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990

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)

2011

OMB No 1545-0047

Open to Public

		e Treasury The organization may have to use a copy of this return to satisfy state reporting.	na requirements		Inspection
		2011 calendar year, or tax year beginning , 2011, and er			, 20
		plicable C Name of organization Equine Rescue League Foundation Inc		T _n	Employer identification no
	dress cl			_	4-1541993
\equiv			Room/suite	-	Telephone number
\equiv	me cha		130011/30It		540) 822-4577
=	tiał retur			+	
=	minated				167,529
Ξ	nended			G	Gross receipts \$
∐ Ap	plication	pending F Name and address of principal officer Patricia N Rogers	H(a) Is this a grou	p retum	for Dy. Sty.
		Same as C above	affiliates?		∐ Yes [X] No
	r-exemp		H(b) Are all affilia If "No," attac	h a list ((see instructions)
	ebsite.		H(c) Group exem		
			.990 M State o	r regar o	omicile VA
Part	_	Summary	-b-libete eb		
	1	Briefly describe the organization's mission or most significant activities to rescue & reh.	abilitate ab	usea	norses
A					
c G t o					
! v			 		
i r		Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of	its net assets	۱ ـ	
t n I a		Number of voting members of the governing body (Part VI, line 1a)		3	
еп		Number of independent voting members of the governing body (Part VI, line 1b)		4	
5 c ∂) e	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	
(} 6	6	Total number of volunteers (estimate if necessary)		6	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	
7	b	Net unrelated business taxable income from Form 990-T, line 34		7b	(
⊋ 2 R			Pnor Year		Current Year
e	8	Contributions and grants (Part VIII, line 1h)	155,	285	145,75
• v	9	Program service revenue (Part VIII, line 2g)		680	4,12
, n	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		151	19
e	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,	100	16,709
1	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	159,	216	166,779
n u e	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
E		Benefits paid to or for members (Rart IX, column (A), line 4)			
x	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	49,	628	58,50
р e		Professional fundraising fees (Part IX, column (A), line 11e)			1
n s	b	Total fundraising expenses (Part-IX, column (Q), line 25) 6,940			
9	17	Other expenses (Part IX, column (A), lines 11841d, 11f-24e)	113,	734	110,93
s		Total expenses Addrlines 13117 (muşt equal Part IX, column (A), line 25)	163,	362	169,440
		Revenue less expenses Subtract line 18 from line 12	(4)	146)	(2,66
Net			Beginning of Current Ye	8er	End of Year
Assets or	20	Total assets (Part X, line 16)	672,	631	664,363
Fund	21	Total liabilities (Part X, line 26)	410,	437	404,830
Bal- ances	22	Net assets or fund balances Subtract line 21 from line 20	262,	194	259,533
Part		Signature Block			
Under p	enalties	of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my k	knowledge and belief, it i	s	
true, cor	rrect, an	d complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		Τ.	
	1	Patricia N Rogers		//	'-2/~/]_
Sign	ı	Signature of officer		Date	
Here		Patricia N Rogers, President			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature Au Date	Check	ıf PT	IN
Paid		Wendy K Wright	self-employed		P00425444
Prep		Firm's name The Wright Companies Minc	Firm's EIN		<u> </u>
Use			Phone no	-	
いっぱ	Unity	Boyce VA 22620		881	8-840-1333
NA		<u> </u>	<u> </u>	381	🔀 Yes 🗌 No
		discuss this return with the preparer shown above? (see instructions)	<u> </u>	· · ·	
For Pa	aperw	ork Reduction Act Notice, see the separate instructions.	E	EA	Form 990 (201

Form	1990 (2011) Equine Rescue League Foundation Inc	54-154199	3 Page 2
	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III	<u>.</u>	<u> </u>
1	Briefly describe the organization's mission		
	to rescue & rehabilitate abused horses		
			
2	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990-EZ?	□ Yes	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		
	services?	🗌 Yes	☐ No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured to		
	expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of		
	grants and allocations to others, the total expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 108,518 including grants of \$) (Revenue	\$	3,223)
_	In 2011, the foundation rescued 11 horses that were abused or neglected, and		
	for approximately 29 horses.	F	
			
			
4b	(Code) (Expenses \$ 5,711 including grants of \$) (Revenue	\$	900)
	In 2011, the foundation located suitable homes for 6 horses.		
		· -	
		_	
			• • • • • • • • • • • • • • • • • • • •
			<u> </u>
4c	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
			<u> </u>
4d	+		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 114,229		

Pai	rt IV Checklist of Required Schedules			
<u> </u>			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? (see instructions)?	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		Χ_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	*	* /	
	VII, VIII, IX, or X as applicable			**
а				
	complete Schedule D, Part VI	11a	Х	
b		ا ۱۰۰۰		3.7
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	44.		v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Χ_
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		Х
b	and the second s			
~	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outlisde the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes,' complete Schedule F, Parts I and IV	14b		Х
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, Parts II and IV	15		Х
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, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			_
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules (continued) No 21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization 21 X_{-} 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 23 Х Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 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? 25b Х If "Yes," complete Schedule L, Part I 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 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes." complete Schedule L. Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b X c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X conservation contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 X complete Schedule N. Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, 34 34 X Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, 37 X 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

54-1541993 Form 990 (2011) Equine Rescue League Foundation Inc Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	. 7		1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	, ,	•	
	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		٠, ٤,	2.7
	Statements, filed for the calendar year ending with or within the year covered by this return			3
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3		٠.
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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)?	4a		X
þ	If "Yes," enter the name of the foreign country	8 G		ر د
	See instructions for 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		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	. 3 . 3	. " .	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		<u>X</u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		X
ď	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u>-</u>	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining depos advised funds and section 509(a)(2) supporting	. //		X
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 holdings at any time during the year?	8		ii
۵	Sponsoring organizations maintaining donor advised funds.		, .	% 4
9 a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	(10mg)	\$ 4 *4	<u> </u>
а	Initiation fees and capital contributions included on Part VIII, line 12	3.2	معالمة أشوق العلام أشوق	· · · ·
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			*** ·
1	Section 501(c)(12) organizations. Enter	' ''	* , .	7.0
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1	/ ş Ì	
	against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		Γ
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which		,	
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			·
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

	990 (2011) Equine Rescue League Foundation Inc 54-1541		<u> </u>	age 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N	10"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			_
	Check if Schedule O contains a response to any question in this Part VI			<u>. X</u>
Sec	tion A. Governing Body and Management			
_	-	أفنمهم	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	If the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O		ar was	
b	Enter the number of voting members included in line 1a, above, who are independent			36.4
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	Χ.	
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?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		.,
	one or more members of the governing body?	7a		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		-	**
	stockholders, or persons other than the governing body?	7b	أخارك	<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	***	្រះ	
_	the year by the following	200	S V	× × × × ×
a	The governing body?	8a	X	
ь 9	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	9		v
Sec	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>
<u> </u>	tion D. 1 oncids (This occurr b requests information about policies not required by the internal Nevertue Gode)	ſ	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	126	- 11	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	# (1 m)		
а	The organization's CEO, Executive Director, or top management official	15a	Χ	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		<u> </u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed		_	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	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 interest policy,			
	and financial statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			

PO Box 4366 Leesburg, VA 20177

organization ▶ Patricia N Rogers (540)822-4577

	(2011)	

Equine Rescue League Foundation Inc

54-1541993

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

Check	ıf Sche	dule	O co	ntains	a res	pons	e to a	ny question in this Part VII	 	 	 	 	 <u> </u>	<u></u>	<u></u>	<u></u>	
		-						110 1 10	 		 						

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 rela	T	-	in IOCI		iily (:) -	Junent	Jin	(D)_	(E)	(F)
(A) Name and Title	(B)							Reportable	Reportable	Estimated
Name and Title	hours per week (describe	reek box, unless person is both an						compensation from the	compensation from related organizations	amount of other compensation
	hours for related organizations in Schedule O)		I t n r s u t s	Office	K e y	H c e m p n p n p n p n p n p n p n p n p n p	F or mer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Barbara Schaufeld									_	_
Director	4.00	X	 	_	<u> </u>			c	0	0
(2) Cheryl Rogers	40.00			۱		ļ ,, l		16.055		4 000
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Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who	year	· · · · · · · · · · · · · · · · · · ·											
2 Total number of independent contractors (including but not limited to those listed above) who		(A)								(B)			(C)
		Name and business addre	ss							Description of s	services	Compe	ensation
										1			
													· · · · · · · · · · · · · · · · · · ·
		-											
			 										
	2 7:4:			. AL -	1 4			\ !-					
					uste	o ab	ove) wno					

Part \		Statement of Revenu	ie _											_
٠		•	ź.		g,	Total re	(A) evenue	e. fu	(B) lated or xempt nction venue	b	(C) nrelated pusiness revenue	un	(D) Revenue luded from tax lider sections 2, 513, or 514	
	1a	Federated campaigns		1a										٦
_	ь	Membership dues		1b	1,305				*			1		
Contin- butions,	c	Fundraising events		1c	23,038									
Gifts,	d	Related organizations		1d								İ		
Grants and	e	Government grants (contribution		1e			*						,	-
Other	f	All other contributions, gifts, gra	ants,									ĺ		
Similar Amounts		and similar amounts not include	ed above	1f	121,408		74	3,0		ź		*		-
Allourus	g	Noncash contributions included	d in lines 1a	-1f \$								l		į
	h	Total. Add lines 1a-1f				14	5,751					<u> </u>		
		<u> </u>	•		Business Code							ļ		ال
	2a	Adoption of an Equin	e		110000		900		900					_
D	b	Foster Care Program			110000		3,223		3,223			<u>L</u>		
Program Service	С				_ ::-									
Revenue	ď								<u> </u>					
	е													
	f	All other program service revenu	ле											_
	g	Total. Add lines 2a-2f			▶		4,123	4		in the second	/ +3-9/		- %	s
	3	Investment income (including di and other similar amounts)			•		196		196					
	4	Income from investment of tax-e	exempt bond	l procee	eds▶							<u> </u>		
	5	Royalties	<u></u>									<u> </u>		
		1	(ı) Rea	il	(II) Personal		یفد	٠Ŷķ	ż	· ׊ia		-	av 8 -	N.
	6a	Gross rents	5	5,500				"Žķi			3	Î	*>{;	
	b	Less rental expenses												
	С	Rental income or (loss)	5	5,500				wia _	<u>```</u>		_ <u>-Øa</u>	<u> </u>		
	d	Net rental income or (loss) .			<u> </u>		5,500			ļ			5,50	0
	7a	Gross amount from sales of	(ı) Securit	ies	(II) Other	, ≰	.,	** \	*		*	### ### ##############################		
	1	assets other than inventory						25			7	2.	*#:	100
	b	Less cost or other basis				,	· ·		,	1		1		
0		and sales expenses				1	. :	200		\$.	ž.		*	2
t	I	Gain or (loss)			L							 		_
h e		Net gain or (loss)	• • • • •	• • •	<u>.</u> P	<u> </u>				,	- Co-6	 		_
r	8a	Gross income from fundraising				e.j.	** **	<i>«,</i>	all co	\$ 1 62K	ì	%	wi.	
R		events (not including \$	23,0	38					`					
e		of contributions reported on line			F 770			·કૃષ્દિ		*	ž	ŀ	<	Ź
V	١.	See Part IV, line 18			5,779 750	4	ŕ	3,"		1,2		1		,
n	ł	Less direct expenses			/50		5,029					 	5,02	_
u e		Net income or (loss) from fundr		s.		~	3,029		~~~;	, ,	F	. 03		_
e	9a	Gross income from gaming acti		•										
	١ ـ	See Part IV, line 19				1								
		Less direct expenses Net income or (loss) from gamil								-		 		-
		` , ,	ig activities	• •	<u> </u>							+		-
	10a	Gross sales of inventory, less returns and allowances		. а	6,160	ļ				1				
	۱ ۲	Less cost of goods sold			0,100	1								
	1	Net income or (loss) from sales				 	6,160	<u> </u>		l		1	6,16	C
	—	Miscellaneous Revenue	or intentory	· · ·	Business Code		-,			 		1	- ,	_
	112	Miscellaneous			110000	<u> </u>	20		20	1				-
	Б						<u>-</u>			T^{-}		1		_
	c									1				_
	_	All other revenue					-			1		1		_
							20		····			1		_
		Total revenue. See instruction			•		166,779		4,339	3		d	16,68	2

EEA

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 n	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising							
8b, 9	b, and 10b of Part VIII.	iotal expenses	expenses	general expenses	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			2-32								
	the United States See Part IV, line 22											
3	Grants and other assistance to governments,			34 /4 /4 /4								
	organizations, and individuals outside the			Control of the State of the Sta								
	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	28,575	16,875	11,700								
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	17,391	15,840	1,551								
8	Pension plan accruals and contributions (include	,,										
-	section 401(k) and 403(b) employer contributions)											
9	Other employee benefits	8,080	4,030	4,050								
10	Payroll taxes	4,460	2,468	1,992	-							
11	Fees for services (non-employees)											
	Management											
b	Legal											
c	Accounting	728		728								
d	Lobbying											
e	Professional fundraising services See Part IV, line 17 .											
f	Investment management fees		as a ment of the									
g g	Other	368		368								
12	Advertising and promotion	5,743		651	5,092							
13	Office expenses	2,808		1,056	1,752							
14	Information technology	912	408	408	96							
15	Royalties											
16	Occupancy	40,302	19,345	20,957								
17	Travel	10,002		20,301								
18	Payments of travel or entertainment expenses											
10	for any federal, state, or local public officials											
19	Conferences, conventions, and meetings	75		75								
20	Interest											
21	Payments to affiliates											
22	Depreciation, depletion, and amortization	14,589	12,445	2,144								
23	Insurance	2,223	1,138	1,085								
24	Other expenses Itemize expenses not covered		20 10 10	(148) 140m g Kr								
	above (List miscellaneous expenses in line 24e If		SA S	1995 - 13° - 3° - 3° - 3° - 3° - 3° - 3° - 3	7 3 3 3							
	line 24e amount exceeds 10% of line 25, column											
	(A) amount, list line 24e expenses on Schedule O)											
а	Auto Expenses	4,616	3,924	692	<u> </u>							
a b	Horse Care Expenses	36,266	36,266									
	Licenses and Permits	714	30,200	714								
d	Contract Labor	1,590	1,490	100								
u e	All other expenses	1,330	1,430	- 100								
25	Total functional expenses. Add lines 1 through 24e	169,440	114,229	48,271	6,940							
26	Joint costs. Complete this line only if the	103,440	***,***	40,271	0,540							
	organization reported in column (B) joint costs											
	from a combined educational campaign and											
	fundraising solicitation Check here following SOP 98-2 (ASC 958-720)											
	TOHOWING SOF 30-2 (ASC 300-120)	FΕΔ		<u> </u>	Form 990 (2011)							

Page 11

Part X **Balance Sheet** (A) (B) Beginning of year End of year 23,210 17,337 20,977 2 30,107 2 3 . Pledges and grants receivable, net 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing Α employers and sponsoring organizations of section 501(c)(9) voluntary s s employees' beneficiary organizations (see instructions) е Notes and loans receivable, net 7 7 t 7,789 7,789 8 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 10a 746,686 other basis Complete Part VI of Schedule D 137,556 620,655 609,130 Less accumulated depreciation 10b 10c 11 11 12 Investments - other securities See Part IV, line 11 12 13 13 Investments - program-related See Part IV, line 11 14 14 15 15 664,363 Total assets. Add lines 1 through 15 (must equal line 34) 672,631 16 16 2,103 1,478 17 Accounts payable and accrued expenses 17 18 18 19 19 20 20 а 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. b 22 Payables to current and former officers, directors, trustees, key 4 employees, highest compensated employees, and disqualified persons 22 408,334 403,352 23 23 Secured mortgages and notes payable to unrelated third parties е 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 Total liabilities. Add lines 17 through 25 410,437 404,830 26 Organizations that follow SFAS 117, check here and complete NF lines 27 through 29, and lines 33 and 34. u 27 27 n 28 28 d 29 s В Organizations that do not follow SFAS 117, check here \blacktriangleright $\boxed{\chi}$ and S а 1 е complete lines 30 through 34. а 30 30 Capital stock or trust principal, or current funds 2,360 C 31 31 Paid-in or capital surplus, or land, building, or equipment fund 0 е 259,533 259,834 32 32 Retained earnings, endowment, accumulated income, or other funds 259,533 33 262,194 33 672,631 664,363 Total liabilities and net assets/fund balances

Form	990 (2011) Equine Rescue League Foundation Inc 5	4-1541993	Page 12
Pa	Reconciliation of Net Assets		
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>	🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1	166,779
2	Total expenses (must equal Part IX, column (A), line 25)	2	169,440_
3	Revenue less expenses Subtract line 2 from line 1	3	(2,661)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	262,194
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,		
	column (B))	6	259,533
Pa	Financial Statements and Reporting		
	Check if Schedule O contains a response to any question in this Part XII		
			Yes No
1	Accounting method used to prepare the Form 990 🔲 Cash 🔲 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?		2a X
b	Were the organization's financial statements audited by an independent accountant?		2b X
_ C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c X
	If the organization changed either its oversight process or selection process during the tax year, explain in	2	4 # 5 6 6
	Schedule O		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	9	
_	issued on a separate basis, consolidated basis, or both		
	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 forth in	.6% 56	The state of the s
-	the Single Audit Act and OMB Circular A-133?		3a X
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	· · · · · · · · · · · · · · · · · · ·	- -
	required and the analytic combine where the Cabadula O and describe any stone taken to undergo such guidte		3b
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		om 990 (2011)

SCHEDULE A

Department of the Treasury

Internal Revenue Service Name of the organization

(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

2011

Open to Public Inspection

Employer identification number

Equ	ıne	Rescue League	Foundation	Inc					54-1	541993		
Pa	rt I	Reason for	Public Charity	y Status (All organiza	tions must	complete t	his part) S	ee instruc	tions			
The	orgar	ization is not a private	foundation becaus	e it is (For lines 1 throug	ıh 11, chec	k only one	box)					
1		A church, convention	of churches, or as	sociation of churches des	scribed in s	ection 170	D(b)(1)(A)(i).				
2		A school described in	section 170(b)(1)	(A)(ii). (Attach Schedule	E)							
3		A hospital or a cooper	rative hospital servi	ce organization described	d in section	n 170(b)(1))(A)(iii).					
4		A medical research o	rganization operate	d in conjunction with a ho	ospital desc	ribed in se	ection 170	(b)(1)(A)(ii	i). Enter th	e hospital's	s name,	
		city, and state						<u>, </u>				
5		An organization opera	ated for the benefit	of a college or university	owned or o	perated by	a governm	ental unit o	described ii	ר		
		section 170(b)(1)(A)	(iv). (Complete Pa	rt II)								
6		A federal, state, or loc	cal government or g	overnmental unit describ	ed in secti	on 170(b)(1)(A)(v).					
7	X	An organization that r	normally receives a	substantial part of its sup	port from a	a governme	ental unit or	from the o	general pub	olic		
	_	described in section	170(b)(1)(A)(vi). (Complete Part II)								
8		•		170(b)(1)(A)(vi). (Compl								
9	Ш	=		1) more than 33 1/3% of								
		•		npt functions - subject to		•	• •			ts		
				nd unrelated business ta				ax) from bu	ısınesses			
	_			30, 1975 See section 50	. , , , ,	•	•					
10	님	•	•	exclusively to test for pub	-			•				
11	Ш	•	•	exclusively for the benefit	•			•				
		• •		ted organizations describ			•		•	tion		
		<u></u>	. —	the type of supporting or	-	-		_		Time !!	II-Other	
_		a Type I	b Type		J Type III-				d (Type i	ii-Otri e r	
е	Ш		=	ganization is not controlle and other than one or m						tion		
		509(a)(1) or section 5		and other than one or in	iore publici	supported	u Organizati	ons descri	ibed iii sec	lion		
f				ermination from the IRS t	hatitis a T	vne I Tvne	ll or Tyne	ill support	tina			
•		organization, check th		Similation from the fixe t	1100 11 15 0 1	, pc 1, 1 , pc	, ii, oi 19pc	пт опррог	9			
g		•		ation accepted any gift or	contributio	n from anv	of the		• • • • •			•••
3		following persons?	., <u>.</u>	, g	*******	,						
		• .	rectly or indirectly of	controls, either alone or to	aether with	persons o	lescribed in	n (II)			Ye	s No
				of the supported organiza		·					11g(i)	
		(ii) A family membe									11g(ii)	
		(iii) A 35% controlle	d entity of a person	described in (i) or (ii) abo	ove? .						11g(iii)	
h		Provide the following	information about t	he supported organization	n(s)							
	(i) N	lame of supported	(ā) EIN	(iii) Type of organization	(iv) Is the o	-	(v) Did yo	-	(vi) !		(wii) Amo	
		organization		(described on lines 1-9 above or IRC section	governing d	-	the organi		organization organization organization		suppo	ort
				(see instructions))				oort?	" us			
					Yes	No	Yes	No	Yes	No		
(A)												
							_					
(B)					1	ļ						
					1						_	
(C)												
<u> </u>					 	-	 	<u> </u>	 		-	
(D)								į				
(E)					 	 			 	-		 -
(- /												
					†		<u> </u>				<u> </u>	
Tota	al							1	1	1	1	

54-1541993

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total Gifts, grants, contributions, and membership fees received (Do not 770,118 include any "unusual grants") 243,815 137,416 146,678 119,496 122,713 Tax revenues levied for the organization's benefit and either paid to or expended on 3 The value of services or facilities furnished by a governmental unit to the organization without charge 137,416 119.496 122,713 770.118 243,815 146,678 Total. Add lines 1 through 3 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 64.155 shown on line 11, column (f) 705,963 Public support. Subtract line 5 from In 4 Section B. Total Support (c) 2009 (d) 2010 (e) 2011 (f) Total Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008 137,416 146,678 119,496 122,713 770,118 243,815 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 1,979 431 431 151 196 3,188 sources Net income from unrelated business activities, whether or not the business is Other income Do not include gain or loss from the sale of capital assets 28,046 27,077 162,703 25,653 37,308 44,619 (Explain in Part IV) 936,009 11 Total support. Add lines 7 through 10 . . 12 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 75.42 14 % Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 14 83.34 15 Public support percentage from 2010 Schedule A. Part II. line 14 % 16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this ▶□ box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the ightharpoonuporganization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Page 3

(f) Total

(e) 2011

(d) 2010

(c) 2009

Section A. Public Support

Calendar year (or fiscal year beginning in)

(b) 2008

Part III

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

(a) 2007

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

	•				l		
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	 					
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus under sec 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge	- -	_				
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)		1 1 2 4			• • • •	
	ction B. Total Support						· · · · · · · · · · · · · · · · · · ·
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)		l				
14	First five years. If the Form 990 is for the or organization, check this box and stop here	·	<u></u>				<u>.</u> ▶ □
Sec	ction C. Computation of Public S				· —		
15	Public support percentage for 2011 (line 8, co	olumn (f) divided by	line 13, column (f)			15	%
16	Public support percentage from 2010 Schedi	ule A, Part III, line 1	5	<u> </u>	<u></u>	16	%
Sec	ction D. Computation of Investme	ent Income Pe	rcentage				
17	Investment income percentage for 2011 (line	10c, column (f) div	ided by line 13, col	ımn (f))		17	%
18	Investment income percentage from 2010 Sc	hedule A, Part III, lı	ne 17			18	%
19a	33 1/3% support tests - 2011. If the organiz 17 is not more than 33 1/3%, check this box	ation did not check and stop here . The	the box on line 14, e organization quali	and line 15 is more fies as a publicly su	than 33 1/3%, and ipported organization	line on	▶ □
b	33 1/3% support tests - 2010. If the organiz line 18 is not more than 33 1/3%, check this						▶ □

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2011

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. ► Complete if the organization is described below. See separate instructions.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organizations	Complete Part III			
Nam	e of organization			Emp	loyer identification number
Eç	uine Rescue League Foundati	on Inc		54	-1541993
Pa	rt I-A Complete if the organ	ization is exempt under sect	on 501(c) or i	s a section 527	organization.
1	Provide a description of the organization's				
2	Political expenditures				\$
3	Volunteer hours				
Pa		ization is exempt under sect			
1	Enter the amount of any excise tax incurre				\$
2	Enter the amount of any excise tax incurre		on 4955		\$
3	If the organization incurred a section 4955	tax, did it file Form 4720 for this year?			
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV				<u> </u>
Pa		ization is exempt under sect		cept section 50	1(c)(3).
1	Enter the amount directly expended by the				
_	activities				\$
2	Enter the amount of the filing organization'			_	
_	527 exempt function activities				\$
3	Total exempt function expenditures Add lin		•		
	line 17b				5
4	Did the filing organization file Form 1120-				
5	Enter the names, addresses and employer				
	organization made payments For each org		-		
	the amount of political contributions receiv				
	as a separate segregated fund or a political	araction committee (PAC) if additional s	pace is needed, pro	T Transfer Information in F	artiv
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization's	
				funds If none, enter	
			Į		delivered to a separate
					political organization if none, enter -0-
					
(1)					
(2)					
(2) ——					·
(3)					
(4)		-			
(5)					
('')					
(6)				I	

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Sched	ule C (Form 990 or 990-EZ) 2011 Equine Rescue				54-1541	
Pai	rt II-A Complete if the organization	ı is exempt ur	nder section 50	1(c)(3) and file	d Form 5768 (ele	ction under
	section 501(h)).					
A	Check In the filing organization belongs to a	n affiliated group (a	ind list in Part IV each	n affiliated group me	ember's	
	name, address, EIN, expenses, and	share of excess lo	bbying expenditures)			
B	Check In the filing organization checked bo	A and "limited con	trol" provisions apply			
	· Limits on Lobb	ying Expenditures	5		(a) Filing	(b) Affiliated
	(The term "expenditures" m	eans amounts pai	id or incurred.)		organization's totals	group totals
1a	Total lobbying expenditures to influence public opin	ion (grass roots lob	obying)			
b	Total lobbying expenditures to influence a legislative	e body (direct lobby	ring)			
С	Total lobbying expenditures (add lines 1a and 1b)					
d	Other exempt purpose expenditures					
е	Total exempt purpose expenditures (add lines 1c a	nd 1d)				
f	Lobbying nontaxable amount Enter the amount fro	m the following tabl	e ın both			
	columns					
ſ	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	t is :	k 2 , ,	<i>«</i>
Ī	Not over \$500,000	20% of the am	ount on line 1e			
Ī	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess of	ver \$500,000		. 3 6 34 3
Ī	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess of	ver \$1,000,000	Similar de la companie de la compani	digital part of the seconds of
- [Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess over	er \$1,500,000		
Ī	Over \$17,000,000	\$1,000,000			36 . W *** 1	* ,, * *
g	Grassroots nontaxable amount (enter 25% of line	lf)				
h	Subtract line 1g from line 1a If zero or less, enter					
i	Subtract line 1f from line 1c If zero or less, enter-					
i	If there is an amount other than zero on either line	1h or line 1i, did the	e organization file For	m 4720		
•					<u> </u>	☐ Yes ☐ No
	(Some organizations that r	nade a section 50	eriod Under Section 1(h) election do not ions for lines 2a thr	have to complete	all of the five	
	Lobby	ing Expenditures	During 4-Year Aver	aging Period		
	Calendar year (or fiscal year	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
	beginning in)	(u) 2000	(2)-222	(*/====	(-,	` '
	Degilining in)					
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount	4 , 4 ,	4 🗼 🕅		* 4> **.	
	(150% of line 2a, column (e))	<u> </u>	· <u>*</u> ·	<u> </u>	A 10% (14	
c	Total lobbying expenditures	<u> </u>				
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))	with the same of t		• ************************************		
f	Grassroots lobbying expenditures					
			FF	Δ	Schedule C (Fo	m 990 or 990-EZ) 2011

54-1541993 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	Telection under section of (iii).	t	a)	(b)
	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description ie lobbying activity	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local			
	legislation, including any attempt to influence public opinion on a legislative matter or			*
	referendum, through the use of			
а	Volunteers?		Х	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х	
C	Media advertisements?		Х	
d	Mailings to members, legislators, or the public?		Х	
e	Publications, or published or broadcast statements?		X	
f	Grants to other organizations for lobbying purposes?		X	
	Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
9	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	-
h :	Other activities?		X	
	Total Add lines 1c through 1i	*		
j		· >	X	mini dinani yana ani ma
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	ļ	 ^ -	
þ	If "Yes," enter the amount of any tax incurred under section 4912	£,	4.5	
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		**-	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	\(5\)		-4:
∦Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	:)(5),	or se	ection
				Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)			
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" O	R (b)	Parl	: III-A, line 3, is
	answered "Yes."			
1	Dues, assessments and similar amounts from members	• •	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of			
	political expenses for which the section 527(f) tax was paid).			
а	Current year		2a	
b	Carryover from last year		2b	
С	Total		2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		V	
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		`	
	and political expenditure next year?		4]
5	Taxable amount of lobbying and political expenditures (see instructions)		5	
	rt-IV- Supplemental Information		_	
	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A, and Part II-	B. line		
		_,		
IA	so, complete this part for any additional information			
				

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number 54-1541993 Equine Rescue League Foundation Inc. 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 2 Aggregate contributions to (during year) 3 Aggregate grants from (during 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be 6 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 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 2 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 Tax Year 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2¢ Number of conservation easements included in (c) acquired after 8/17/06 and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the tax year Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? 6 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 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958), 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 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 (ASC 958) relating to these items

	ule D (Fdrm 990) 2011 Equine Rescue I					54-1541		Page 2
	t III Organizations Maintaining						sets (conti	nued)
3	Using the organization's acquisition, accession, a	and other records, ch	eck any of the foll	owing that are a s	ignifica	nt use of its		
	collection items (check all that apply)		.6					
а	Public exhibition		n or exchange pro	grams				
b	Scholarly research	e 🗌 Oth	er					
C	Preservation for future generations		, the are freeze the a		mnt n	nace (n		
4	Provide a description of the organization's collection	ions and explain now	they further the o	rganization's exer	npt pui	pose III		
_	Part XIV	our densitions of ort	historical transur	ne or other cimila	r			
5	During the year, did the organization solicit or receasets to be sold to raise funds rather than to be						. TYes	□No
Dai	Escrow and Custodial Arra						<u> 103</u>	
;rai	Part IV, line 9, or reported an amount	_		on answered Te.	3 1010	iiii 550,		
1a	Is the organization an agent, trustee, custodian or			other assets not	 -			
ıa	included on Form 990, Part X?	other intermediary					. TYes	☐ No
b	If "Yes," explain the arrangement in Part XIV and	complete the follow			• • •		• 🗀 :	
	ires, explain the arrangement in rations and	complete the follows	ing table			Ame	ount	
С	Beginning balance				. 10			
d					·			
е					. 10	е		
f	Ending balance				. 11	F		
2a	Did the organization include an amount on Form						. Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV							
	t V Endowment Funds. Complete	ıf the organization ar	nswered "Yes" to F	orm 990, Part IV,	line 10			
		(a) Current year	(b) Prior year	(c) Two years	back	(d) Three years back	(e) Four yea	ars back
1a	Beginning of year balance						\$10 P 1	
b	Contributions							
C	Net investment earnings, gains, and losses						3.30,695.203	
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs		<u> </u>					
f	Administrative expenses		ļ				19.55	9037°
g	End of year balance		<u> </u>			L	3.0	ra randili ·
2	Provide the estimated percentage of the current y		ie 1g, column (a))	held as				
2 a	Board designated or quasi-endowment	year end balance (lin %	ie 1g, column (a))	neid as				
a b	Board designated or quasi-endowment Permanent endowment %	%	ie 1g, column (a))	neid as				
а	Board designated or quasi-endowment Permanent endowment Moreover 1	% %	e 1g, column (a))	neid as				
a b c	Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should endowment	% % equal 100%			lh a			
a b	Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should endowment the possession of the pos	% % equal 100%			the		ſv	os No
a b c	Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should early there endowment funds not in the possession organization by	% % equal 100%			the			es No
a b c	Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should eater there endowment funds not in the possession organization by (i) unrelated organizations	% % equal 100%			the		3a(i)	es No
a b c	Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should early the percentages in lines 2b, and 2c should early the percentages in lines 2b, and 2c should early the percentages in lines 2b, and 2c should early the percentages in lines 2b, and 2c should early the percentage in lines 2b, and 2b, and 2b, and 2c should early the percentage in lines 2b, and 2c should early the percentage in lines 2b, and 2c should early the percentage in lines 2b, and 2c should early the percentage in lines 2b, and 2c should early the percentage in lines 2b, and 2c should early the percentage in lines 2b, and 2c should early the percentage in lines 2b, and 2c should early the percentage in lines 2b, and 2c should early the percentage in lines 2b, and 2c should early the percentage in lines 2b, and 2c should early the percentage in lines 2b, and 2c should early the percentage in lines 2b, and 2c should early the lines 2b, and 2c should early the lines 2b, and 2c should early the lines 2b, and 2c should early the l	% equal 100% In of the organization	that are held and		the		3a(i) 3a(ii)	es No
a b c	Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should experiment funds not in the possession organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organizations list	% equal 100% of the organization ced as required on So	that are held and chedule R?		the		3a(i)	es No
a b c 3a	Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should expressed and a second organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organizations list Describe in Part XIV the intended uses of the organizations	% equal 100% of the organization ed as required on Soganization's endowm	that are held and chedule R? lent funds	administered for t	the		3a(i) 3a(ii)	es No
a b c 3a	Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should earlier there endowment funds not in the possession organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organizations list	% equal 100% of the organization ed as required on Soganization's endowm	that are held and chedule R? ent funds 1990, Part X, line	administered for t		Accumulated	3a(i) 3a(ii)	

Land

d Equipment

b Buildingsc Leasehold improvements

266,178

410,762

69,746

73,030

64,526

266,178

337,732

5,220

609,130

Part VII	Investments - Other Securities.	See Form 990, Part X, line 12		
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1) Financial o	lerivatives			
(2) Closely-he	Id equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				.
(H)				
(1)				200
	(b) must equal Form 990, Part X, col (B) line 12)			?
Part VIII	Investments - Program Related.	See Form 990, Part X, line 13		
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
_(7)				
(8)				
(9)				
(10)				
	(b) must equal Form 990, Part X, col (B) line 13)			<u> </u>
Part IX	Other Assets. See Form 990, Part X, line	15		
	(a)	Description	(b) Bo	ook value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)			•	
	nn (b) must equal Form 990, Part X, col (B) line 1			
Part X	Other Liabilities. See Form 990, Part X,			
1.	(a) Description of liability	(b) Book value	-	
	income taxes		-	
(2)			-{	
(3)			-	
		 	-	
(5)		<u> </u>	-	
(6)			-{	
(8)			-	
(9)		-	-	
(10)				
(11)			\dashv	
Total. (Column	(b) must equal Form 990, Part X, col (B) line 25)	<u> </u>	<u>. l</u>	

	ule D (Form 990) 2011 Equine Rescue League Foundation Inc	54-1541993	Page 4
Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial St	atements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
Pa	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return	
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		
а	Net unrealized gains on investments	*	
b	Donated services and use of facilities		
С	Recoveries of prior year grants	-	
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1,78	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Par	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expense		
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);}₩& * (*)	
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIV)		
е	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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
Pa	rt-XIV Supplemental Information		
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b		
and 2	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete		
this p	part to provide any additional information		
		· · · · · · · · · · · · · · · · · · ·	
			
_			

54-1541993

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the

OMB No 1545-0047

2011 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

organization entered more than \$15,000 on Form 990-EZ, time 6a.

Attach to Form 990 or Form 990-EZ.

See separate instructions

54-1541993 Equine Rescue League Foundation Inc Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV. line 17 Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No b If "Yes." list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (iii) Did fundraiser have (w) Amount paid to (i) Name and address of individual (IV) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity from activity or entity (fundraiser) fundraiser listed in contributions? organization col (i) Yes No 2 2 10 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

EEA

		than \$15,000 of fundraising gross receipts greater than		na gross income on Fori	in 990-LZ, lines i and t	DD LIST EVENTS WITH
	Γ-	gross receipts greater triali	φ5,000 (a) Event #1	(b) Event #2	(c) Other events	(d) Total mants
		•	Open House	Super Pet Ex	1	(d) Total events Add col (a) through
R			(event type)	(event type)	(total number)	col (c))
е					· · · · · · · · · · · · · · · · · · ·	
v e	1	Gross receipts				
n	2	Less Charitable			-	
u e		contributions				
•	3	Gross income (line 1 minus				
		line 2)				
				- "		
	4	Cash prizes				
D						
r	5	Noncash prizes				
е						
c t	6	Rent/facility costs				
٠ –	-				_	
E	7	Food and beverages				
х р						
е	8	Entertainment				
n s						
е	9	Other direct expenses				
S						
	10	Direct expense summary Add lines	• , ,			()
	11	Net income summary Combine line		HIV II F 000 P	4.07.65.40	1
No.	ing [i "Yes" to Form 990, Pai	τ IV, line 19, or reported	a more
		than \$15,000 on Form 990	J-EZ, IIIIe oa	A.B. (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		40 Table ()
		than \$15,000 on Form 990	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		than \$15,000 on Form 990	-		(c) Other gaming	
	1		-		(c) Other gaming	
Revenue	1	Gross revenue	-		(c) Other gaming	
Revenue D	1 2		-		(c) Other gaming	
Revenue D		Gross revenue	-		(c) Other gaming	
Revenue Direct		Gross revenue	-		(c) Other gaming	
Revenue Direct	2	Gross revenue	-		(c) Other gaming	
Revenue Direct Expe	2	Gross revenue	-		(c) Other gaming	
Revenue Direct Expe	3	Gross revenue	-		(c) Other gaming	
Revenue Direct	3	Gross revenue	-		(c) Other gaming	
Revenue Direct Expe	3	Gross revenue	-		(c) Other gaming	
Revenue Direct Expe	3	Gross revenue	(a) Bingo	bingo/progressive bingo		
Revenue Direct Expe	3 4 5	Gross revenue	(a) Bingo	bingo/progressive bingo	☐ Yes%	
Revenue Direct Expe	3 4 5	Gross revenue	(a) Bingo	bingo/progressive bingo	☐ Yes%	
Revenue Direct Expe	2 3 4 5	Gross revenue	(a) Bingo Yes % No 2 through 5 in column (d)	bingo/progressive bingo	☐ Yes%	
Revenue Direct Expe	2 3 4 5	Gross revenue	(a) Bingo Yes % No 2 through 5 in column (d)	bingo/progressive bingo	☐ Yes % ☐ No	
Revenue Direct Expenses	2 3 4 5 6 7 8	Cash prizes	(a) Bingo Yes % No 2 through 5 in column (d) bine line 1, column d, and line	bingo/progressive bingo Yes% No	☐ Yes % ☐ No	
Revenue Direct Expenses 9	2 3 4 5 6 7 8	Gross revenue	(a) Bingo Yes% No 2 through 5 in column (d) sine line 1, column d, and line on operates gaming activities	bingo/progressive bingo Yes% No ne 7	☐ Yes % ☐ No	col (a) through col (c))
Revenue Direct Expenses 9 %	2 3 4 5 6 7 8 Err Is	Gross revenue	(a) Bingo Yes% No 2 through 5 in column (d) sine line 1, column d, and line on operates gaming activities	bingo/progressive bingo Yes% No ne 7	☐ Yes % ☐ No	
Revenue Direct Expenses 9	2 3 4 5 6 7 8 Err Is	Gross revenue	(a) Bingo Yes% No 2 through 5 in column (d) sine line 1, column d, and line on operates gaming activities	bingo/progressive bingo Yes% No ne 7	☐ Yes % ☐ No	col (a) through col (c))
Revenue Direct Expenses 9 %	2 3 4 5 6 7 8 Err Is	Gross revenue	(a) Bingo Yes% No 2 through 5 in column (d) sine line 1, column d, and line on operates gaming activities	bingo/progressive bingo Yes% No ne 7	☐ Yes % ☐ No	col (a) through col (c))
Revenue Direct Expenses 9 at	2 3 4 5 6 7 8 Er is	Gross revenue	(a) Bingo Yes % No 2 through 5 in column (d) one line 1, column d, and line on operates gaming activities in each of the	bingo/progressive bingo Yes % No ne 7 es nese states?	☐ Yes% ☐ No ▶	col (a) through col (c))
Revenue Direct Expenses 9 at 10a	2 3 4 5 6 7 8 Erris is	Gross revenue	(a) Bingo Yes % No 2 through 5 in column (d) one line 1, column d, and line on operates gaming activities in each of the	bingo/progressive bingo Yes % No ne 7 es nese states?	☐ Yes% ☐ No ▶	col (a) through col (c))
Revenue Direct Expenses 9 at 10a	2 3 4 5 6 7 8 Erris is	Gross revenue	(a) Bingo Yes % No 2 through 5 in column (d) one line 1, column d, and line on operates gaming activities in each of the	bingo/progressive bingo Yes % No ne 7 es nese states?	☐ Yes% ☐ No ▶	col (a) through col (c))
Revenue Direct Expenses 9 at 10a	2 3 4 5 6 7 8 Erris is	Gross revenue	(a) Bingo Yes % No 2 through 5 in column (d) one line 1, column d, and line on operates gaming activities in each of the	bingo/progressive bingo Yes % No ne 7 es nese states?	☐ Yes% ☐ No ▶	col (a) through col (c))

Partill Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization Employer identification number 54-1541993 Equine Rescue League Foundation Inc 01. Officer, directors, etc. family relationship (Part VI, line 2) Patricia Rogers is the mother of Cheryl Rogers. 02. Form 990 governing body review (Part VI, line 11) Upon completion, copies of the 990 are made available to the Board at the office prior to filing Board members are reminded annually when the tax return is completed to submit in writing any potential conflicts of interest. If any are received, the entire board is made aware of them for discussion if needed. 03. Conflict of interest policy compliance (Part VI, line 12c) Board members are reminded annually when the tax return is completed to submit in writing any potential conflicts of interest. If any are received, the entire board is made aware of them for discussion if needed. 04. CEO, executive director, top management comp (Part VI, line 15a) Salaries are reviewed for the top management official and other key employees annually. The fiscal position of the The agricultural and rescue industries salaries are compared.

Salaries are reviewed for the top management official and other key employees annually.

The agricultural and rescue industries salaries are compared. The fiscal position of the

organization and the economy as a whole are reviewed and the salaries are set accordingly.

organization and the economy as a whole are reviewed and the salaries are set accordingly.

05. Other officer or key employee compensation (Part VI, line 15b

Schedule Orlean and or sau-EZ) (2011)	Employer identification number	rage ,
Name of the organization Equine Rescue League Foundation Inc	54-1541993	
Equine Rescue League Foundation inc	34-1341393	
		_
·		
Of Community description of a socilable to mubble (Port VI lane 10)		
06. Governing documents, etc, available to public (Part VI, line 19)		
Governing documents are available to the public upon request by phone, ma	ıl or in person.	
		_
	 	
		_

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

2011

Internal	nent of the Treasury Revenue Service (99)	➤ See separate	instructions.			our tax return			Attachment Sequence No 179
Name(s) shown on return			Business of	r activity to which	this form relates			Identifying number
		League Founda			RM 990	<u>- 1</u>			54-1541993
Par		To Expense Certain Pro							
	Note: If you	have any listed property, compl	ete Part V befo	re you cor	nplete Part I				
1		ee instructions)				• • • • • • •		1	
2		179 property placed in service (s					• • •	2	
3		ction 179 property before reduct		•	uctions)			3	
4		n Subtract line 3 from line 2 If a			• • • • •	• • • • • • •	• • •	4_	
5		x year Subtract line 4 from line				=			
		ctions	· · · · · · ·					5	
_6	(a)) Description of property		(b) Cost (bi	usiness use only) (c) Elec	ted cost		
				-					"你我们就 看我你点
7		r the amount from line 29			7				
8		section 179 property Add amoun		c), lines 6	and / .	• • • • • • •	• • •	8 	
9		Enter the smaller of line 5 or lin			• • • • • •	• • • • • • •	• • •		
10	•	ed deduction from line 13 of you						10	
11		itation Enter the smaller of busi	•		•	e 5 (see instr	uctions)	11	
12	· ·	deduction Add lines 9 and 10,				<u> </u>	• • •	12	
13		ed deduction to 2012 Add lines			. 🕨 1	3			* '' /
		Part III below for listed property			ointing (D		. 4	· · ·	(Conventions)
Par		Depreciation Allowance allowance for qualified property					ieu prop	erty j	(See instructions)
14	•	• • • • •	(other than list	ea property	y) piaced in s	ervice		14	
15	during the tax year (s	<i>,</i>			• • • • •	• • • • • •	• • •	15	
		ection 168(f)(1) election		• • • • •	• • • • •		• • •	16	9,277
16	Other depreciation (in	_	lude listed pro		· · · · · · · · · · · · · · · · · · ·	• • • • • •			3,211
: a	EHIV MACKS	Depreciation (Do not me		ection A	e instructions	· <i>)</i>			
17	MACRS deductions f	for assets placed in service in ta			2011			17	5,284
18		group any assets placed in serv		_		e general	• • •	7 1 Z	Y's Samera and and and and and a
	asset accounts, chec			•		_	. \square		
		ion B - Assets Placed in Servi					ciation	Syste	**************************************
		(b) Month and	(c) Basis for de	preciation	(d) Recovery	T			<u> </u>
	(a) Classification of pro	pperty year placed in service	(business/invest only-see instru		penod	(e) Convention	(f) Met	nod	(g) Depreciation deduction
19a	3-year property	\$ - W. P. S.							
b	5-year property		Ī						
С	7-year property								
d	10-year property								
е	15-year property								
f	20-year property		***	·					
g	25-year property	20,500			25 yrs		S/L		
h	Residential rental				27 5 yrs	MM	S/L	-	
	property				27 5 yrs	MM	S/L		
i	Nonresidential real				39 yrs	MM	S/L	-	
	property					MM	S/L	-	
	Section	on C - Assets Placed in Servi	ce During 201	1 Tax Yea	r Using the	Alternative De	preciation	on Sy	stem
20a	Class life	mar wing man language of the	3	3,064	20.0	MQ	S/L	-	28
b	12-year				12 yrs		S/L		
С	40-year				40 yrs	MM	S/l		
Pa	rt∜V Summar	ry (See instructions)							
21	Listed property Ente	er amount from line 28						21	
22	Total. Add amounts	from line 12, lines 14 through 1	7, lines 19 and	20 ın colu	ımn (g), and I	ine 21 Enter he	ere		
	and on the appropria	ite lines of your return. Partnersl	hips and S con	porations -	see instructi	ons		22	14,589
23		pove and placed in service during	-					(2)	
	portion of the basis a	attributable to section 263A cost	s		2	3		x 1/2.	

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

	Section A - Dep	reciation and O	her Informa	tion (Ca	ution: S	ee the	nstructio	ns for lir	nits for pa	ssenger	automo	biles)			
24a	Do you have evidence t	to support the busines	s/investment us	e claimed?			Yes	No	24b If "	Yes," ıs	the evid	ence wri	tten?	☐ Yes	∏ No
Ty	(a) ype of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	Cost or o	(d) other basis		(e) sis for depre siness/inve use onl	stment	(f) Recovery period	Meti Conve			h) ciation ction	(i Elector section cos	ted 179
25	Special depreciation	n allowance for q	ualified listed	property	/ placed i	n servi	ce during								
	the tax year and us	ed more than 50°	6 in a qualific	ed busing	ess use (see inst	tructions	<u>.</u>			25	<u> </u>		No.	ა - გაგადა ი - ე - ე - ე
26	Property used more	than 50% in a q	ualified busii	ness use					1						
97	Dodge P1	1 <u>997 07 03</u>		3	<u>0,77</u>	7	<u>30,</u>	<u>777</u>	ļ	ļ					
			%												
		ll	%											_	
27	Property used 50%	or less in a qual	fied busines	s use										,	
			%						ļ	S/L-		<u> </u>			
			%						ļ	S/L-					
	-	1 1	%	<u> </u>					<u> </u>	S/L-	1				
28	Add amounts in co	lumn (h), lines 25	through 27	Enter he	ere and o	n line 2	1, page 1	•			28	L		<u> </u>	
29	Add amounts in co	lumn (i), line 26							<u></u>				. 29		
					B - Infor										
	nplete this section f		-											ıcles	
οу	our employees, first	answer the ques	tions in Sect					1							
				(a Vehic		Vehi	(b) cle 2	1	(c) cle 3	(d Vehic	•	Vehi	(e) cle 5	Vehic	
30	Total business/inve		•	******		******	0.0 2	***	0.00	201110			5.00	*****	
	the year (do not in	-	•	ļ								-		<u> </u>	
	Total commuting m	_	•	 -								-		ļ.——	
32	Total other persona) miles									İ]	
	driven														
33	Total miles driven o														
	30 through 32 .			V	No.	Vaa	T No.	V	l Na	Van	No.	Vac	T No	Van	No
34	Was the vehicle av			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
25	during off-duty hou							-	 			 	 		
၁၁	Was the vehicle us		more					i				ł			
26	than 5% owner or i						1	 	1			 	 		-
30	Is another vehicle		- Questions	for Emr	Novers V	Nho Pr	ovide V	hiclas f	or Use b	v Their	Employ	1006	1	<u> </u>	
۸ ۵،	swer these question			-	-								not		
	re than 5% owners		•		i to comp	nething v	Jection L	101 VEIII	cies useu	by emp	oyoca v	viio aic i	100		
	Do you maintain a	······		•	all nerson	al use o	of vehicle	s includ	ling comn	nutina h				Yes	No
	your employees?	written policy star	ciricin that p	TOTILO (an person	ai use i				nuung, D	,				
	Do you maintain a	written policy stat	ement that o	rohibits i	oersonal i	use of v			commuting	ı. bv vou	 r				
-	employees? See th	•	•				•	•	-						
39	Do you treat all use			-	•	• • •									
	Do you provide mo	-				nforma	tion from	your em	ployees a	bout the					
	use of the vehicles				• •										[
41	Do you meet the re	equirements conc	erning qualif	ed autor	nobile de	monstr	ation use	? (See ıı	nstruction	s)					
	Note: If your answ														
P	ant Ⅶ Amor	tization												-	
	(a) Description o	f costs	Date amo	(b) ortization gins	,		(c) ble amount		(d) Code se		Amortiz period percen	ation for	Amortiza	(f) ition for this	year
42	Amortization of co	sts that begins du	iring your 20	11 tax ye	ar (see ir	struction	ons)								
_															
43	Amortization of co	sts that began be	fore your 20	11 tax yea	ar .							43			
44	Total. Add amoun	ts in column (f)	See the instri	uctions fo	or where	to repor	rt	<u></u>			<u>.</u>	44			
														Arm AFC	2 (2011)