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SCANNED MAY 2 6 2010

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545 0047 2009

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

	For the	2009 calend	lar year, o	r tax year begini	ning		, 2009	and end	ing		,	
		applicable		С						D Employ	er Identif	ication Number
	Addr	ess change	Please use IRS label	FRONT RANG	E EQUINE	RESCUE				84-	14185	525
	—	e change	or print or type	P.O. BOX 3	307					E Telepho	ne numb	er
	\vdash	al return	See specific	LARKSPUR,	CO 80118					719	-481-	-1490
	\vdash		Instruc-									
	\vdash	nination	tions.									2,395,245.
	H	nded return	-	L					H(a) Ic i	G Gross r		
	Appl	lication pending		and address of princip	al officer				1	all affiliates incl		= "" = ""
				AS C ABOVE						No,' attach a list		ructions) Yes No
<u> </u>	Tax-e	exempt statu			(insert no)		(a)(1) or	527	_			
J	Webs	site: ► WW		TRANGEEQUI	NERESCUE.	ORG		_		oup exemption n		
K		f organization	X Corpora	ation Trust	Association	Other ►	<u> </u>	Year of Forn	nation 19	997 Mis	tate of le	gal domicile CO
Pa		Summa			- · ·		_					
	1 B	Briefly describ	be the org	janization's miss	ion or most sig	ınıfıcant act	ivities. <u>R</u>	ESCUE_	AND_R	<u>EHABILIT</u>	ATIO	N OF ABUSED
ø	<u>1</u>	HORSES.	- 							_ 		
Governance	_									_ 		
ET.	_											
ìov				if the organizatio				osed of m	ore than	25% of its a		_
8				bers of the gove							3	
es				t voting member	_	nng body (F	Part VI, line	: 1b)			4	<u>5</u>
viti				yees (Part V, line							5 6	6 5 3 0
Activities &				eers (estimate if		a a l	N line 10				7a	0.
•				ousiness revenue taxable income), iirie 12				7 b	0.
	D IV	et unrelateu	Dusiness	taxable income	1101111 01111 990)-1, IIIIE <u>3</u> -4				5.1	<u> </u>	
					44.				-	Prior Year	30	Current Year
e e			_	ts (Part VIII, line						2,316,1 28,0		2,342,866.
ent		9 Program service revenue (Part VIII, line 2g)10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)									188.	31,089.
Revenue							J 11a\		<u> </u>		00.	31,009.
_			•	II, column (A), lii				no 12\		2,343,3	3.3.0	2,395,245.
				nes 8 through 11			iumii (A), <u>iii</u>	110 12)		2,343,3	,30.	2,333,243.
				ounts paid (Part I							-	
				members (Part I)				F 10)		101 3	0.04	101 E10
ø,										101,3	884.	101,519.
Expenses	16a F	Professional i	fundraisin	g fees (Part IX, o	column (A), lin	e 11e)			ļ			
Хре	ЬΤ	b Total fundraising expenses (Part IX, column (P) in P 25) 163, 921.										
ú	17 C	Other expens	es (Part I	X, column (A),	nes Lla-Hd-1	11f-22Af1			_	1,713,8	321.	1,715,720.
							. line 25)			1,815,2		1,817,239.
	19 F	Revenue less	expense	nes 13-17 (must s. Subtract MAY	8 A A A 201		, - ,		-	528,1		578,006.
* S				141		121			B,	eginning of Y		End of Year
a de	20 T	otal assets (Part Y lu	20 16	SDEN, UT	-1				1,593,2		1,955,468.
Ass.		otal liabilitie:		line 36)	SUEIN, OT	***************************************				221,1		5,301.
Net Assets or Fund Balances				1323	01 6 1	- 20				1,372,1		1,950,167.
	22 N rt		ure Blo	ances Subtract li	ne zi irom iire	20				1,312,1	.00.1	1,950,107.
	1 (12					 						
		true, correct, a	s of perjury, and complete	Declaration of prepa	er (other than offer	n, including ac cer) is based o	companying so n all informatio	on of which p	reparer has	any knowledge	of thy Kr	nowledge and belief, it is
Si.			$H_{\mathcal{M}}$	160	()					14-13	-10	\supset
Sign Here		Signature	of officer		30 EX	$\overline{}$				Date		
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		Type or pr	rint name an	d title		- ' ' C	3.0.6.1	1	-			
	-	7,500		O'	10	····		Date		Charles	Pre	eparer's identifying number e instructions)
Рa	id	i		San	Sohn	•		1		Check if self	(se	ė instructions)
Pre		Preparer's signature	▶ □317	TO B ATTER	C D A			4/07/	110	employed •	\sqcup_{N}	/ h
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Us	е	Firm's name (yours if self		R WOODLEY I		_	NDERS I	LLP			r / 7\	
On	ly	employed), address, and		E PIKES P			7.			1	I/A /710	1) 477 1046
		ZIP + 4		ORADO SPRI		0903-36				Phone no	(71 <u>9</u>	
May	tne IR	5 discuss th	is return v	with the preparer	snown above	(see instri	uctions)					X Yes No

Form 990 (2009) FRONT RANGE EQUINE RESCUE	84-1418525	Page 2
Part III Statement of Program Service Accomplishments	· · · · · · · · · · · · · · · · · · ·	
1 Briefly describe the organization's mission. RESCUE AND REHABILITATION OF ABUSED HORSES.		
2 Did the organization undertake any significant program services during the year which were not listed on the	e prior	
Form 990 or 990-EZ?	Yes X	No
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 service	es? Yes X	No
If 'Yes,' describe these changes on Schedule O		
4 Describe the exempt purpose achievements for each of the organization's three largest program services by and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and a expenses, and revenue, if any, for each program service reported	v expenses Section 501(c)(3) Illocations to others, the total	
4a (Code:) (Expenses \$ 1,548,291. including grants of \$) ((Revenue \$	
FRONT RANGE EQUINE RESCUE'S EDUCATIONAL AND RESCUE PROGRAMS COME	` <u> </u>	
ABUSE/NEGLECT OF HORSES. PROGRAM EFFORTS INCLUDE DIRECT RESCUE		
REHABILITATION AND ADOPTION, FIRE/DISASTER EVACUATION, "STOP THE	E BACKYARD BREEDER	
PROGRAM, SAVE THE WILD HORSES CAMPAIGN, SPONSOR-A-HORSE, BAN HOR	RSE SLAUGHTER	
CAMPAIGN, TRAILS END PROGRAM, FOSTER HOMES, AND CLINICS DESIGNED		
ENTHUSIASTS ON A WIDE VARIETY OF HORSE CARE TOPICS. HUNDREDS OF		TED_
THROUGH RESCUE EFFORTS WITH THOUSANDS OF OTHERS IMPACTED BY EDUCATIONAL PROCHUMES OF THE THROUGH THROUGH THE THROUGH THROU		
QUARTERLY NEWSLETTER AND EDUCATIONAL BROCHURES OFFER INFORMATION	-	
CARE.		
		-
Ab (Code) \ \(\(\(\) \) \((Davierus è	
4b (Code:) (Expenses \$ including grants of \$) ()
	-	
		
	-	- -
4c (Code) (Expenses \$ including grants of \$) (Revenue \$)
		
		
	-	
	 	
4d Other program services. (Describe in Schedule O.)		
(Expenses \$ including grants of \$) (Revenue \$)	
4e Total program service expenses ► 1,548,291.		

Page 3

Form 996 (2009) FRONT RANGE EQUINE RESCUE

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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		_X_
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, 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		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI			
•	Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII			
•	Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
	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? If Yes, complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		X
12	A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A X			
13	Is the organization a school described in section $170(b)(1)(A)(ii)^2$ If 'Yes,' complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If 'Yes,' complete Schedule F, Part I</i>	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	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	17		<u>X</u>
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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X

Form 990 (2009) FRONT RANGE EQUINE RESCUE

Part IV | Checklist of Required Schedules (continued)

			res	ИО
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 17 If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
t	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		X
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
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		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V , line I	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R , Part V , line 2	35		Х
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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
BAA		Form	990 (2009)

Form 990 (2009) FRONT RANGE EQUINE RESCUE 84-141852	5	P	age 5
Part V" Statements Regarding Other IRS Filings and Tax Compliance			
		Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable 1a 5			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		Х
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 3			
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<u> </u>
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		x
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b		
4a 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)?	4 a		х
b If 'Yes,' enter the name of the foreign country.			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
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 sheller transaction?	5b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5с		
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? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not	6a		X
deductible?	6Ь		<u> </u>
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 <i>c</i>		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		<u> </u>
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	<u></u>	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business	8		Х
holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds.			<u> </u>
a Did the organization make any taxable distributions under section 4966?	9a		1
b Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
			
10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12			1
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11 Section 501(c)(12) organizations. Enter.			
a Gross income from other members or shareholders.			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			

Form **990** (2009)

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 in Schedule O. See instructions.

Sec	ction A. Governing Body and Management						
			Yes	No			
	a Enter the number of voting members of the governing body	6					
	b Enter the number of voting members that are independent	5					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with an officer, director, trustee or key employee?	y other 2		Х			
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?							
4 Did the organization make any significant changes to its organizational documents							
_	since the prior Form 990 was filed? 5 Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х			
6 Does the organization have members or stockholders?							
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the							
	governing body? b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7a 7b		$\frac{X}{X}$			
							
	Did the organization contemporaneously document the meetings held or written actions undertaken during the the following		v				
	a The governing body?	8a	Х				
	b Each committee with authority to act on behalf of the governing body?	8b		Х			
	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		Х			
	ction B. Policies (This Section B requests information about policies not required by	the Internal					
Keve	venue Code)		Yes	No			
10 a	a Does the organization have local chapters, branches, or affiliates?	10a	165	X			
ŀ	b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, and branches to ensure their operations are consistent with those of the organization?	affiliates,					
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the fo	orm? 11	Χ				
11 /	A Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHE	EDULE O					
12a	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a		X			
k	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give re to conflicts?	se 12b					
c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' des Schedule O how this is done	cribe in					
13	Does the organization have a written whistleblower policy?	13		X			
14	Does the organization have a written document retention and destruction policy?	14	.,	X			
15	Did the process for determining compensation of the following persons include a review and approval by indep persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	endent					
a	a The organization's CEO, Executive Director, or top management official	15a		X			
t	b Other officers of key employees of the organization	15b		_X_			
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)						
16 <i>a</i>	ia Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with entity during the year?	n a taxable 16a		X			
k	b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its p in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization' status with respect to such arrangements?	articipation s exempt 16b					
	ction C. Disclosures						
	List the states with which a copy of this Form 990 is required to be filed F SEE SCHEDULE O						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3 inspection. Indicate how you make these available. Check all that apply	i)s only) available :	for put	olic			
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of statements available to the public. SEE SCHEDULE O	nterest policy, and	financ	cial			
	State the name, physical address, and telephone number of the person who possesses the books and records HILARY WOOD P.O. BOX 307 LARKSPUR CO 80118 719.495.6389	of the organization	n				

BAA

Form 990 (2009)

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

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 organizations's tax year. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of 'key employees.'
- 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order, individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not compensate any current officer, director, or trustee												
(A)	(B) Average	(c) Position (check all that apply)					lv)	(D)	(E)	(F)		
Name and Title	hours per week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W 2/1099 MISC)	Reportable compensation from related organizations (W 2/1099 MISC)	Estimated amount of other compensation from the organization and related organizations		
HILARY WOODPRESIDENT	70							70,000.	0.	0.		
J.J. KANE BOARD MEMBER	5							0.	0.	0.		
LAURIE DEWEY BOARD MEMBER	5							0.	0.	0.		
GINGER KATHRENS BOARD MEMBER	15							0.	0.	0.		
MARION NAGLE BOARD MEMBER	15				!			0.	0.	0.		
JESSEE PROVINCE BOARD MEMBER	5							0.	0.	0.		
						:						

TEEA0107L 11/10/09

Part VII Section A. Officers, Directors, Trus	tees, l	Key	Er	npl	oye	ees	, ar	nd Highest Co	mpensated Em	ploye	es (c	ont.)
(A)	(B)			(6	c)			(D)	(E)		(F)	
Name and Title	Average hours per week		-		_	_		Reportable compensation from	Reportable compensation from	Estimated amount of otl		ther
	parou.	divide	strtuti	Officer	Key en	ighest nploy	Former	the organization (W 2/1099 MISC)	related organizations (W 2/1099 MISC)		mpensat from the roanizatio	
		tor to	onal		employee	com					and relate ganızatıo	
	per week	stee	Institutional trustee		ìŏ	Highest compensa employee						
			l e			ted						
		-										*
												
						_						
					_							
		-				-				_		
15 7-41								70.000		_		
Total Total number of individuals (including but not limited)	to those	list	ed :	ahov	ر (م	vho	rece	70,000.	0.	lo oom		0.
from the organization • 0	10 111030	, 1130	cu a	100 v	c) •	**10	1666	ived more than \$	100,000 iii reportab	ie com	pensat	1011
										<u></u>	Yes	No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such inc.	r truste	e, ke	ey e	mplo	oyee	e, or	hıgl	hest compensated	l employee			.,
4 For any individual listed on line 1a is the sum of repo	ortable (comi	pens	satio	n a	nd o	ther	compensation fro	om	3		<u>X</u>
the organization and related organizations greater tha	an \$150	,000	? If	'Ye	s' co	тр	lete	Schedule J for su	ch	4		Х
5 Did any person listed on line 1a receive or accrue coi	mnenca	tion	fron	n an	W 10	arala	hete	organization for c	onuooo	-		
rendered to the organization? If 'Yes,' complete Sche	edule J	for s	uch	per	son	11 612	aleu	organization for s	ervices	5		X
Section B. Independent Contractors 1 Complete this table for your five highest compensated	d indene	ende	nt c	ontr	acto	ors t	hati	received more tha	n \$100 000 of			
compensation from the organization.					2010							
(A) Name and business address								(B)		(C)	
	<u> </u>		_				\dashv	Description o	i Services	Compe	ensatio	<u>n</u>
		_					_					
							\dashv					
							_					
2 Total number of independent contractors (including bi		nite	d to	thos	s e li	sted	abo	ove) who received	more than	•	***************************************	
\$100,000 in compensation from the organization ▶	0								ŧ			

Page 9

11.41	(Vag. Statement of Nevende	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) 1 All other contributions, gifts, grants, and				
	similar amounts not included above g Noncash contributed in line 1a-1f: h Total. Add lines 1a-1f	2,342,866.			
PROGRAM SERVICE REVENUE	2a PROGRAM FEES Business Code b	21,290.	21,290.		
M SERVICE	d				
PROGRA	f All other program service revenue g Total. Add lines 2a-2f	21,290.			
	 Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 	27,589.	27,589.		
	(i) Real (ii) Personal 6a Gross Rents b Less: rental expenses c Rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses (i) Securities (ii) Other 3,500.				
	c Gain or (loss) 3,500. d Net gain or (loss)	3,500.	3,500.		
OTHER REVENUE	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less direct expenses b c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities See Part IV, line 19 a b Less, direct expenses b				
	c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns				
	and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code 11 a b				
	d All other revenue e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	2,395,245.	52,379.	0.	0.

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Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do r 6b, 2	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				, · · · · · · · · · · · · · · · · · · ·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				, , , , , , , , , , , , , , , , , , , ,
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	70,000.	55,000.	5,000.	10,000.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	24,305.	20,659.	3,646.	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits.		····		
10	Payroll taxes	7,214.	5,771.	1,443.	
11	Fees for services (non-employees)				
а	Management				
ь	Legal			- 10-	
	: Accounting	7,195.		7,195.	
	l Lobbying				
	Prof fundraising svcs. See Part IV, In 17 Investment management fees			3	
	Other				
_	Advertising and promotion	270.	270.		
13	Office expenses	3,793.		3,793.	
14	Information technology				
15	Royalties				
16	Occupancy	9,900.	8,825.	1,075.	
17	Travel	1,097.	700.		397.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	12,158.	10,334.	1,824.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	24,618.	24,618.		
23	Insurance	262.		262.	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	DIRECT MAIL EXPENSE	993,438.	824,553.	59,606.	109,279
	PROGRAM EXP - OTHER	266,466.	266,466.		
	DIRECT MAIL PRINTING	109,358.	90,767.	6,562.	12,029
c	FEED	98,878.	98,878.		
e	VET CARE - OTHER	59,034.	59,034.		
f	All other expenses	129,253.	82,416.	14,621.	32,216
25	Total functional expenses Add lines 1 through 24f	1,817,239.	1 <u>,</u> 548,291.	105,027.	163,921
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

		(A) Beginning of year		(B) End of year
-	Cash - non-interest-bearing	773,212.	1	523,307
2	2 Savings and temporary cash investments		2	18,248
3	B Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
!	6 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1))			
.	and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
A S S E S	Notes and loans receivable, net		7	
Ĕ 8	Inventories for sale or use		8	
s S	Prepaid expenses and deferred charges		9	
10	a Land, buildings, and equipment. cost or other basis. 10a 1,557,058.			
İ	Complete Part VI of Schedule D		i	
- }	b Less accumulated depreciation. 10b 143,145.	820,079.	10 c	1,413,913
11	Investments - publicly-traded securities		11	
12	! Investments - other securities See Part IV, line 11		12	
13	Investments – program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,593,291.	16	1,955,468
17	Accounts payable and accrued expenses	984.	17	5,301
18	Grants payable		18	
. 19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
A 21	Escrow or custodiał account liability Complete Part IV of Schedule D	·····	21	-
22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
i	of Schedule L		22	
E 23	Secured mortgages and notes payable to unrelated third parties	183,403.	23	
24	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		24	
25	· •	36,744.	25	
26		221,131.	26	5,301
N	Organizations that follow SFAS 117, check here ► X and complete lines			
. 1	27 through 29 and lines 33 and 34.			
§ 27	F	1,372,160.	27	1,950,167
E 28	Temporarily restricted net assets		28	-
			29	
R	Organizations that do not follow SFAS 117, check here ▶ and complete		:	
F S 30	lines 30 through 34.		†	
ſ			30	
B 31			31	
32		1 275 155	32	1 0=0 1:=
8 31 32 33 34		1,372,160.	33	1,950,167
S 34	Total liabilities and net assets/fund balances.	1,593,291.	34	1,955,468 Form 990 (200)

orm 990 (2009) FRONT RANGE EQUINE RESCUE	84-1418525	Р	age 12
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990 Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2:	a	X
b Were the organization's financial statements audited by an independent accountant?	21	b X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for overs review, or compilation of its financial statements and selection of an independent accountant?	sight of the audit,	ε .	Х
If the organization changed either its oversight process or selection process during the tax year, expl in Schedule O	aın		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year w consolidated basis, separate basis, or both.	vere issued on a		
Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set fort Audit Act and OMB Circular A-133?	th in the Single	a	x

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

BAA

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

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. ► See separate instructions.

OMB No 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service	► Attach to Form 990 or Form 990-EZ. ► See separate instructions.							Inspe		IC .	
Name of the organization							Employe	r identificat	tion number		
FRONT RANGE EQ	JINE RESCUE						84-1	418525	5		
Part I Reason for	r Public Charity Sta	itus (All organizations	s must	compl	ete th	is part	.) See	instruc	ctions		
The organization is not	a private foundation beca	ause it is. (For lines 1 throu	igh 11, d	heck on	ly one b	ox.)					
1 A church, cor	vention of churches or as	ssociation of churches desc	cribed in	section	1 70(b)(1)(A)(i).					
2 A school des	ribed in section 170(b)(1)	ped in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3 A hospital or	al or cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4 A medical res	earch organization opera	ited in conjunction with a h	ospital d	escribed	l in sect	ion 170	(b)(1)(A)	(iii) . Ente	er the hospi	tal's	
5 An organizati											
). (Complete Part II)				-						
7 An organizati		r governmental unit descril a substantial part of its su Part II)					or from	the gene	ral public d	escrib	ed
r e		n 1 70(b)(1)(A)(vi). (Complet	e Part II	`							
		(1) more than 33-1/3 % o			contrib	utions	membe	rshin fee	s and ares	s rece	unts
from activities investment in	related to its exempt fun	ictions — subject to certain ness taxable income (less s	excepti	ons, and	(2) no i	more th	an 33-1/	/3 % of it	s support fr	om ar	OSS
10 An organizati	n organized and operate	ed exclusively to test for pu	blic safe	ty. See	section	509(a)(4	4).				
more publicly	supported organizations	ed exclusively for the benef described in section 509(a nization and complete lines	(1) or s	ection 5	09(a)(2)	tions of . See s	, or carr ection 5	y out the 09(a)(3).	purposes of Check the	of one box th	or nat
a Type I	b Type	II c Type II	I — Fund	ctionally	ıntegrat	ed		d 🗌	Type III-	Other	
e By checking than foundation 509(a)(2).	is box, I certify that the on managers and other the	organization is not controlle nan one or more publicly su	ed direct ipported	ly or ind organiz	irectly b ations d	y one o escribe	r more o	disqualification 509(a	ed persons a)(1) or sec	other tion	
	tion received a written de	etermination from the IRS	that is a	Type I,	Type II	or Type	III supp	orting or	ganızatıon,		
g Since August	17, 2006, has the organiz	zation accepted any gift or	contribi	ution froi	n any o	f the fol	lowing p	ersons?	Γ	V	
(i) a person below, t	who directly or indirectly ne governing body of the	y controls, either alone or t supported organization?	ogether	with per	sons de	scribed	ın (ıı) aı	nd (III)	11 g (i)	Yes	No
	member of a person des								11 g (ii)		
(iii) a 35% d	ontrolled entity of a perso	on described in (i) or (ii) ab	ove?						11 g (iii)		
h Provide the fo	lowing information about	t the supported organization	ns.								
(i) Name of Supporte Organization	d (iı) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	Is the tion in cold in your erning ment?	the organ	ou notify lization in (i) of ipport?	organizat (i) organi	Is the ion in col zed in the S ?	(vii) Amount	of Sup	port
			Yes	No	Yes	No	Yes	No			
-											
		-	-								
		-									
		<u> </u>						_			
			1	l i							

<u> </u>	(Complete only if you checke	-				110 170(b)	くいハヘン	(*1)	
Sec	tion A. Public Support	State Box off line	3, 7, 51 5 51 7 dr.						
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Tota	ıl
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')								
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf								
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge								
4	Total. Add lines 1-through 3								
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
	Public support. Subtract line 5 from line 4					<u></u>		_	
Sec	tion B. Total Support	1	1		T	T			
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Tota	al
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)								
11	Total support. Add lines 7 through 10					<u></u>			
12	Gross receipts from related activ	ities, etc. (see ins	structions)				12		
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, o	r fifth tax year as	a section 50	1(c)(3)		▶ □
$\overline{}$	tion C. Computation of Pu								
	Public support percentage for 20 Public support percentage from 2			e 11, column (f)			14 15		<u>%</u> %
16 a	33-1/3 support test – 2009. If the and stop here. The organization				the line 14 is 33-1.	/3 % or mor	e, chec	k this box	▶ □
ŧ	33-1/3 support test — 2008. If the and stop here. The organization	organization did qualifies as a pub	not check a box o	on line 13, or 16a, ganization.	and line 15 is 33-	1/3% or mo	re, chec	ck this box	▶ 🗌
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	ind-circumstances	s' test, check this l	oox and stop here	. Explain in	Part IV	how	► □
ŀ	o 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	ind-circumstances test The organia	s' test, check this l zation qualifies as	oox and stop here a publicly support	e. Explain in ted organiza	Part IV tion.	how the	<u>- </u>
18	Private foundation. If the organiz	zation did not che	ck a box on line,	13, 16a, 16b, 17a,					<u> </u>
BAA					Si	chedule A (F	orm 99	0 or 990-E2	2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support			•			
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1		,	1,650,593.			(e) 2009	6,999,253.
2	Gross receipts from admissions, merchandise sold or services performed, or	1,105,227.	1,030,333.	1, 703, 133.	2,200,234.		<u> </u>
	facilities furnished in a activity that is related to the organization's tax-exempt purpose						0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	1,105,227.	1,650,593.	1,963,139.	2,280,294.	0.	6,999,253.
	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the						
	year	0.	0.	0.	0.	0.	0.
•	: Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support (Subtract line						_
	7c from line 6)						6,999,253.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal yr beginning in) 🟲	(a) 2005	(b) 2006	l (c) 2007	l (d) 2008 l	(e) 2009 i	(f) Total
	ndar year (or fiscal yr beginning in) Amounts from line 6	(a) 2005 1, 105, 227.	(b) 2006 1,650,593.	(c) 2007 1, 963, 139.	(d) 2008 2, 280, 294.	(e) 2009	(f) Total 6, 999, 253.
9	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	1,105,227.	1,650,593.	1,963,139.	2,280,294.	(e) 2009 0.	6,999,253.
9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	464.	737.	23,004.	31,068.	0.	6,999,253. 55,273. 0.
9 10 a E	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	1,105,227.	1,650,593.	1,963,139.	2,280,294.		6,999,253. 55,273.
9 10 a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 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 inline 10b, whether or not the business is regularly carried on	464.	737.	23,004.	31,068.	0.	6,999,253. 55,273. 0.
9 10 a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 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 inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of	464.	737.	23,004.	31,068.	0.	6,999,253. 55,273. 0. 55,273.
9 10 a 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 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 inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV	464.	737.	23,004.	31,068.	0.	6,999,253. 55,273. 0. 55,273.
9 10a E 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 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 inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and	1,105,227. 464. 464.	737. 737. 12,308.	23,004. 23,004. 23,004.	31,068. 31,068. 31,976.	0.	6,999,253. 55,273. 0. 55,273. 0. 85,360. 7,139,886.
9 10a E 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 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 inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV Total support. (add ins 9, 10c, 11, and 12)	1,105,227. 464. 464.	737. 737. 12,308.	23,004. 23,004. 23,004.	31,068. 31,068. 31,976.	0.	6,999,253. 55,273. 0. 55,273. 0. 85,360. 7,139,886.
9 10a 11 12 13 14 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 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 inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and	1,105,227. 464. 464. 14,203. s for the organiza stop here	1, 650, 593. 737. 737. 12, 308. tion's first, second	23,004. 23,004. 26,873.	31,068. 31,068. 31,976.	0.	6,999,253. 55,273. 0. 55,273. 0. 85,360. 7,139,886.
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9 10 <i>a</i> 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 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 inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 i organization, check this box and tion C. Computation of Pu	14, 203. 14, 203. s for the organiza stop here oblic Support I 09 (line 8, column 2008 Schedule A,	737. 737. 12,308. tion's first, second Percentage (f) divided by line Part III, line 15	23,004. 23,004. 23,004. 26,873.	31,068. 31,068. 31,976.	0. 0. a section 501(c)(3)	6,999,253. 55,273. 0. 55,273. 0. 85,360. 7,139,886. ▶ X
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9 10a 11 12 13 14 Sec 15 16 Sec 17 18 19a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 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 inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and tion C. Computation of Pupulic support percentage from 2 tion D. Computation of Investment income percentage from 33-1/3 support tests — 2009. If the	14, 203. 464. 464. 14, 203. s for the organiza stop here blic Support I 09 (line 8, column 2008 Schedule A, vestment Inco or 2009 (line 10c, com 2008 Schedule e organization did ox and stop here. e organization did this box and stop	737. 737. 737. 737. 12,308. 12,308. 10,100 by line Percentage (f) divided by line Part III, line 15 me Percentage column (f) divided e A, Part III, line inot check the bothe organization inot check a boxhere. The organiz	23,004. 23,004. 23,004. 26,873. 3, third, fourth, or 17 x on line 14, and qualifies as a publication qualifies as	31,068. 31,068. 31,976. In (f)) line 15 is more the original line 16 is more a publicly supported organization and line 16 is more a publicly supported organization.	0. 0. a section 501(c)(3) 15 16 17 18 an 33-1/3%, and liganization re than 33-1/3%, aled organization	6,999,253. 55,273. 0. 55,273. 0. 85,360. 7,139,886. ► [X] % % % nne 17 is not ► [

Schedule	A (Form 990 o	r 990-EZ)	2009	FRON	T RANGE	EQUINE	RESCUE		84	-1418525	Page 4
Part IV	Suppleme	ntal Inf	ormat	ion. C	omplete	this part to	provide	the e	explanations require additional informat	ed by Part II, Iin	e 10;
	Part II, lin	<u>e 1</u> 7a o	r 17b <u>;</u>	and P	art III, Iır	ne 12. Pro	vide any	other	additional informat	ion. See instruc	ctions.
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2009	·	SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION	PAGE 5
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84-1418525

FRONT	RANGE	EQUINE	RESCUE
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PART III,	LINE	12 -	OTHER	INCOME
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NATURE AND SOURCE	2009	2008	2007	2006	2005
PROGRAM SERVICE REVENUE TOTAL	\$ 0.	31,976. \$ 31,976.	26,873. \$ 26,873.	12,308. \$ 12,308.	14,203. \$ 14,203.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990. Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions

OMB No 1545 0047

Open to Public Inspection

Employer Identification number

FRONT RANGE EQUINE RESCUE 84-1418525 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit?? Part II | Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations. and enforcement of the conservation easement it holds? No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year > Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items. a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Schedule D (Form 990) 2009 FROM	I KANGE EQUI	INE KESCUE		04-141	.0020 Page 2
Part III Organizations Mainta	ining Collection	ons of Art, His	torical Treasures,	or Other Similar As	sets (continued)
3 Using the organization's acquisition items (check all that apply).	on accession and	other records, che	ck any of the following t	hat are a significant use	of its collection
a Public exhibition		d Loan	or exchange programs		
b Scholarly research		e 💹 Other	ſ		
c Preservation for future gener	ations				
4 Provide a description of the orga Part XIV.		·	,	, , ,) in
5 During the year, did the organiza assets to be sold to raise funds r					Yes No
Part IV Escrow and Custodia	al Arrangemen	ts Complete if	organization answ	ered 'Yes' to Form	990, Part IV, line
9, or reported an amo	ount on Form 9	90, Part X, line	21.		
1a is the organization an agent, trus included on Form 990, Part X?	stee, custodian, or	other intermediary	for contributions or oth	er assets not	Yes No
b If 'Yes,' explain the arrangement	in Part XIV and co	emplete the followi	ng table.		
					Amount
c Beginning balance				1 c	
d Additions during the year				1 d	
e Distributions during the year				1 e	
f Ending balance				1f	
2a Did the organization include an a	mount on Form 99	0, Part X, line 21?		<u> </u>	Yes No
b If 'Yes,' explain the arrangement					
Part V Endowment Funds Co		nization answe	red 'Yes' to Form !	990, Part IV, line 10	<u>).</u>
	(a) Current year	(b) Prior yea	· ·		(e) Four years back
1 a Beginning of year balance		(,	- , , , , , , , , , , , , , , , , , , ,	(-, -, -, -, -, -, -, -, -, -, -, -, -, -	(Lyton your zuen
b Contributions					
c Net Investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	·				
g End of year balance					•
2 Provide the estimated percentage	e of the year end b	alance held as			
a Board designated or quasi-endow	/ment ►	8			
b Permanent endowment ►					
c Term endowment ►	8				
3a Are there endowment funds not in organization by.	n the possession o	f the organization	that are held and admin	istered for the	Yes No
(i) unrelated organizations					
· · · · · · · · · · · · · · · · · · ·					3a(i)
(ii) related organizations					3a(ii)
b If 'Yes' to 3a(II), are the related o					3b
4 Describe in Part XIV the intended					
Part VI Investments—Land, B					
Description of investment	(a) C	ost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1 a Land			610,000.		610,000.
b Buildings			638,353.	52,435.	585,918.
c Leasehold improvements			237,528.	22,652.	214,876.
d Equipment			70,531.	67,412.	3,119.
e Other			646.	646.	0.
Total. Add lines 1a through 1e (Column	(d) must equal Fo	rm 990. Part X .cc		,	1,413,913.
BAA	1-2	555, 1 51, 71, 66	(2), (0(0).)	School	dule D (Form 990) 2009
				Scriec	MIC D (LOHII 220) 2009

Part VII Investments—Other Securities See Fo (a) Description of security or category (including name of security)		ne 12. N/A	
(a) Description of security or category			
(including name or security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
Financial derivatives			
Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12)		10)	
Part VIII Investments—Program Related (See			
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
		Cost of end-of-year market value	
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
			
Total (Column (h) must equal Form 990, Part Y, Col. (R) line 13.)			
Total (Column (b) must equal Form 990, Part X, Col (B) line 13.) Part IX Other Assets (See Form 990, Part X.	line 15) N/A		
Part IX Other Assets (See Form 990, Part X,		(b) Bo	ok value
Part IX Other Assets (See Form 990, Part X,	line 15) N/A	(b) Bo	ok value
Part IX Other Assets (See Form 990, Part X,		(b) Bo	ok value
Part IX Other Assets (See Form 990, Part X,		(b) Bo	ok value
Part IX Other Assets (See Form 990, Part X,		(b) Bo	ok value
Part IX Other Assets (See Form 990, Part X,		(b) Bo	ok value
Part IX Other Assets (See Form 990, Part X,		(b) Bo	ok value
Part IX Other Assets (See Form 990, Part X,		(b) Bo	ok value
Part IX Other Assets (See Form 990, Part X,		(b) Bo	ok value
Part IX Other Assets (See Form 990, Part X,		(b) Bo	ok value
Part IX Other Assets (See Form 990, Part X,		(b) Bo	ok value
Part IX Other Assets (See Form 990, Part X,	scription	(b) Bo	ok value
Part IX Other Assets (See Form 990, Part X, (a) Des	e 15)		ok value
Part IX Other Assets (See Form 990, Part X, (a) Des Total. (Column (b) must equal Form 990, Part X, col.(B), line	e 15)		ok value
Total. (Column (b) must equal Form 990, Part X, col.(B), line Part X Other Liabilities (See Form 990, Part X, col.(B), Part X	e 15) X, line 25)		ok value
Total. (Column (b) must equal Form 990, Part X, col.(B), line Part X Other Liabilities (See Form 990, Part X, col.(B), Part X (a) Description of Liability	e 15) X, line 25)		ok value
Total. (Column (b) must equal Form 990, Part X, col.(B), line Part X Other Liabilities (See Form 990, Part X, col.(B), Part X (a) Description of Liability	e 15) X, line 25)		ok value
Total. (Column (b) must equal Form 990, Part X, col.(B), line Part X Other Liabilities (See Form 990, Part X, col.(B), Part X (a) Description of Liability	e 15) X, line 25)		ok value
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Total. (Column (b) must equal Form 990, Part X, col.(B), line Part X Other Liabilities (See Form 990, Part X, col.(B), Part X (a) Description of Liability	e 15) X, line 25)		ok value
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Total. (Column (b) must equal Form 990, Part X, col.(B), line Part X Other Liabilities (See Form 990, Part X, col.(B), Part X (a) Description of Liability	e 15) X, line 25)		ok value
Total. (Column (b) must equal Form 990, Part X, col.(B), line Part X Other Liabilities (See Form 990, Part X, col.(B), Part X (a) Description of Liability	e 15) X, line 25)		ok value
Total. (Column (b) must equal Form 990, Part X, col.(B), line Part X Other Liabilities (See Form 990, Part X, col.(B), Part X (a) Description of Liability	e 15) X, line 25)		ok value
Total. (Column (b) must equal Form 990, Part X, col.(B), line Part X Other Liabilities (See Form 990, Part X, col.(B), Part X (a) Description of Liability	e 15) X, line 25)		ok value
Part IX Other Assets (See Form 990, Part X,		(b) Bo	ok va

	dule D (Form 990) 2009 FRONT RANGE EQUINE RESCUE		<u>-141</u>	8525	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Financial Statements		N/A	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		ļ		
2	Total expenses (Form 990, Part IX, column (A), line 25)		ļ		
3	Excess or (deficit) for the year. Subtract line 2 from line 1		ļ		
4	Net unrealized gains (losses) on investments		-		
5	Donated services and use of facilities		ļ		
6	Investment expenses		- 1		
7	Prior period adjustments		1		
8	Other (Describe in Part XIV)				
9	Total adjustments (net). Add lines 4 through 8				
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3				
	t XII Reconciliation of Revenue per Audited Financial Stateme	<u>nts With Revenue per l</u>	Returr	N/A	
1	Total revenue, gains, and other support per audited financial statements		1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	1			
а	Net unrealized gains on investments	2a	-[
b	Donated services and use of facilities	2b	1 1		
c	Recoveries of prior year grants	2c]		
C	Other (Describe in Part XIV)	2d	1		
e	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1	1 1	3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investments expenses not included on Form 990, Part VIII, line 7b	4a	_		
t	Other (Describe in Part XIV)	4b	_		
c	Add lines 4a and 4b		4c		
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5		
Par	t XIII Reconciliation of Expenses per Audited Financial Statements	s With Expenses per Ret	urn	N/A	
1	Total expenses and losses per audited financial statements		1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a	1		
E	Prior year adjustments	2b			
C	Other losses	2c			
c	Other (Describe in Part XIV).	2d			
e	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a]]		
t	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b		4c		
5	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)		5		
Par	t XIV Supplemental Information				
	i, Part X, Ime 2, Part XI, Ime 8, Part XII, Imes 2d and 4b, and Part XIII, Imes 2d a mation				
BAA	TEEA3304L 02/02/10		Sche	dule D (Form	990) 2009
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Schedule D (Form 990) 2009 FRONT RANGE EQUINE RESCUE	84-1418525	Page 5
Schedule D (Form 990) 2009 FRONT RANGE EQUINE RESCUE Part XIV Supplemental Information (continued)		
		
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SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990

OMB No 1545 0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990. Employer identification number

FRONT RANGE EQUINE RESCUE	84-1418525
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS	
DISCUSSED_AT_BOARD_MEETING	
FORM 990 , PART VI, LINE 17 - LIST OF STATES WHICH THIS RETURN IS FILI	<u>ED</u>
MD MI KY KS IL NC TN SC WI MN MS ME WV WA OR RI VA PA NH NY N	J FL CA CO AK AZ
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY A	VAILABLE
BY REQUEST	_

TEEA4901L 07/17/09

2009

FEDERAL SUPPORTING DETAIL

PAGE 1

FRONT RANGE EQUINE RESCUE

84-1418525

OTHER INCOME PRODUCING ACTIVITIES OTHER INVESTMENT INCOME [O]

UNREALIZED GAIN ON INVESTMENTS DIRECT MAIL ROYALTIES

\$ 8,829. 17,331. TOTAL \$ 26,160.

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				FRC	NT RA	NGE EQ	FRONT RANGE EQUINE RESCUE	SCUE						84	84-1418525
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AUTO / TRANSPORT EQUIPMENT															
11 FORD F250	7/08/02	·	32,857	'		İ				32,857	32,857	J/S	S	.	0
TOTAL AUTO / TRANSPORT EQUIP			32,857		0	0	0	0	0	32,857	32,857				0
BUILDINGS															•
1 SHEDS	2/26/00		830							830	369	S/L	20		42
18 BUILDING	3/31/06		518,991							518,991	37,165	S/L	33		13,307
23 SHED	10/01/08		10,497							10,497	131	S/L	70		525
25 STORAGE SHED & FENCING	11/05/08		8,035							8,035	29	S/L	70		405
28 BUILDING	10/31/09	,	100,000	ı						100,000		S/L	39		427
TOTAL BUILDINGS			638,353		0	0	0	0	0	638,353	37,732				14,703
FURNITURE AND FIXTURES															
4 COMPUTER MONITOR	11/08/00		159							159	159	S/L	ľ		0
7 FILE CABINETS-0AK	5/19/01		325							325	325	S/L	7		0
8 FILE CABINET-OAK	5/20/01	,	162							162	162	S/L	7		0
TOTAL FURNITURE AND FIXTURE			949		0	0	0	0	0	646	949				0
IMPROVEMENTS															
3 PANELS & GATES	2/28/00		2,162							2,162	1,273	S/L	15		144
6 2001 ADDITIONS BARN/EQUIP	6/01/01		7,592							7,592	3,838	S/L	15		206
19 IMPROVEMENTS	4/30/06		25,000							25,000	1,737	S/L	33		641
											!	:			

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12/31/09	• •	2009 F	EDER	AL E	300X	(DEP	RECIA	TION	SCH	2009 FEDERAL BOOK DEPRECIATION SCHEDULE				PAGE 2
				FRO	NT RA	NGE EC	FRONT RANGE EQUINE RESCUE	SCUE						84-1418525
NO DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST / BASIS	BUS PCT.	CUR 179 BONUS	SPECIAL DEPR ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC BAL DEPR.	SALVAG /BASIS RFDLICT	DEPR BASIS	PRIOR DEPR.	METHOD	LIFE RATE	CURRENT
IMPROVEME	7/01/07		111,795							111,795	906'9	J/S	. 20	2,590
	10/09/08		7,526							7,526	94	S/L	. 20	376
27 IMPROVEMENTS	7/01/09	·	83,453	'			į			83,453		S/L	20	1,547
TOTAL IMPROVEMENTS			237,528		0	0		0 0	0	237,528	13,848			8,804
LAND														
	3/31/06		175,000							175,000				0
26 LAND	10/31/09		435,000	'			3			435,000				0
TOTAL LAND			610,000		0	0		0 0	0	610,000	0			0
MACHINERY AND EQUIPMENT														
2 TRACTOR	00//0//		1,250							1,250	1,250	S/L	ო	0
	12/24/00		217							717	217	S/L	m	0
	5/19/02	7/01/09	6,500							6,500	6,500	S/L	ر. م	0
10 HORSE TRAILER	5/19/02		8,107							8,107	8,107	S/L	s,	0
12 HARROW	5/15/03		920	_						099	650	S/L		0
13 JOHN DEERE 4X4 TRACTOR	9/30/03		16,100	_						16,100	16,100	SVL	. 2	0
14 JOHN DEERE LOADER 5' BCKT	9/30/03		3,100	_						3,100	3,100			0
15 JOHN DEERE S' MOWER	9/30/03		800	_						800	800	S/L		0
16 EQUIPMENT	7/01/04		1,976							1,976	1,390			198
17 JOHN DEERE LAWN TRACTOR	90/02/9		2,299	_						2,299	1,150			460
20 EQUIPMENT	7/01/07		3,175		Ì					3,175	6/9	J/S	. 7	454
TOTAL MACHINERY AND EQUIPME	1,1		44,174		0	0		0	0	44,174	39,943			1,112
TOTAL DEPRECIATION			1,563,558		0	0		0	0	1,563,558	125,026			24,619
					1									

3E 3	84-1418525	CURRENT DEPR.	24,619	0	24,619	
PAGE	84-14	!				
		IEE RAII				
		METHOD LIFE RAIE				
			125,026	6,500	118,526	
		PRIOR DEPR	126	v	11	
ULE		DEPR BASIS	1,563,558	6,500	1,557,058	
ĘD				0		
SCF		SALVAG /BASIS REDUCT				
NO NO	SCUE	PRIOR DEC BAL DEPR.	0	0	0	
2009 FEDERAL BOOK DEPRECIATION SCHEDULE	FRONT RANGE EQUINE RESCUE	PRIOR 179/ BONUS/ SP. DEPR.	0	0		
)EPR	GE EQL	SPECIAL DEPR ALLOW.	0	0		
X	RAN	!	_ "	0		
BO	RONT	CUR 179 BONUS				
RAL	E	BUS PCT.		6,500	88	
EDE		COST / BASIS	1,563,558	9	1,557,058	
1 600i		DATE SOLD				
7		DATE				
		NOI	SIATION	S SOLD	ETS	
		DESCRIPTION	GRAND TOTAL DEPRECIATION	DEPRECIATION ASSETS SOLD	DEPR REMAINING ASSETS	
1/09			GRAND	DEPREC	DEPR RE	
12/31/09		ON				