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Return of Organization Exempt From Income Tax

2011

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning 2011, and ending 20

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
 Doing Business As Spring Creek Horse Rescue
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
39908 US Highway 160
 City or town, state or country, and ZIP + 4
Bayfield Colorado 81122

D Employer identification number
20-2559841

E Telephone number
970 884-4425

F Name and address of principal officer:
DIANE MC CRACKEN 39908 US HWY 160

G Gross receipts \$ 86,739¹⁴

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c)() (insert no) 4947(a)(1) or 527

J Website: www.springcreekhorserescue.org

K Form of organization: Corporation Trust Association Other

L Year of formation: 1976

M State of legal domicile: CO

H(c) Group exemption number ▶

Part I Summary		Prior Year	Current Year
1	Briefly describe the organization's mission or most significant activities: <u>Volunteer organization dedicated to caring for, rehabilitating, and finding loving homes for unwanted and abused horses.</u>		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	<u>4</u>
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	
6	Total number of volunteers (estimate if necessary)	6	<u>200</u>
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	
8	Contributions and grants (Part VIII, line 1h)	<u>39145.03</u>	<u>86739.14</u>
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>39145.03</u>	<u>86739.14</u>
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>2000.00</u>	<u>2593.89</u>
16a	Professional fundraising fees (Part IX, column (A), line 11e)		<u>2000.00</u>
b	Total fundraising expenses (Part IX, column (D), line 25)		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-11g)	<u>44169.39</u>	<u>61510.66</u>
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>46655.39</u>	<u>66104.55</u>
19	Revenue less expenses. Subtract line 18 from line 12	<u><7510.36></u>	<u>20634.59</u>
20	Total assets (Part X, line 16)	<u><1775.05></u>	<u>18859.54</u>
21	Total liabilities (Part X, line 26)		
22	Net assets or fund balances. Subtract line 21 from line 20	<u><1775.05></u>	<u>18859.54</u>

Part II Signature Block

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 Here
 Signature of officer: [Signature] Date: 8-20-12
 Type or print name and title: DIANE McCracken Executive Director

Paid Preparer Use Only
 Print/Type preparer's name: SUSAN Northern Preparer's signature: [Signature] Date: 7/20/12 Check if self-employed PTIN:
 Firm's name: ASSOCIATED ACCOUNTING Firm's EIN: 86-0403373
 Firm's address: PO Box 882 Tolovae CO 81323 Phone no.: 970 799 8066

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Handwritten marks: checkmark, 'P', '17'

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DIANE McCracken Executive Director	100	✓					2593.89	0	0	
(2) REENA Steinbach Secretary	4	✓		✓			0	0	0	
(3) Stephanie Dean President	4	✓		✓			0	0	0	
(4) Dr. Ben HUFFNAGLE DVM Vet	0	✓		✓			0	0	0	
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		<input checked="" type="checkbox"/>
4		<input checked="" type="checkbox"/>
5		<input checked="" type="checkbox"/>

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Part VIII Statement of Revenue

			(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	1a					
	b Membership dues	1b					
	c Fundraising events	1c 1445.20					
	d Related organizations	1d					
	e Government grants (contributions)	1e 38850.00					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 40650.00					
	g Noncash contributions included in lines 1a-1f: \$	5794.14					
	h Total. Add lines 1a-1f ▶		86739.14				
Program Service Revenue	2a _____ Business Code						
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue .						
	g Total. Add lines 2a-2f ▶						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶						
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
	c Rental income or (loss)						
	d Net rental income or (loss) ▶						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
	c Gain or (loss)						
	d Net gain or (loss) ▶						
	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	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory . . ▶						
Miscellaneous Revenue		Business Code					
11a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d ▶							
12 Total revenue. See instructions. ▶			86739.14				

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2593.89		2593.89	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	2000.00		2000.00	
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	84.60		84.60	
13 Office expenses	1235.47		1235.47	
14 Information technology				
15 Royalties				
16 Occupancy	12,000.00	12,000.00		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	266.29		266.29	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Utilities	1233.74		1233.74	
b Feed - Equine	33,272.55	33,272.55		
c Vet + Horse Care	2663.89	2663.89		
d				
e All other expenses	10,754.12	10,754.12		
25 Total functional expenses. Add lines 1 through 24e	66,104.55	58,690.56	7,413.99	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	\$3,982.49	1
	2	Savings and temporary cash investments	0	2
	3	Pledges and grants receivable, net	0	3
	4	Accounts receivable, net	0	4
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	0	6
	7	Notes and loans receivable, net	0	7
	8	Inventories for sale or use	0	8
	9	Prepaid expenses and deferred charges	0	9
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	
	b	Less: accumulated depreciation	10b	10c
	11	Investments—publicly traded securities	0	11
	12	Investments—other securities. See Part IV, line 11	0	12
	13	Investments—program-related. See Part IV, line 11	0	13
	14	Intangible assets	0	14
	15	Other assets. See Part IV, line 11	0	15
16	Total assets. Add lines 1 through 15 (must equal line 34)	0	16	
Liabilities	17	Accounts payable and accrued expenses	0	17
	18	Grants payable	0	18
	19	Deferred revenue	0	19
	20	Tax-exempt bond liabilities	0	20
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22
	23	Secured mortgages and notes payable to unrelated third parties	0	23
	24	Unsecured notes and loans payable to unrelated third parties	0	24
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	
26	Total liabilities. Add lines 17 through 25	0	26	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	0	27
	28	Temporarily restricted net assets	0	28
	29	Permanently restricted net assets	0	29
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	0	30
	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31
	32	Retained earnings, endowment, accumulated income, or other funds	0	32
33	Total net assets or fund balances	1,775.05	33	18859.54
34	Total liabilities and net assets/fund balances		34	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

Table with 6 rows for reconciliation of net assets. Columns include line numbers and descriptions like 'Total revenue', 'Total expenses', 'Revenue less expenses', 'Net assets or fund balances at beginning of year', 'Other changes in net assets or fund balances', and 'Net assets or fund balances at end of year'.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

- 1 Accounting method used to prepare the Form 990: [X] Cash [] Accrual [] Other
2a Were the organization's financial statements compiled or reviewed by an independent accountant?
2b Were the organization's financial statements audited by an independent accountant?
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
3b 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

Table with 3 columns: Question ID, Yes, No. Contains rows for questions 2a, 2b, 2c, 3a, and 3b.