nv auestion in this	Part II....		
			· · · · · · · · · · · · · · · · · · ·	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			19,828	22	7,384
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)			15,515		15,515
25	Total assets		· · · · · · · · · · · · · · · · · · ·	35,343		22,899
26	<b>Total liabilities</b> (describe in Schedule O)			21,264		0
27	Net assets or fund balances (line 27 of column			14,079		22,899
Par	``````````````````````````````````````	· · ·	,		21	22,099
r ai	Check if the organization used Schedule	• •		,		Expenses
	-	-	• •		(Re	quired for section
	<b>o i j i i i</b>	See Schedule O, Sta				(c)(3) and 501(c)(4)
as m	ribe the organization's program service accomplis leasured by expenses. In a clear and concise m ons benefited, and other relevant information for ea	anner, describe the			- U	anizations; optional for ers.)
28	**Equine Rescue and Rehabilitation:** Throughout th	ne year, we rescued a	nd rehabilitated 12 e	quines in dire		
	need, providing them with essential veterinary care,	nourishment, training	g and enrichment. Th	ese rescues		
	not only saved lives but also enabled these animals	to heal and thrive un	der our dedicated ca	re.		
	(Grants \$ 15,000) If this amount	includes foreign gra	ints, check here .	🗌	28a	a 179,562
29	**Community Engagement and Education:** We facil					
	horses that reached 90 undergraduate college stude		·			
	(Continued on Schedule O, Statement 3)	·····	<u>9</u>	<u>9</u>		
	(Grants \$ 6,000 ) If this amount	includes foreign gra	ints. check here		29a	a 1,000
30	**Volunteer Development:** Over 100 volunteers con					.,
	training and actively participating in various aspects					
	were instrumental in our ability to expand our impac					
		includes foreign gra			30a	a 0
31	Other program services (describe in Schedule O)	<u>v</u> v			000	
01	(Grants \$ 5,800) If this amount				31a	a 2,500
32	Total program service expenses (add lines 28a t				32	
Par						
га	Check if the organization used Schedule				ISUU	
	Check in the organization used Schedule				· ·	· · · · · <u> </u>
	(a) Name and title	<b>(b)</b> Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation		) Estimated amount of other compensation
Allis	on Bowling	40.00	0		0	0
	ident					
Josh	Pietrafeso	40.00	0		0	0
Vice	President					
Step Secr	hanie Figerle etary	0.00	0		0	0
Melis	ssa Sheppard	2.00	0		0	0
Mem	ber	]				
Chris	stina Stover	0.00	0		0	0
Mem	ber					
		-				
		-				
		-				

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Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		~
4	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		~
5a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		7
6	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N			V
7a	Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b>	36		V
b	Did the organization file Form 1120-POL for this year?	37b		~
Ba	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were			
b	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . If "Yes," complete Schedule L, Part II, and enter the total amount involved	38a		~
9	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	-		
b	Gross receipts, included on line 9, for public use of club facilities	-		
)a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911: 0; section 4912: 0; section 4955: 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
Š	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		V
с	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line   40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
I	List the states with which a copy of this return is filed: NC	L		
2a		720-55	7-479	3
	Located at: 5662 Old Rural Hall Road, Winston Salem, NC 27105 ZIP + 4	27	105	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	N
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	42b		~
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
с	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c		V
3	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here			[
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	N
а	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		163	
	completed instead of Form 990-EZ	44a		V
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		
	Did the organization receive any payments for indoor tanning services during the year?	440 44c		~
c	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			•
c d				
_	explanation in Schedule O	44d		
d ia	explanation in Schedule O	44d 45a		~
	explanation in Schedule O	-		2

Form	990-	ΕZ	(2023)
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	Form	990-EZ	(2023)
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Page 4

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition			
	to candidates for public office? If "Yes," complete Schedule C, Part I	46		~

Part VI	Section 501(c)(3) Organizations Only
	All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines
	50 and 51

	Check if the organization used Schedule O to respond to any question in this Part VI			
			Yes	No
47	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	47		~
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		~
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		~
b	If "Yes," was the related organization a section 527 organization?	49b		
50	Complete this table for the owner insting is five bighted and an excepted encyleves (athen then officers, diverters, t			

Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key 50 employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	<b>(b)</b> Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000 . . . . .

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		
<b>d</b> Total number of other independent contractors each receiving	over \$100 000	

Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a

52 completed Schedule A . . . . . . . . .

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date			
Here	Allison Bowling, President						
	Type or print name and title						
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date		Check if if self-employed	PTIN	
Use Only	Firm's name			Firm's EIN			
	Firm's address Phone no.						
May the IRS discuss this return with the preparer shown above? See instructions							

SCHEDULE A (Form 990)

## **Public Charity Status and Public Support**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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.

<b>Open to Public</b>
Inspection

#### Name of the organization RED FEATHER FARM

Employer identification number

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 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).
- 4 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:
- 5 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).
- 7 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.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - **a 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.
  - **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.
  - 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.
  - d 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.
  - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . .
  - g Provide the following information about the supported organization(s)

g							
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
			Yes	No			
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

#### Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to gualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (d) 2022 (c) 2021 (e) 2023 (f) Total Gifts, grants, contributions, and 1 membership fees received. (Do not include any "unusual grants.") . . Tax revenues levied for the 2 organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities 3 furnished by a governmental unit to the organization without charge . . . . Total. Add lines 1 through 3 . . . 4 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . **Public support.** Subtract line 5 from line 4 6 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 7 Amounts from line 4 . . . . . . 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . . Net income from unrelated business 9 activities, whether or not the business is regularly carried on . . . . . . 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) . . . . % 14 14 15 15 % 331/3% support test-2023. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 16a 331/3% support test-2022. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check h 17a 10%-facts-and-circumstances test-2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported $\square$ b 10%-facts-and-circumstances test-2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18 instructions

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

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

Secti	ion A. Public Support			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,		
Calen	idar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	<b>(f)</b> Total	
1	Gifts, grants, contributions, and membership fees							
•	received. (Do not include any "unusual grants.")	0	0	75,180	143,143	193,398	411,721	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities							
	furnished in any activity that is related to the							
	organization's tax-exempt purpose	0	0	0	0	0	0	
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0	
4	Tax revenues levied for the							
	organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0	
5	The value of services or facilities furnished by a governmental unit to the							
	organization without charge	0	0	0	0	0	0	
6	Total. Add lines 1 through 5	0	0	75,180	143,143	193,398	411,721	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	0	0	0	0	
b	Amounts included on lines 2 and 3		0		0			
~	received from other than disqualified							
	persons that exceed the greater of \$5,000							
	or 1% of the amount on line 13 for the year	0	0	0	0	0	0	
С	Add lines 7a and 7b	0	0	0	0	0	0	
8	Public support. (Subtract line 7c from							
	line 6.)						411,721	
	on B. Total Support							
	idar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	<b>(e)</b> 2023	(f) Total	
9	Amounts from line 6	0	0	75,180	143,143	193,398	411,721	
10a	Gross income from interest, dividends,							
	payments received on securities loans, rents, royalties, and income from similar sources			75 400		100.000	444 704	
h	Unrelated business taxable income (less	0	0	75,180	143,143	193,398	411,721	
b	section 511 taxes) from businesses							
	acquired after June 30, 1975	0	0	0	0	0	0	
с	Add lines 10a and 10b	0	0	75,180	143,143	193,398	411,721	
11	Net income from unrelated business						,.	
	activities not included on line 10b, whether							
	or not the business is regularly carried on	0	0	0	0	0	0	
12	Other income. Do not include gain or							
	loss from the sale of capital assets							
	(Explain in Part VI.)	0	0	0	0	0	0	
13	Total support. (Add lines 9, 10c, 11,							
	and 12.)	0	0	150,360	286,286	386,796	823,442	
14	First 5 years. If the Form 990 is for the	-			•			
0	organization, check this box and <b>stop he</b>						· · · 🖌	
	on C. Computation of Public Suppor	-		10 (f)		45		
15 16	15Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))15%16Public support percentage from 2022 Schedule A, Part III, line 1516%							
	on D. Computation of Investment In					10	70	
<u>3ecu</u> 17	Investment income percentage for 2023 (		-	ov line 13 colu	mn (f))	17	%	
18	Investment income percentage for 2023 ( Investment income percentage from 2022)			•	( ))		<u></u>	
19a	33 <sup>1</sup> / <sub>3</sub> % support tests – 2023. If the organ							
.54	17 is not more than $33^{1/3}$ %, check this box							
b	331/3% support tests-2022. If the organiz	-	-	-		-		
	line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
20	20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .							
	~						(Form 990) 2023	

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 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

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

### Section B. Type I Supporting Organizations

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

### Section C. Type II Supporting Organizations

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

### Section D. All Type III Supporting Organizations

Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's

income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

### Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- а The organization satisfied the Activities Test. Complete **line 2** below.
- The organization is the parent of each of its supported organizations. *Complete line 3 below.* b
- С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Yes No

1

2

1

3

2a

2b

3a

3b

Yes No

Yes No

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			ions A through E.
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	allv i	ntegrated Type III suppo	rting organization

Schedule A (Form 990) 2023

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

Schedu	le A (Form 990) 2023			Page <b>7</b>
Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organi	zations (continued)	
Sect	on D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e		1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required-	•	<i>VI</i> ) 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 whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2023 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	)
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required — <i>explain in Part VI</i> ). See instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
С	From 2020			
d	From 2021			
e	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in <b>Part VI</b></i> . See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2019			
b	Excess from 2020			
С	Excess from 2021			
d	Excess from 2022			
e	Excess from 2023			

Schedule A (Form 990) 2023

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


## SCHEDULE 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.



Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer	identification	n number

85-3	66	67	8	9
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RED FEATHER FARM	85-3666789
Form 990-EZ, Part I, Line 10 - Equuvation, program support for equine facilitated learning	
Form 990-EZ, Part II, Line 24 - Run-in shed, storage shed, hay feeding baskets (5)	

Schedule O, Statement 1	RED FEATHER FARM
Form: Form 990-EZ (2023)	EIN: 85-3666789
Page: 1	Part I, Line 16
Other Expenses Structured Explanation	
Description	Amount
Animal feed	78,794
Veterinary	37,462
Direct animal care costs farrier intake supplies and training	54,419
Insurance and transportation	4,042
Total:	174,717

Form: Form 990-EZ (2023)

Page: 2

#### **Primary Exempt Purpose**

**RED FEATHER FARM** 

EIN: 85-3666789

Part III

### Primary Exempt Purpose

Rescue, rehabilitation and retirement of equines at risk of being neglected, abused or unwanted

#### Schedule O, Statement 3

Form: Form 990-EZ (2023)

Page: 2

#### Second Program Service Accomplishments Description

### RED FEATHER FARM

EIN: 85-3666789

Part III, Line 29

#### Description

about the power of equine-facilitated wellness, developing confidence and horsemanship skills through unmounted work, horse rescue, welfare and advocacy. These workshops fostered a deeper understanding of the importance of compassionate treatment towards all animals.

### Schedule O, Statement 4

Form: Form 990-EZ (2023)

Page: 2

### **Other Program Service Accomplishments**

**RED FEATHER FARM** 

EIN: 85-3666789

Part III, Line 31

Description	Grants And Allocations	Includes Foreign Grants	Program Service Expenses
**Public Awareness and Advocacy:** Through extensive outreach efforts, we educated hundreds of thousands of viewers on equine welfare and advocacy issues via social media, workshops, and community events. By raising awareness and sharing compelling stories, we continue to inspire action and promote positive change for horses in need.	5,800		2,500
**Law Enforcement Collaboration:** Our collaboration with law enforcement agencies led to significant progress in animal cruelty cases. We provided critical support that resulted in five felony charges of animal cruelty being secured in a case involving horses. This achievement underscores our commitment to seeking justice for abused animals and holding perpetrators accountable.	0		0
Total:			2,500