Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form, as it may be made public. Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A F	or the	2022 calendar	year, or tax year beginning	01/01/2022	and ending	12	/31/202	22	
B 0	B Check if applicable: C Name of organization D Emplo						ployer identification number		
	Address change GENTLE SPIRIT HORSES RESCUE & SANCTUARY						2	7-4282458	
	Name cha	*	Number and street (or P.O. box if mail is not de	ivered to street address)	Room/suite	E Telep	hone nu	umber	
=	Initial return Final return/terminated 29571 419th Ave							5-376-1811	
=	Amended return City or town, state or province, country, and ZIP or foreign postal code F Group							mption	
=	Application pending Scotland, SD 57059								
G A	Account	ting Method:	Cash 🗸 Accrual Other (specify)	:		H Check	if the	organization is not	
		gentlespiri						ach Schedule B	
			k only one) – 🔽 501(c)(3) 🗌 501(c) () (insert no.) 4947(a)(1) or 527	(Form 9	90).		
			✓ Corporation ☐ Trust	Association O					
			to line 9 to determine gross receipts. If	gross receipts are \$200,00	00 or more, or if to	otal assets			
			00,000 or more, file Form 990 instead of				. \$	101,735	
P	art I	Revenue	, Expenses, and Changes in Ne				ctions		
			ne organization used Schedule O to						
	1		s, gifts, grants, and similar amounts				1	92,598	
	2		vice revenue including government f				2	8,885	
	3	_	dues and assessments				3	252	
	4	Investment i					4	0	
	5a		nt from sale of assets other than inve	entory	5a		•		
	b		r other basis and sales expenses.	-	5b	0			
	C		from sale of assets other than inver				5c	0	
	6	•	fundraising events:	itory (odbirdot iirio ob r	rom imo ou, .				
	а	_	me from gaming (attach Schedule	e G if greater than					
ne				_	6a	0			
Revenue	b	Gross incom	ne from fundraising events (not includ	ling \$	0 of contribu	tions			
Se.		from fundrai	sing events reported on line 1) (atta	ch Schedule G if the					
_		sum of such	gross income and contributions exc	eeds \$15,000)	6b	0			
	С	Less: direct	expenses from gaming and fundraisi	ng events	6c	0			
	d	Net income	or (loss) from gaming and fundraisi	ng events (add lines 6	Sa and 6b and	subtract			
		line 6c) .					6d	0	
	7a	Gross sales	of inventory, less returns and allowa	nces	7a	0			
	b	Less: cost of	f goods sold		7b	0			
	С	Gross profit	or (loss) from sales of inventory (sub	tract line 7b from line 7	'a)		7c	0	
	8		ue (describe in Schedule O)		•		8	0	
	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, ar				9	101,735	
	10		similar amounts paid (list in Schedule				10	0	
	11	Benefits paid	d to or for members				11	0	
Se	12	Salaries, oth	er compensation, and employee ber	efits			12	0	
nse	13		fees and other payments to indeper				13	500	
Expenses	14	Occupancy,	rent, utilities, and maintenance .				14	8,626	
й	15		olications, postage, and shipping .				15	264	
	16		ses (describe in Schedule O) .See S				16	99,643	
	17	Total expen	ses. Add lines 10 through 16				17	109,033	
S	18		eficit) for the year (subtract line 17 from				18	-7,298	
set	19		or fund balances at beginning of year					· ·	
Ass		end-of-year	figure reported on prior year's return)			19	-3,429	
Net Assets	20	Other chang	es in net assets or fund balances (ex				20	0	
Z	21		r fund balances at end of year. Com				21	-10,727	

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Par	`	•				
	Check if the organization used Schedule	O to respond to ar	•			
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			18,664		
23	Land and buildings				23	
24	Other assets (describe in Schedule O)			1,427	_	
25	Total assets			20,091	_	
26	Total liabilities (describe in Schedule O)			23,520	_	
27	Net assets or fund balances (line 27 of column	· ·	,	-3,429	27	-10,727
Par						Expenses
\	Check if the organization used Schedule is the organization's primary exempt purpose?		• .	-aπ III <u></u>	(Re	equired for section
		See Schedule O, Sta				1(c)(3) and 501(c)(4)
as m perso	ribe the organization's program service accomplise easured by expenses. In a clear and concise mons benefited, and other relevant information for each	anner, describe the ch program title.	e services provided	, the number of		ganizations; optional for ners.)
28	Gentle Spirit Horses provided care for an average of		en time. 12 new horse	es were		
	brought in throughout 2022 and 21 horses left our ca	are.				
	······································					
	· · · · · · · · · · · · · · · · · · ·	includes foreign gra			28	a 98,000
29	The Bug Club children's program provided hands-or					
	promoting responsible horsemanship and long term	improvement to hors	se welfare in South D	akota. Horse		
	(Continued on Schedule O, Statement 4) (Grants \$ 4,000) If this amount	includes foreign are	nto obook boro		200	(50
20	(29	650
30	The Dakota Showdown Horse Trainers Challenge ma	icnes rescue norses	with trainers to incre	ease their		
	adoptability.					
	(Grants \$ 0) If this amount	includes foreign gra	nts check here		30	a 0
31	· · · · · · · · · · · · · · · · · · ·					0
•	, ,	includes foreign gra			31:	a 0
32						_
	Total program service expenses (add lines 28a t	hrough 31a)			32	98,650
32 Pari	Total program service expenses (add lines 28a t	hrough 31a) Employees (list each	one even if not comp	ensated—see the in	32 nstru	98,650
	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key	hrough 31a) FEmployees (list each O to respond to ar	one even if not comp	pensated—see the in Part IV	32 nstru	98,650 uctions for Part IV)
Part	Total program service expenses (add lines 28a to the line	hrough 31a) Employees (list each O to respond to ar (b) Average hours per week devoted to position	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	pensated—see the interpretation of the pension of t	32 nstru	98,650 uctions for Part IV)
Part	Total program service expenses (add lines 28a to 10 List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	hrough 31a) r Employees (list each O to respond to ar (b) Average hours per week	one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	pensated—see the interpretation of the pension of t	nstru	98,650 uctions for Part IV)
Tiffai Exec	Total program service expenses (add lines 28a to the line	hrough 31a) Employees (list each O to respond to ar (b) Average hours per week devoted to position	one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	pensated—see the interpretation of the pension of t	nstru	98,650 uctions for Part IV)
Part	Total program service expenses (add lines 28a to the line	hrough 31a) Femployees (list each O to respond to ar (b) Average hours per week devoted to position 40.00	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	pensated—see the interpretation of the pension of t	32 nstru ree (e	98,650 uctions for Part IV)
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Tiffar Exec Nina Direc Saral Secre Bren Boar	Total program service expenses (add lines 28a to the line	hrough 31a) Femployees (list each O to respond to ar (b) Average hours per week devoted to position 40.00 20.00	one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-NISC/1099-NEC) (if not paid, enter -0-) 0	pensated—see the interpretation of the pension of t	32 nstru 0 0 0	98,650 uctions for Part IV)
Tiffan Execc Nina Direc Saral Secre Bren Boar Stacy	Total program service expenses (add lines 28a to 10	hrough 31a) Femployees (list each O to respond to ar (b) Average hours per week devoted to position 40.00 1.00	one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-) 0	pensated—see the interpretation of the pension of t	32 nstru 0 0 0	2 98,650 uctions for Part IV)
Tiffan Exec Nina Direc Saral Secre Bren Boar Treas Shell	Total program service expenses (add lines 28a to 10	hrough 31a) Femployees (list each O to respond to ar (b) Average hours per week devoted to position 40.00 1.00	one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-) 0	pensated—see the interpretation of the pension of t	32 nstru 0 0 0	2 98,650 uctions for Part IV)
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Tiffan Exec Nina Direc Saral Secre Bren Boar Stac Treas Shell Direc Kayla	Total program service expenses (add lines 28a to 10	hrough 31a) Femployees (list each O to respond to ar (b) Average hours per week devoted to position 20.00 1.00 1.00 1.00	one even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-) 0 0 0	pensated—see the interpretation of the pension of t	32 nstru	2 98,650 uctions for Part IV)
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Part V

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part	٧.	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		~
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		/
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		/
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		~
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911:0; section 4912:0; section 4955:0 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
b	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		~
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed: SD			
42a	The organization's books are in care of: Tiffany Ring Telephone no.	605-37	6-1811	ı
	Located at: 27591 419th Ave, Scotland, SD 57059 ZIP + 4	570		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	42b		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c		<u> </u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		~
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		_
С	Did the organization receive any payments for indoor tanning services during the year?	44b		~
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			•
45-	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		
b	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," Form 990 and Schedule R may need to be completed instead of	, - -		

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

Form 99	0-EZ (20	022)							F	age 4
									Yes	No
46		ne organization engage, directly or ir								
	to ca	ndidates for public office? If "Yes," o	complete Schedule C	, Part I				. 46		~
Part '		Section 501(c)(3) Organizations								
		All section 501(c)(3) organization	s must answer que	stions 47-49b ar	nd 52,	and cor	nplete the	e tables t	or lin	es
		50 and 51.								
		Check if the organization used Sch	nedule O to respond	I to anv question i	n this	Part VI				. Г
				, , , , , , , , , , , , , , , , , , ,					Yes	No
47	Did tl	he organization engage in lobbying	activities or have a	section 501(h) elec	tion in	effect d	lurina the	tax		
		If "Yes," complete Schedule C, Parl						. 47		~
48	ls the	organization a school as described in	section 170/h)/1)/Δ)/i	i)? If "Yes " comple	te Sch	edule F				1
49a		ne organization make any transfers to								~
b		es," was the related organization a se		_				. 49b		_
50		olete this table for the organization's								d ka
00		oyees) who each received more than								
	Ompi	by each wife days received more than	- φ του,σου στ σστηροί	(c) Reportable	garnza	(d) Health I		5, 011101 1	10110.	
	(a)	Name and title of each employee	(b) Average	compensation	cor		o employee	(e) Estimat	ed amoi	unt of
	(a)	Name and title of each employee	hours per week devoted to position	(Forms W-2/1099-MIS		efit plans, a	and deferred	other cor	npensat	tion
			· · · · · · · · · · · · · · · · · · ·	1099-NEC)		compen	sation			
None										
-										
-										
f	Total	number of other employees paid over	er \$100,000							
51	Com	olete this table for the organization'	s five highest compe	ensated independe	ent cor	ntractors	who each	received	more	thai
	\$100	,000 of compensation from the orgar	nization. If there is no	ne, enter "None."						
	(a)	Name and business address of each independ	lent contractor	(b) Type of	service		(c)	Compensat	ion	
-	()	Thains and Submission and Submission of Subm		(2) 1)			(-)			
None										
d	Total	number of other independent contra	actors each receiving	over \$100,000 .						
52	Did 1	the organization complete Schedu	ile A? Note: All se	ection 501(c)(3) or	ganiza	tions m	ust attach	n a		
	comp	oleted Schedule A			٠			. 🔽 Yes	; 🗌 I	No
Under p	enalties	of perjury, I declare that I have examined this r	eturn, including accompan	ying schedules and stat	ements,	and to the	best of my kn	owledge an	d belief,	it is
true, cor	rrect, an	d complete. Declaration of preparer (other than	officer) is based on all info	ormation of which prepa	rer has a	iny knowled	ge.	· ·		
Sign		Signature of officer				Date				
Here		Tiffany Ring, Executive Director								
		Type or print name and title								
Deid		Print/Type preparer's name	Preparer's signature		Date		Chock \square	if PTIN		
Paid	oro						Check L			
Prepa		Firm's name	-1			Firm	Firm's EIN			
Use (Unity	Firm's address					ne no.			
May th	ne IRS	discuss this return with the preparer	shown above? See i	instructions				. Yes	. 🗆	Nο

SCHEDULE A (Form 990)

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.

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number Name of the organization **GENTLE SPIRIT HORSES RESCUE & SANCTUARY** 27-4282458 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12a, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (iii) Type of organization (v) Amount of monetary (vi) Amount of (i) Name of supported organization (ii) EIN (iv) Is the organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D)

(E)
Total

Schedule A (Form 990) 2022 Page 2 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) 2018 **(b)** 2019 (c) 2020 (d) 2021 **(e)** 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 . . . 4 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) **Public support.** Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business 9 activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) % Public support percentage from 2021 Schedule A, Part II, line 14 15 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

Schedule A (Form 990) 2022 Page **3**

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

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

Secti	on A. Public Support			· · ·	'	,	
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				, ,		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	98,520	81,610	84,002	105,267	100,831	470,230
3	Gross receipts from activities that are not an unrelated trade or business under section 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 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	98,520	81,610	84,002	105,267	100,831	470,230
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 8	Add lines 7a and 7b	0	0	0	0	0	0
Sacti	on B. Total Support						470,230
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	98,520	81,610	84,002	105,267	100,831	470,230
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	7.575.25	37,313	5 ,,55	750,201		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business activities not included on 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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	98,520	81,610	84,002	105,267	100,831	470,230
14	First 5 years. If the Form 990 is for the organization, check this box and stop her	organization's	first, second,	, third, fourth,	or fifth tax ye		n 501(c)(3)
Secti	on C. Computation of Public Suppor	t Percentage	•				
15	Public support percentage for 2022 (line 8					15	100 %
16	Public support percentage from 2021 Sch	nedule A, Part I	II, line 15 .			16	100 %
	on D. Computation of Investment Inc						
17	Investment income percentage for 2022 (•	,		0 %
18	Investment income percentage from 2021					18	0 %
19a	331/3% support tests—2022. If the organi						
L	17 is not more than 33½%, check this box 33½% support tests – 2021. If the organiz	_	_	-		_	_
b	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization di		=	· ·	-		_

Schedule A (Form 990) 2022 Page 4

Supporting Organizations Part IV

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

Se

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

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

10b

Schedule A (Form 990) 2022 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete **line 2** below. The organization is the parent of each of its supported organizations. *Complete line 3 below.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

3b

Schedule A (Form 990) 2022

	Tune III New Functionally Integrated 500(a)(2) Supporting Ora		-ations	rage C
Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
Sect	instructions. All other Type III non-functionally integrated supporting organion A-Adjusted Net Income	IIZal	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(Optional)
_ <u>.</u>	Recoveries of prior-year distributions	2		
_ _ _	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
<u>.</u>	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount	•		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional (see instructions)	ally i	ntegrated Type III suppor	rting organization

Schedule A (Form 990) 2022 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 a From 2017 From 2018 **c** From 2019 **d** From 2020 **e** From 2021 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: Applied to underdistributions of prior years Applied to 2022 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result 5 greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: Excess from 2018 . . . Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . .

Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.

varie of the organization	Employer identification number
GENTLE SPIRIT HORSES RESCUE & SANCTUARY	27-4282458
Form 990-EZ, Part II, Line 24 - Accounts Receivable	
Form 990-EZ, Part II, Line 26 - Accounts Payable, Credit Cards, SBA Loan	
	·

GENTLE SPIRIT HORSES RESCUE & SANCTUARY

Form: **Form 990-EZ (2022)**Page: 1

Header Section

Reasonable Cause Explanations

Explanation

Covid caused a significant decrease in volunteers and help, as well as the organization moving. Because our organization involves the care of living creatures, all available resources were used to keep the organization afloat and the animals alive. We have brought in an independent bookkeeper and are working hard to get caught up and current going forward.

GENTLE SPIRIT HORSES RESCUE & SANCTUARY

Form: **Form 990-EZ (2022)** EIN: **27-4282458**

Page: 1

Part I, Line 16

Other Expenses Structured Explanation

Description	Amount
Horse Expenses	57,798
Veterinary Expenses	15,064
Fundraising Expenses	4,443
Equipment and Maintenance	3,088
Horse Transportation	3,234
Advertising and web hosting	2,559
Bank Charges	2,072
Insurance	1,572
Office and Other Expenses	9,813
Total:	99.643

GENTLE SPIRIT HORSES RESCUE & SANCTUARY

Form: **Form 990-EZ (2022)** EIN: **27-4282458**

Page: 2 Part III

Primary Exempt Purpose

Primary Exempt Purpose

Gentle Spirit Horses is a rescue and sanctuary for horses based out of South Dakota. Our mission is to provide assistance to neglected, abused and unwanted horses, and through outreach and education, promote responsible horse ownership.

GENTLE SPIRIT HORSES RESCUE & SANCTUARY

Form: Form 990-EZ (2022)

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Part III, Line 29

Second Program Service Accomplishments Description

Description

care expenses for horses in this program provided under the first service accomplishment, with additional expenses listed here.