

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2022 calendar year, or tax year beginning , and ending**

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Final return/terminated
  - Amended return
  - Application pending

**C** Name of organization  
**THIS OLD HORSE, INC.**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**13926 60TH STREET SOUTH**

City or town, state or province, country, and ZIP or foreign postal code  
**AFTON MN 55001**

**D** Employer identification number  
**45-4234611**

**E** Telephone number  
**651-437-1889**

**G** Gross receipts \$ **1,041,836**

**F** Name and address of principal officer:  
**NANCY TURNER**  
**13923 60TH STREET SOUTH**  
**AFTON MN 55001**

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No

If "No," attach a list. See instructions

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

**J** Website: **WWW.THISOLDHORSE.ORG**

**H(c)** Group exemption number

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **2012** **M** State of legal domicile: **MN**

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
**SEE SCHEDULE O**

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

**3** Number of voting members of the governing body (Part VI, line 1a) **3 15**

**4** Number of independent voting members of the governing body (Part VI, line 1b) **4 15**

**5** Total number of individuals employed in calendar year 2022 (Part V, line 2a) **5 46**

**6** Total number of volunteers (estimate if necessary) **6 300**

**7a** Total unrelated business revenue from Part VIII, column (C), line 12 **7a 19,562**

**b** Net unrelated business taxable income from Form 990-T, Part I, line 11 **7b 0**

	Revenue	
	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>1,146,476</b>	<b>1,003,159</b>
<b>9</b> Program service revenue (Part VIII, line 2g)	<b>4,330</b>	<b>17,224</b>
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>-1,159</b>	<b>-65,696</b>
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-38,126</b>	<b>2,338</b>
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,111,521</b>	<b>957,025</b>

	Expenses	
	Prior Year	Current Year
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<b>0</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>247,730</b>	<b>294,118</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>0</b>	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>949,964</b>	<b>882,742</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>1,197,694</b>	<b>1,176,860</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-86,173</b>	<b>-219,835</b>

	Net Assets or Fund Balances	
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	<b>2,977,835</b>	<b>2,727,366</b>
<b>21</b> Total liabilities (Part X, line 26)	<b>2,839,283</b>	<b>2,808,649</b>
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>138,552</b>	<b>-81,283</b>

**Part II Signature Block**

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

**Sign Here**

Signature of officer: **NANCY TURNER** Date: \_\_\_\_\_  
 Type or print name and title: **PRESIDENT**

**Paid Preparer Use Only**

Print/Type preparer's name: **DIANA L. WEDDIGEN** Preparer's signature: \_\_\_\_\_ Date: **08/02/23** Check  if self-employed  PTIN: **P01950848**

Firm's name: **LEWIS, KISCH & ASSOCIATES, LTD** Firm's EIN: **41-1620961**  
 Firm's address: **1125 SOUTH FRONTAGE ROAD, SUITE 1 HASTINGS, MN 55033-2489** Phone no.: **651-437-3356**

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

**1** Briefly describe the organization's mission:

**SEE SCHEDULE O**

**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 by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ **1,100,254** including grants of \$ ) (Revenue \$ )

**SEE SCHEDULE O**

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**N/A**

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**N/A**

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **1,100,254**

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
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		X
4	<b>Section 501(c)(3) organizations.</b> 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		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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		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	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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

**Part IV Checklist of Required Schedules** *(continued)*

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line 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 on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	<b>46</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		<b>X</b>	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>		<b>X</b>	
<b>4a</b>	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)?	<b>4a</b>			<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	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 as charitable contributions?	<b>6a</b>			<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	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?	<b>7a</b>			<b>X</b>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			<b>X</b>
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			<b>X</b>
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</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	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>			<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>			

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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 on Schedule O.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	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?	<input checked="" type="checkbox"/>	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
<b>7a</b>	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?		<input checked="" type="checkbox"/>
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	<input checked="" type="checkbox"/>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<input checked="" type="checkbox"/>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
<b>10b</b>	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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
<b>11b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<input checked="" type="checkbox"/>	
<b>13</b>	Did the organization have a written whistleblower policy?		<input checked="" type="checkbox"/>
<b>14</b>	Did the organization have a written document retention and destruction policy?		<input checked="" type="checkbox"/>
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official		<input checked="" type="checkbox"/>
<b>15b</b>	Other officers or key employees of the organization		<input checked="" type="checkbox"/>
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
<b>16b</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?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **MN**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records

**THIS OLD HORSE, INC.**  
**AFTON**

**13926 60TH STREET SOUTH**

**MN 55001**

**651-437-1889**

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>KATHLEEN AMERONGEN</b>	4.00									
SECRETARY/TREASURER	0.00	X		X			0	0	0	
(2) <b>JULIE FISCHER</b>	2.00									
DIRECTOR	0.00	X					0	0	0	
(3) <b>PAT GALLES</b>	4.00									
DIRECTOR	0.00	X					0	0	0	
(4) <b>ELLEN HILL</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(5) <b>LINDA HUGHES</b>	2.00									
DIRECTOR	0.00	X					0	0	0	
(6) <b>KARI MARKHAM</b>	4.00									
DIRECTOR	0.00	X					0	0	0	
(7) <b>LUANNE MILLER</b>	2.00									
DIRECTOR	0.00	X					0	0	0	
(8) <b>MARY T. MAHER, PH.D.</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(9) <b>THOMAS RHODE</b>	40.00									
VICE PRESIDENT	0.00	X		X			0	0	0	
(10) <b>PATRICK SCHMIDT</b>	2.00									
DIRECTOR	0.00	X					0	0	0	
(11) <b>APRIL STARCZNSKI</b>	2.00									
DIRECTOR	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>(12) BRENDA TETER</b>	<b>40.00</b>									
<b>EXECUTIVE DIRECTOR</b>	<b>0.00</b>	<b>X</b>						<b>0</b>	<b>0</b>	<b>0</b>
<b>(13) BRIAN TETER</b>	<b>10.00</b>									
<b>DIRECTOR</b>	<b>0.00</b>	<b>X</b>						<b>0</b>	<b>0</b>	<b>0</b>
<b>(14) TONI THOMAS</b>	<b>5.00</b>									
<b>DIRECTOR</b>	<b>0.00</b>	<b>X</b>						<b>0</b>	<b>0</b>	<b>0</b>
<b>(15) NANCY TURNER</b>	<b>40.00</b>									
<b>PRESIDENT</b>	<b>0.00</b>	<b>X</b>		<b>X</b>				<b>0</b>	<b>0</b>	<b>0</b>
<b>1b Subtotal</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		<b>X</b>
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....		<b>X</b>
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		<b>X</b>

**Section B. Independent Contractors**

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

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

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	21,164				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	32,923				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	949,072				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b> \$					
	<b>h Total.</b> Add lines 1a-1f		1,003,159				
<b>Program Service Revenue</b>	<b>2a</b> BOARDING	Business Code 110000	17,224		17,224		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f		17,224				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		4	4			
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents	(i) Real					
		(ii) Personal					
		<b>6a</b>					
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental inc. or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		<b>7a</b>					
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>	65,700				
<b>c</b> Gain or (loss)	<b>7c</b>	-65,700					
<b>d</b> Net gain or (loss)		-65,700			-65,700		
<b>8a</b> Gross income from fundraising events (not including \$ 21,164 of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>	21,449					
	<b>b</b> Less: direct expenses	<b>8b</b>	19,111				
<b>c</b> Net income or (loss) from fundraising events		2,338		2,338			
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
	<b>b</b> Less: direct expenses	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities							
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
	<b>b</b> Less: cost of goods sold	<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>	<b>11a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions		957,025	4	19,562	-65,700		

**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).

Check if Schedule O contains a response or note to any line in this Part IX

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	<b>269,481</b>	<b>242,533</b>	<b>26,948</b>	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	<b>24,637</b>	<b>22,173</b>	<b>2,464</b>	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	<b>7,314</b>	<b>7,314</b>		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	<b>7,081</b>		<b>7,081</b>	
14 Information technology				
15 Royalties				
16 Occupancy	<b>33,643</b>	<b>33,643</b>		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	<b>58,934</b>	<b>58,934</b>		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	<b>126,736</b>	<b>126,736</b>		
23 Insurance	<b>34,753</b>	<b>16,080</b>	<b>18,673</b>	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FEED	<b>168,025</b>	<b>168,025</b>		
b HAY	<b>110,975</b>	<b>110,975</b>		
c FEED	<b>72,013</b>	<b>72,013</b>		
d HAY	<b>47,561</b>	<b>47,561</b>		
e All other expenses	<b>215,707</b>	<b>194,267</b>	<b>21,440</b>	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>1,176,860</b>	<b>1,100,254</b>	<b>76,606</b>	<b>0</b>
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X 

		(A) Beginning of year		(B) End of year		
<b>Assets</b>	1	Cash—non-interest-bearing	87,991	1	21,416	
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	3,165,913			
	10b	Less: accumulated depreciation	459,963	2,889,844	10c	2,705,950
	11	Investments—publicly traded securities		11		
	12	Investments—other securities. See Part IV, line 11		12		
	13	Investments—program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	2,977,835	16	2,727,366		
<b>Liabilities</b>	17	Accounts payable and accrued expenses	8,865	17	7,468	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23	Secured mortgages and notes payable to unrelated third parties	2,799,995	23	2,801,181	
	24	Unsecured notes and loans payable to unrelated third parties	30,423	24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
	26	<b>Total liabilities.</b> Add lines 17 through 25	2,839,283	26	2,808,649	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>					
	27	Net assets without donor restrictions	138,552	27	-81,283	
	28	Net assets with donor restrictions		28		
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>					
	29	Capital stock or trust principal, or current funds		29		
	30	Paid-in or capital surplus, or land, building, or equipment fund		30		
	31	Retained earnings, endowment, accumulated income, or other funds		31		
	32	<b>Total net assets or fund balances</b>	138,552	32	-81,283	
33	<b>Total liabilities and net assets/fund balances</b>	2,977,835	33	2,727,366		

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>957,025</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>1,176,860</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-219,835</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>138,552</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>-81,283</b>

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2c</b>	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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<b>X</b>
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A**  
**(Form 990)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**2022**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public  
Inspection

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**THIS OLD HORSE, INC.**

Employer identification number

**45-4234611**

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  An organization that normally receives (1) more than 33 1/3% 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 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

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

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

(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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10.

12 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) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) 14 %; 15 Public support percentage from 2021 Schedule A, Part II, line 14 15 %

16a 33 1/3% support test—2022. 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—2021. 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
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 organization
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 organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	541,701	696,510	705,149	1,146,476	1,003,159	4,092,995
<b>2</b> 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	3,260	10,679		41	4	13,984
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	544,961	707,189	705,149	1,146,517	1,003,163	4,106,979
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	128,542	143,508			237,036	509,086
<b>b</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						
<b>c</b> Add lines 7a and 7b	128,542	143,508			237,036	509,086
<b>8 Public support.</b> (Subtract line 7c from line 6.)						3,597,893

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6	544,961	707,189	705,149	1,146,517	1,003,163	4,106,979
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	544,961	707,189	705,149	1,146,517	1,003,163	4,106,979
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	87.60%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15	<b>16</b>	88.26%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests—2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <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 with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** *(continued)*

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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?	<b>11a</b>	
<b>b</b>	A family member of a person described on line 11a above?	<b>11b</b>	
<b>c</b>	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	<b>11c</b>	

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	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? <i>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.</i>	<b>1</b>	
<b>2</b>	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? <i>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.</i>	<b>2</b>	

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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)? <i>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).</i>	<b>1</b>	

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?	<b>1</b>	
<b>2</b>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	<b>2</b>	
<b>3</b>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	<b>3</b>	

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

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b>	Activities Test. Answer lines 2a and 2b below.		
<b>a</b>	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? <i>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.</i>	<b>2a</b>	
<b>b</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? <i>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.</i>	<b>2b</b>	
<b>3</b>	Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b>	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? <i>If "Yes" or "No," provide details in Part VI.</i>	<b>3a</b>	
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	<b>3b</b>	

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
Section 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):			
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D – Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b> Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b> Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required— <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017 .....			
<b>b</b> From 2018 .....			
<b>c</b> From 2019 .....			
<b>d</b> From 2020 .....			
<b>e</b> From 2021 .....			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018 .....			
<b>b</b> Excess from 2019 .....			
<b>c</b> Excess from 2020 .....			
<b>d</b> Excess from 2021 .....			
<b>e</b> Excess from 2022 .....			



**Schedule B  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

**THIS OLD HORSE, INC.**

Employer identification number

**45-4234611**

Organization type (check one):

**Filers of:****Section:**

Form 990 or 990-EZ

 501(c)( **3** ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- 
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Name of organization

**THIS OLD HORSE, INC.**

Employer identification number

**45-4234611****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NANCY TURNER 13926 60TH STREET SOUTH AFTON MN 55001	\$ 237,036	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MARE JARVIS & MICHAEL MEYER 4216 CHOWEN AVE S MINNEAPOLIS MN 55410	\$ 32,030	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	EDGAR VALENTI 11105 29TH ST NW GIG HARBOR WA 98329	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	MN HARVEST HORSE SHOW 1447 PORTLAND AVE ST PAUL MN 55101	\$ 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	FASH 36 MALLARD ROAD NORTH OAKS MN 55127	\$ 5,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	CANDICE BLOOM 10070 199TH ST W LAKEVILLE MN 55044	\$ 9,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**THIS OLD HORSE, INC.**

Employer identification number

**45-4234611****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	MINNESOTA RACING COMMISSION 1100 CANTERBURY RD SHAKOPEE MN 55372	\$ 20,404	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	STEVE BONNER 401 N WABASH CHICAGO IL 60611	\$ 40,105	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	MINNESOTA HORSEMEN'S BENEVOLENT & PROTECTIVE ASSOCIATION 1100 CANTERBURY RD S SHAKOPEE MN 55379	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	RUNNING ACES 15201 RUNNING ACES BLVD COLUMBUS MN 55025	\$ 5,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	THOROUGHBRED CHARITIES OF AMERICA 2365 HARRODSBURG RD LEXINGTON KY 40504	\$ 36,132	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	THOROUGHBRED AFTERCARE ALLIANCE 821 CORPORATE DR LEXINGTON KY 40503	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**THIS OLD HORSE, INC.**

Employer identification number

**45-4234611****Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	JOHN MENTZ 904 STATE ST W AVON PARK FL 33825	\$ 15,813	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	BORTON VOLVO 905 HAMPSHIRE AVE GOLDEN VALLEY MN 55426	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	AMERICAN ONLINE GIVING FOUNDATION IN 40 MAIN ST E NEWARK DE 19711	\$ 11,706	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	KA STROM FUND 701 PARK AVE MINNEAPOLIS MN 55415	\$ 8,800	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	ENGELS & VOLKERS 1601 HENNEPIN AVE MINNEAPOLIS MN 55403	\$ 6,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	TRANSITIONS EQUINE 4136 RICE ST N VADNAIS HEIGHTS MN 55126	\$ 6,189	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

**THIS OLD HORSE, INC.**

Employer identification number

**45-4234611**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	JOY GORRA 1680 78TH ST W CHANHASSEN MN 55317	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	STANLEY & ARLENE LECKBAND 87277 320TH AVE BREWSTER MN 56119	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

THIS OLD HORSE, INC.

Employer identification number

45-4234611

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1a-2 regarding art and historical treasures.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other .....

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
<b>c</b> Beginning balance .....	<b>1c</b>
<b>d</b> Additions during the year .....	<b>1d</b>
<b>e</b> Distributions during the year .....	<b>1e</b>
<b>f</b> Ending balance .....	<b>1f</b>

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ..... %
- b** Permanent endowment ..... %
- c** Term endowment ..... %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
<b>(i)</b> Unrelated organizations .....	<b>3a(i)</b>	
<b>(ii)</b> Related organizations .....	<b>3a(ii)</b>	
<b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? .....	<b>3b</b>	

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....		<b>1,164,772</b>		<b>1,164,772</b>
<b>b</b> Buildings .....		<b>1,215,302</b>	<b>101,712</b>	<b>1,113,590</b>
<b>c</b> Leasehold improvements .....		<b>392,694</b>	<b>123,756</b>	<b>268,938</b>
<b>d</b> Equipment .....		<b>70,395</b>	<b>58,445</b>	<b>11,950</b>
<b>e</b> Other .....		<b>322,750</b>	<b>176,050</b>	<b>146,700</b>
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....				<b>2,705,950</b>

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other (A-H), and Total.

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes (1) Federal income taxes, followed by rows (2) through (9) and Total.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Series of horizontal dotted lines for providing supplemental information.



**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public Inspection

Name of the organization

**THIS OLD HORSE, INC.**

Employer identification number

**45-4234611**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
<b>1</b>							
<b>2</b>							
<b>3</b>							
<b>4</b>							
<b>5</b>							
<b>6</b>							
<b>7</b>							
<b>8</b>							
<b>9</b>							
<b>10</b>							
<b>Total</b>							

**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.

.....  
.....  
.....  
.....

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<b>5K FUNDRAISER</b> (event type)	_____ (event type)	<b>NONE</b> (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts	<b>42,613</b>			<b>42,613</b>
	<b>2</b> Less: Contributions	<b>21,164</b>			<b>21,164</b>
	<b>3</b> Gross income (line 1 minus line 2)	<b>21,449</b>			<b>21,449</b>
Direct Expenses	<b>4</b> Cash prizes				
	<b>5</b> Noncash prizes				
	<b>6</b> Rent/facility costs				
	<b>7</b> Food and beverages				
	<b>8</b> Entertainment				
	<b>9</b> Other direct expenses	<b>19,111</b>			<b>19,111</b>
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d)				<b>19,111</b>
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d)				<b>2,338</b>	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		_____	_____	_____	_____
Revenue	<b>1</b> Gross revenue				
Direct Expenses	<b>2</b> Cash prizes				
	<b>3</b> Noncash prizes				
	<b>4</b> Rent/facility costs				
	<b>5</b> Other direct expenses				
	<b>6</b> Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d)				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d)				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_





**SCHEDULE O  
(Form 990)**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 Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022****Open to Public  
Inspection**

Name of the organization

**THIS OLD HORSE, INC.**

Employer identification number

**45-4234611****FORM 990 - ORGANIZATION'S MISSION**

**THIS OLD HORSE, INC., PROVIDES RETIREMENT, RESCUE AND REHABILITATION TO OLDER AND UNWANTED HORSES THAT HAVE HAD A CAREER TO SERVICE HUMANS. THEY CONTINUE TO SERVE AS AMBASSADORS TO THE INCREDIBLE IMPACT OF 'HORSE POWER' BY FACILITATING THE DEVELOPMENT OF HORSEMANSHIP AND BEGINNING RIDING SKILLS TO OLDER AND SPECIAL NEEDS RIDERS.**

**FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT**

**THIS OLD HORSE, INC. PROVIDES SUPPORT FOR HORSES IN TRANSITION THROUGH OUR RESCUE, RETIREMENT, AND REHOMING PROGRAMS.**

**THIS OLD HORSE, INC. MANAGES AND OPERATES 12 BARNs THROUGHOUT THE LARGER ST PAUL / MINNEAPOLIS METROPOLITAN AREA WITH ABOUT 220 HORSES UNDER OUR DIRECT CARE. WE OPERATE A FOSTER HOST NETWORK THAT SUPPORTS ANOTHER 100 HORSES IN MINNESOTA, WISCONSIN AND IOWA.**

**IN 2022, WE WORKED WITH THE MINNESOTA RACING INDUSTRY, PROVIDING DATA AND OUTCOMES THAT WERE INFLUENTIAL IN LEGISLATIVE CHANGES THAT FREED UP NEARLY \$2 MILLION IN RACEHORSE AFTERCARE FUNDING AND WE WERE AWARDED \$110,000 OF THE \$200,000 ALLOCATED IN 2022.**

**WE CONDUCTED A PUBLIC INFORMATION CAMPAIGN ON RACEHORSE AFTERCARE AT BOTH OF THE LOCAL RACETRACKS, APPEARING 27 DIFFERENT TIMES TO SHARE INFORMATION WITH THE PUBLIC FANS.**

**WE COLLABORATED WITH THE UNIVERSITY OF WISCONSIN - RIVER FALLS AND ACHIEVED NATIONAL RECOGNITION FOR A NEW COURSE WITHIN THE EQUINE STUDIES CURRICULUM CALLED RETRAINING RACEHORSES AND SOURCED 12 OFF-TRACK RACEHORSES TO THE**

**CLASS, CONCLUDING WITH A CHARITY ADOPTION AUCTION IN WHICH ALL HORSES WERE**

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

Name of the organization

Employer identification number

THIS OLD HORSE, INC.

45-4234611

ADOPTED.

THIS OLD HORSE, INC. HAS BEEN ACCREDITED, AWARDED, AND CERTIFIED BY MANY MAJOR EQUINE WELFARE ORGANIZATIONS, EMPIRICALLY AND OBJECTIVELY DEMONSTRATING OUR HIGH STANDARDS OF EQUINE CARE AND SUPPORT AS WELL AS MANAGEMENT, FISCAL AND ADMINISTRATIVE EXCELLENCE. MOST NOTABLY, WE ARE THE ONLY MINNESOTA ORGANIZATION ACCREDITED BY THE GLOBAL FEDERATION OF ANIMAL SANCTUARIES (GFAS) AND THE THOROUGHBRED AFTERCARE ALLIANCE (TAA). WE WERE ACCREDITED BY THE STANDARDBRED TRANSITION ALLIANCE IN 2021.

WE MAINTAINED THE STATUS OF GUARDIAN LEVEL FOR THE EQUUS FOUNDATION. WE ARE AN ASPCA / THE RIGHT HORSE ADOPTION PARTNER. THIS OLD HORSE, INC. HAS A GUIDESTAR PLATINUM TRANSPARENCY RATING AND IS A TOP RATED NONPROFIT FOR GREAT NONPROFITS. THIS OLD HORSE, INC. IS A MEMBER OF THE MN HORSE WELFARE COALITION AND CERTIFIED BY THE MN HORSE COUNCIL.

WE WERE NAMED A PURINA BRAND AMBASSADOR IN 2020, THE FIRST NONPROFIT EQUINE WELFARE ORGANIZATION TO BE HONORED IN THIS WAY, TAKING OUR PLACE WITH SOME OF THE MOST ACCOMPLISHED HORSES AND HORSE PROFESSIONALS IN THE WORLD.

WE HAVE BEEN AWARDED AND LAUDED AS A NATIONAL MODEL FOR INNOVATION IN EQUINE ADOPTION STRATEGIES. OUR ADOPTION RATES ARE REMARKABLE BY ANY STANDARD AND EXCEPTIONAL CONSIDERING WE ARE SPECIALISTS IN SUPPORTING UNRIDEABLE, SPECIAL NEEDS, AND OLDER HORSES.

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

NANCY TURNER

KATHLEEN AMERONGEN

PRESIDENT

SEC/TREA

SISTERS

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

PAGE 1 OF 5

Schedule O (Form 990) 2022

Name of the organization

Employer identification number

**THIS OLD HORSE, INC.****45-4234611**

REVIEWED BY BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

ENFORCED ANNUALLY BY BOARD OF DIRECTORS

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

DOCUMENTS MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 24E - OTHER EXPENSES

## DESCRIPTION

TOT/PROG SERVICE

MGT &amp; GENERAL

FUNDRAISING

## BARN SUPPLIES

\$ 35,569

\$ 0

\$ 0

## VET

\$ 26,691

\$ 2,966

\$ 0

## UTILITIES

\$ 26,172

\$ 0

\$ 0

## FARRIER EXPENSES

\$ 15,818

\$ 1,758

\$ 0

## BARN SUPPLIES

\$ 15,244

\$ 0

\$ 0

## TRAINING

\$ 15,241

\$ 0

\$ 0

## VET

\$ 11,439

\$ 1,271

\$ 0

## UTILITIES

\$ 11,217

\$ 0

\$ 0

PAGE 2 OF 5

Schedule O (Form 990) 2022

Name of the organization

Employer identification number

**THIS OLD HORSE, INC.****45-4234611****BANK CHARGES**

\$	0	\$	9,457	\$	0
----	---	----	-------	----	---

**REPAIRS & MAINTENANCE**

\$	7,443	\$	827	\$	0
----	-------	----	-----	----	---

**FARRIER EXPENSES**

\$	6,779	\$	753	\$	0
----	-------	----	-----	----	---

**TRAINING**

\$	6,532	\$	0	\$	0
----	-------	----	---	----	---

**BANK CHARGES**

\$	0	\$	4,054	\$	0
----	---	----	-------	----	---

**REPAIRS & MAINTENANCE**

\$	3,190	\$	354	\$	0
----	-------	----	-----	----	---

**BEDDING**

\$	3,220	\$	0	\$	0
----	-------	----	---	----	---

**CARCASS DISPOSAL**

\$	1,652	\$	0	\$	0
----	-------	----	---	----	---

**SHELTERS**

\$	1,400	\$	0	\$	0
----	-------	----	---	----	---

**BEDDING**

\$	1,380	\$	0	\$	0
----	-------	----	---	----	---

**CARCASS DISPOSAL**

\$	708	\$	0	\$	0
----	-----	----	---	----	---

**AUTO EXPENSE**

\$	632	\$	0	\$	0
----	-----	----	---	----	---

**SHELTERS**

\$	600	\$	0	\$	0
----	-----	----	---	----	---

**DUES & SUBSCRIPTIONS****PAGE 3 OF 5**

Schedule O (Form 990) 2022

Name of the organization

Employer identification number

**THIS OLD HORSE, INC.****45-4234611**

\$	485	\$	0	\$	0
----	-----	----	---	----	---

**RESCUE TRANSPORTATION**

\$	471	\$	0	\$	0
----	-----	----	---	----	---

**MANURE**

\$	408	\$	0	\$	0
----	-----	----	---	----	---

**TACK**

\$	371	\$	0	\$	0
----	-----	----	---	----	---

**PEST CONTROL**

\$	283	\$	0	\$	0
----	-----	----	---	----	---

**AUTO EXPENSE**

\$	271	\$	0	\$	0
----	-----	----	---	----	---

**DUES & SUBSCRIPTIONS**

\$	208	\$	0	\$	0
----	-----	----	---	----	---

**RESCUE TRANSPORTATION**

\$	202	\$	0	\$	0
----	-----	----	---	----	---

**MANURE**

\$	175	\$	0	\$	0
----	-----	----	---	----	---

**TACK**

\$	159	\$	0	\$	0
----	-----	----	---	----	---

**OTHER BARN EXPENSES**

\$	130	\$	0	\$	0
----	-----	----	---	----	---

**PEST CONTROL**

\$	121	\$	0	\$	0
----	-----	----	---	----	---

**OTHER BARN EXPENSES**

\$	56	\$	0	\$	0
----	----	----	---	----	---

**TOTAL**

\$	194,267	\$	21,440	\$	0
----	---------	----	--------	----	---



Form **990-T**

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0047

**2022**

Department of the Treasury  
Internal Revenue Service

For calendar year 2022 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection  
for 501(c)(3)  
Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed.	<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501( <b>C</b> ) ( <b>3</b> ) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	<b>Print or Type</b> Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>THIS OLD HORSE, INC.</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>13926 60TH STREET SOUTH</b> City or town, state or province, country, and ZIP or foreign postal code <b>AFTON MN 55001</b>	<b>D</b> Employer identification number <b>45-4234611</b> <b>E</b> Group exemption number (see instructions) <b>F</b> <input type="checkbox"/> Check box if an amended return.	<b>C</b> Book value of all assets at end of year <b>2,727,366</b>
---	--	--	---	---

**G** Check organization type:  501(c) corporation     501(c) trust     401(a) trust     Other trust     State college/university

**H** Check if filing only to:  Claim credit from Form 8941     Claim a refund shown on Form 2439

**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation

**J** Enter the number of attached Schedules A (Form 990-T) **1**

**K** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation

**L** The books are in care of **THIS OLD HORSE, INC.** Telephone number **651-437-1889**

<b>Part I Total Unrelated Business Taxable Income</b>		
1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	1	0
2 Reserved .....	2	
3 Add lines 1 and 2 .....	3	
4 Charitable contributions (see instructions for limitation rules) .....	4	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	5	
6 Deduction for net operating loss. See instructions .....	6	0
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	7	0
8 Specific deduction (generally \$1,000, but see instructions for exceptions) .....	8	1,000
9 <b>Trusts.</b> Section 199A deduction. See instructions .....	9	
10 <b>Total deductions.</b> Add lines 8 and 9 .....	10	1,000
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	11	0

<b>Part II Tax Computation</b>		
1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) .....	1	0
2 <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	2	0
3 <b>Proxy tax.</b> See instructions .....	3	
4 Other tax amounts. See instructions .....	4	
5 Alternative minimum tax (trusts only) .....	5	
6 <b>Tax on noncompliant facility income.</b> See instructions .....	6	
7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	7	0

For Paperwork Reduction Act Notice, see instructions. Form **990-T** (2022)



Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)
1b Other credits (see instructions)
1c General business credit. Attach Form 3800 (see instructions)
1d Credit for prior year minimum tax (attach Form 8801 or 8827)
1e Total credits. Add lines 1a through 1d
2 Subtract line 1e from Part II, line 7
3 Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach statement)
4 Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under section 1294. Enter tax amount here 0
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)
6a Payments: A 2021 overpayment credited to 2022
6b 2022 estimated tax payments. Check if section 643(g) election applies
6c Tax deposited with Form 8868
6d Foreign organizations: Tax paid or withheld at source (see instructions)
6e Backup withholding (see instructions)
6f Credit for small employer health insurance premiums (attach Form 8941)
6g Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total
7 Total payments. Add lines 6a through 6g
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 0
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid
11 Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$
4 Enter available pre-2018 NOL carryovers here \$ -296,393. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.
5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.
Business Activity Code Available post-2017 NOL carryover
110000 \$ 914,686
6a Did the organization change its method of accounting? (see instructions) X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V X

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Signature of officer Date Title
DIANA L. WEDDIGEN
Print/Type preparer's name Preparer's signature Date Check if PTIN
08/02/23 self-employed P01950848
Paid Preparer Use Only Firm's name LEWIS, KISCH & ASSOCIATES, LTD Firm's EIN 41-1620961
1125 SOUTH FRONTAGE ROAD, SUITE 1
Firm's address HASTINGS, MN 55033-2489 Phone no. 651-437-3356

May the IRS discuss this return with the preparer shown below (see instructions)?
[X] Yes [ ] No



Part III Cost of Goods Sold

Enter method of inventory valuation

COST METHOD

Table with 8 rows for Cost of Goods Sold. Line 2: Purchases 4,759. Line 6: Total. Add lines 1 through 5 4,759. Line 8: Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 4,759. Line 9: Do the rules of section 263A apply to the organization? Yes No (X) No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Rent Income. Line 1: Description of property. Line 2: Rent received or accrued. Line 3: Total rents received or accrued. Line 4: Deductions directly connected with the income. Line 5: Total deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Line 1: Description of debt-financed property. Line 2: Gross income from or allocable to debt-financed property. Line 3: Deductions directly connected with or allocable to debt-financed property. Line 4: Amount of average acquisition debt on or allocable to debt-financed property. Line 5: Average adjusted basis of or allocable to debt-financed property. Line 6: Divide line 4 by line 5. Line 7: Gross income reportable. Multiply line 2 by line 6. Line 8: Total gross income. Line 9: Allocable deductions. Multiply line 3c by line 6. Line 10: Total allocable deductions. Line 11: Total dividends-received deductions included in line 10.

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)**

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organization			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

**Totals**

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)**

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)

**Totals**

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)**

1 Description of exploited activity: _____	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	<b>2</b>
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	<b>3</b>
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	<b>4</b>
5 Gross income from activity that is not unrelated business income .....	<b>5</b>
6 Expenses attributable to income entered on line 5 .....	<b>6</b>
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	<b>7</b>

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

Form with checkboxes A, B, C, D and horizontal lines for names.

Enter amounts for each periodical listed above in the corresponding column.

Table with 4 columns (A, B, C, D) and rows for advertising income, costs, and gain/loss calculations.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business.

Total. Enter here and on Part II, line 1

Part XI Supplemental Information (see instructions)

Dotted lines for supplemental information.

# Federal Statements

## Form 990-T, Part IV, Line 5 - Post 2017 NOL Carryover Amounts

<u>Activity Description</u>	<u>UBIT Num</u>	<u>Available Carryover</u>
UNRELATED BUSINESS ACTIVITY	110000	\$ 914,686
TOTAL		\$ <u>914,686</u>

**Federal Statements****Unrelated Business Activity****Statement 1 - Schedule A (990T), Part II, Line 5 - Deductible Interest**

Description	Amount
BOARDING	\$ 17,680
TOTAL	\$ 17,680

**Unrelated Business Activity****Statement 2 - Schedule A (990T), Part II, Line 14 - Other Deductions**

Deduction Description	Deduction Amount
ADVERTISING	\$ 14,352
OCCUPANCY	10,093
ACCOUNTING	2,194
FEED	72,013
HAY	47,561
BEDDING	1,380
BARN SUPPLIES	15,244
CARCASS DISPOSAL	708
MANURE	175
PEST CONTROL	121
RESCUE TRANSPORTATION	202
SHELTERS	600
VET	12,710
TACK	159
FARRIER EXPENSES	7,532
OTHER BARN EXPENSES	56
BANK CHARGES	4,054
UTILITIES	11,217
DUES & SUBSCRIPTIONS	208
AUTO EXPENSE	271
TRAINING	6,532
OFFICE	2,124
INSURANCE	10,426
TOTAL	\$ 219,932

Form <b>990-T</b>	<b>Business Income Activity Summary</b>	<b>2022</b>
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Name <b>THIS OLD HORSE, INC.</b>	Taxpayer Identification Number <b>45-4234611</b>
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**Business Activity Income (and allocation of Prior-2018 NOL)**

A. Total Pre-2018 Net Operating Losses Carried Forward .....	A. <u>296,393</u>
B. Total Pre-2018 Net Operating Loss allocated to Sch A activities .....	B. _____
C. Total Pre-2018 Net Operating Loss allocated to Form 990-T, Line 6 .....	C. _____
D. Pre-2018 Applied (Sum of B and C) .....	D. _____
E. Pre-2018 Remaining (Line A minus Line D) .....	E. <u>296,393</u>
F. Pre-2018 Net Operating Losses Expiring this Year .....	F. _____
G. Pre-2018 Net Operating Losses Carried Forward .....	G. <u>296,393</u>

Unrelated Business Income Activity with Income	Code	Net Income	Allocated Pre2018 NOL
1. _____		1. _____	_____
2. _____		2. _____	_____
3. _____		3. _____	_____
4. _____		4. _____	_____
5. _____		5. _____	_____
6. _____		6. _____	_____
7. _____		7. _____	_____
8. _____		8. _____	_____
9. _____		9. _____	_____
10. _____		10. _____	_____
11. _____		11. _____	_____
12. _____		12. _____	_____
13. _____		13. _____	_____
14. _____		14. _____	_____
15. All other revenue _____		15. _____	_____
16. Total taxable income .....		16. _____	_____

**Business Activity Losses**

Unrelated Business Income Activity with Losses	Code	Current Year Loss
1. <b>UNRELATED BUSINESS ACTIVITY</b> .....	<b>110000</b>	1. <u>-333,498</u>
2. _____		2. _____
3. _____		3. _____
4. _____		4. _____
5. All other activities .....		5. _____
6. Totals .....		6. <u>-333,498</u>



Form **990-T****Schedule A Loss Carryover Calculation****2022**Description **UNRELATED BUSINESS ACTIVITY**

Name

**THIS OLD HORSE, INC.**

Taxpayer Identification Number

**45-4234611**Unincorporated Business Income Tax Code: **110000**Activity: **AGRICULTURAL, FORESTRY, HUNTING,**

Each activity may carryforward losses after 2018

<b>1</b>	Activity income .....	<b>1</b>	<b>33,914</b>
<b>2</b>	Activity deductions .....	<b>2</b>	<b>367,412</b>
<b>3</b>	Activities income or loss, after deductions .....	<b>3</b>	<b>-333,498</b>
<b>4</b>	Enter losses carried over to this year (no amounts prior to 2018) plus any carried-back amounts .....	<b>4</b>	<b>914,686</b>
<b>5</b>	Enter 100% of the amount on Line 3, if both lines 3 and 4 are positive. ....	<b>5</b>	
<b>6</b>	Take the lesser of Line 4 or Line 5. <b>Enter here and on Line 17 of Form 990-T, Sch A, Part II</b> .....	<b>6</b>	
<b>7</b>	Remaining losses to be carried forward to 2023 (Subtract Line 6 from line 4) .....	<b>7</b>	<b>914,686</b>
<b>8</b>	If line 3 is less than zero, enter that amount here as a positive number .....	<b>8</b>	<b>333,498</b>
<b>9</b>	Total loss carried forward to 2023 (Add lines 7 and 8) .....	<b>9</b>	<b>1,248,184</b>

Electronic Filing includes the report of additional amounts for this activity

<b>E1</b>	Post-2017 loss amounts from 2021, indefinite carryover (Reported with Form 990-T, Pt IV, with above UBIT code) .....	<b>E1</b>	<b>914,686</b>
<b>E2</b>	Prior year activity losses included on Schedule A, Line 17 .....	<b>E2</b>	

## Net Operating Loss Carryover Worksheet for Pre-2018 Losses

Form **990-T****2022**

For calendar year 2022, or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_

Name

**THIS OLD HORSE, INC.**

Employer Identification Number

**45-4234611**

Preceding Taxable Year	Adj. To NOL Inc/(Loss) After Adj.	Prior Year		Current Year	Next Year Carryover
		NOL Utilized (Income Offset)	Carryovers to Current Year	Income Offset By Prior Carryover	
16th 12/31/02					
15th 12/31/03					
14th 12/31/04					
13th 12/31/05					
12th 12/31/06					
11th 12/31/07					
10th 12/31/08					
9th 12/31/09					
8th 12/31/10					
7th 12/31/11					
6th 12/31/12	-27,111		27,111		27,111
5th 12/31/13	-49,754		49,754		49,754
4th 12/31/14	-46,831		46,831		46,831
3rd 12/31/15	-46,085		46,085		46,085
2nd 12/31/16	-28,432		28,432		28,432
1st 12/31/17	-98,180		98,180		98,180
NOL carryover available to current year			296,393		
Current year	0				
NOL carryover available to next year					296,393

Form **990****Two Year Comparison Report****2021 & 2022**

For calendar year 2022, or tax year beginning , ending

Name

Taxpayer Identification Number

**THIS OLD HORSE, INC.****45-4234611**

		2021	2022	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	1,084,354	970,236	-114,118
	2. Membership dues and assessments			
	3. Government contributions and grants	62,122	32,923	-29,199
	4. Program service revenue	4,330	17,224	12,894
	5. Investment income	41	4	-37
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	-1,200	-65,700	-64,500
	8. Net income or (loss) from fundraising events	-38,126	2,338	40,464
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue			
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>1,111,521</b>	<b>957,025</b>	<b>-154,496</b>
<b>Expenses</b>	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	247,730	294,118	46,388
	17. Professional fundraising fees			
	18. Other professional fees	2,626	7,314	4,688
	19. Occupancy, rent, utilities, and maintenance	67,737	33,643	-34,094
	20. Depreciation and Depletion	90,144	126,736	36,592
	21. Other expenses	789,457	715,049	-74,408
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>1,197,694</b>	<b>1,176,860</b>	<b>-20,834</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>-86,173</b>	<b>-219,835</b>	<b>-133,662</b>
<b>Other Information</b>	24. Total exempt revenue	1,111,521	957,025	-154,496
	25. Total unrelated revenue	-33,796	19,562	53,358
	26. Total excludable revenue	-1,159	-65,696	-64,537
	27. Total assets	2,977,835	2,727,366	-250,469
	28. Total liabilities	2,839,283	2,808,649	-30,634
	29. Retained earnings	138,552	-81,283	-219,835
	30. Number of voting members of governing body	7	15	
	31. Number of independent voting members of governing body	7	15	
	32. Number of employees	45	46	
	33. Number of volunteers	225	300	

Form **990T****Two Year Comparison Report****2021 & 2022**

For calendar year 2022, or tax year beginning

, ending

Name

Taxpayer Identification Number

**THIS OLD HORSE, INC.****45-4234611**

		2021	2022	Differences
<b>Business Taxable Income</b>	1. Number of unrelated business activities for this return	1	1	
	2. Unrelated business taxable income from all trades	2.		
	3. Charitable contributions	3.		
	4. Section 199A deduction (trusts only)	4.		
	5. <b>Taxable income before NOL loss</b>	5.		
	6. Net operating loss (pre-2018)	6.		
	7. Specific deduction	7.	1,000	1,000
	8. <b>Unrelated business taxable income.</b>	8.		
<b>Tax &amp; Credits</b>	9. Income tax (corporate or trust)	9.		
	10. Proxy tax	10.		
	11. Other taxes	11.		
	12. <b>Total taxes</b>	12.		
	13. Other credits	13.		
	14. General business credit	14.		
	15. Credit for prior year minimum tax	15.		
	16. <b>Total credits</b>	16.		
	17. <b>Net tax after credits</b>	17.		
18. Recapture taxes and 965 tax	18.			
19. <b>Total Taxes</b>	19.			
<b>Due/Refund</b>	20. Prior year overpayment and estimated tax payments	20.		
	21. Payment made with extension	21.		
	22. Backup withholding and foreign withholding	22.		
	23. Other payments	23.		
	24. <b>Total payments</b>	24.		
	25. <b>Balance due/(Overpayment)</b>	25.		
	26. Overpayment applied to next year	26.		
	27. Penalties	27.		
28. <b>Total due/(Refund)</b>	28.			
29. Activity Losses NOL (Post-2017)	29.	-391,720	-333,498	58,222

Form **SchA**(990T)**Two Year Comparison for Unrelated Business Activity****2021 & 2022**

For calendar year 2022, or tax year beginning , ending

Organization Name

**THIS OLD HORSE, INC.**

Taxpayer Identification Number

**45-4234611**Activity: **UNRELATED BUSINESS ACTIVITY**Unincorporated Business Income Tax Code: **110000**

		2021	2022	Differences	
<b>Revenue</b>	1. Gross profit/loss on business activities	1. 1,354	33,914	32,560	
	2. Capital gains/losses	2.			
	3. Income/loss from partnerships and S corporations	3.			
	4. Rental income (net of expense)	4.			
	5. Unrelated debt-financed income (net of expense)	5.			
	6. Interest, and other income from controlled organizations (net of expense)	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.			
	10. Other income	10.			
	<b>11. Total trade or business income.</b> Combine lines 1 through 10	<b>11.</b>	<b>1,354</b>	<b>33,914</b>	<b>32,560</b>
<b>Expenses</b>	12. Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13. 68,707	80,844	12,137	
	14. Repairs and maintenance	14. 4,095	3,544	-551	
	15. Bad debts	15.			
	16. Interest	16. 19,143	17,680	-1,463	
	17. Taxes and licenses	17. 5,612	7,391	1,779	
	18. Depreciation and Depletion	18. 27,043	38,021	10,978	
	19. Contributions to deferred compensation plans	19.			
	20. Employee benefit programs	20.			
	21. Other deductions	21. 268,474	219,932	-48,542	
	<b>22. Total deductions.</b> Add lines 12 through 22	<b>22.</b>	<b>393,074</b>	<b>367,412</b>	<b>-25,662</b>
	<b>23. Taxable income before deductions.</b> Subtract line 23 from 11	<b>23.</b>	<b>-391,720</b>	<b>-333,498</b>	<b>58,222</b>
	24. Deductible losses	24.		914,686	914,686
	<b>25. Unrelated business taxable income (loss)</b>	<b>25.</b>	<b>-391,720</b>	<b>-1,248,184</b>	<b>-856,464</b>

Form <b>990</b>	<b>Tax Return History</b>	<b>2022</b>
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Name <b>THIS OLD HORSE, INC.</b>	Employer Identification Number <b>45-4234611</b>
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	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants .....	541,701	696,510	705,149	1,146,476	1,003,159	
Membership dues .....						
Program service revenue .....	29,804	19,963	5,399	4,330	17,224	
Capital gain or loss .....	-5,450	-28,275	-3,300	-1,200	-65,700	
Investment income .....				41	4	
Fundraising revenue (income/loss) .....	-6,678	-10,516	-14,654	-38,126	2,338	
Gaming revenue (income/loss) .....						
Other revenue .....						
<b>Total revenue</b> .....	<b>559,377</b>	<b>677,682</b>	<b>692,594</b>	<b>1,111,521</b>	<b>957,025</b>	
Grants and similar amounts paid .....						
Benefits paid to or for members .....						
Compensation of officers, etc. ....						
Other compensation .....	88,308	139,650	139,440	247,730	294,118	
Professional fees .....	9,215	900	926	2,626	7,314	
Occupancy costs .....	44,697	24,204	52,422	67,737	33,643	
Depreciation and depletion .....	46,911	65,379	75,217	90,144	126,736	
Other expenses .....	317,958	390,860	479,207	789,457	715,049	
<b>Total expenses</b> .....	<b>507,089</b>	<b>620,993</b>	<b>747,212</b>	<b>1,197,694</b>	<b>1,176,860</b>	
<b>Excess or (Deficit)</b> .....	<b>52,288</b>	<b>56,689</b>	<b>-54,618</b>	<b>-86,173</b>	<b>-219,835</b>	
<b>Total exempt revenue</b> .....	<b>559,377</b>	<b>677,682</b>	<b>692,594</b>	<b>1,111,521</b>	<b>957,025</b>	
<b>Total unrelated revenue</b> .....	<b>26,544</b>	<b>19,423</b>	<b>5,399</b>	<b>-33,796</b>	<b>19,562</b>	
<b>Total excludable revenue</b> .....	<b>-2,190</b>	<b>-27,735</b>	<b>-3,300</b>	<b>-1,159</b>	<b>-65,696</b>	
<b>Total Assets</b> .....	<b>655,479</b>	<b>701,562</b>	<b>1,690,488</b>	<b>2,977,835</b>	<b>2,727,366</b>	
<b>Total Liabilities</b> .....	<b>432,825</b>	<b>422,219</b>	<b>1,465,763</b>	<b>2,839,283</b>	<b>2,808,649</b>	
<b>Net Fund Balances</b> .....	<b>222,654</b>	<b>279,343</b>	<b>224,725</b>	<b>138,552</b>	<b>-81,283</b>	

Form <b>990T</b>	<b>Tax Return History</b>	<b>2022</b>
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Name <b>THIS OLD HORSE, INC.</b>	Employer Identification Number <b>45-4234611</b>
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\* Income shown net of expenses

	2018	2019	2020	2021	2022	2023
Business activity profit/loss .....						
Capital gains/losses .....						
Partner and S Corp gain/loss .....						
Rental income* .....						
Debt-financed income* .....	-137,708	-166,491				
Controlled organizations income/interest* .....						
Investment income, specific organizations* .....						
Exploited exempt activity income* .....						
Other income .....						
<b>Total trade or business income.</b> .....	<b>-137,708</b>	<b>-166,491</b>	<b>-218,767</b>			
Compensation of officers, ect. ....						
Other salaries and wages .....						
Repairs and maintenance .....						
Bad debts .....						
Interest .....						
Taxes and licenses .....						
Charitable contributions .....						
Depreciation and Depletion .....						
Deferred compensation plans .....						
Employee benefit programs .....						

**Mail To:**

Minnesota Attorney General's Office  
Charities Division  
445 Minnesota Street, Suite 1200  
St. Paul, MN 55101-2130

**STATE OF MINNESOTA**  
**CHARITABLE ORGANIZATION**  
**ANNUAL REPORT FORM**

(Pursuant to Minn. Stat. ch. 309)

**Website Address:**

*www.ag.state.mn.us/charity*

**SECTION A: Organization Information**

Legal Name of Organization THIS OLD HORSE, INC.

Federal EIN: 45-4234611

Fiscal Year-End: 12/31/2022

mm/dd/yyyy

Did the organization's fiscal year-end change?  Yes  No

**Mailing Address:**

Contact Person

13926 60TH STREET SOUTH

Street Address

AFTON MN 55001

City, State, and Zip Code

651-437-1889

Phone Number

NTURNER@THISOLDHORSE.ORG

Email Address

**Physical Address:**

Contact Person

19025 COATES BLVD

Street Address

HASTINGS MN 55033

City, State, and Zip Code

Phone Number

Email Address

1. Organization's website: WWW.THISOLDHORSE.ORG

2. List all of the organization's alternate and former names (attach list if more space is needed).

\_\_\_\_\_  
 Alternate  Former  
 \_\_\_\_\_  
 Alternate  Former

3. List all names under which the organization solicits contributions (attach list if more space is needed).

\_\_\_\_\_  
 \_\_\_\_\_

4. Is the organization incorporated pursuant to Minn. Stat. ch. 317A?  Yes  No

5. Total amount of contributions the organization received from Minnesota donors: \$ 835,156

6. Has the organization's tax-exempt status with the IRS changed?

Yes  No If yes, attach explanation.

7. Has the organization significantly changed its purpose(s) or program(s)?

Yes  No If yes, attach explanation.



**CHARITABLE ORGANIZATION ANNUAL REPORT FORM  
(Continued)**

8. Has the organization been denied the right to solicit contributions by any court or government agency?

Yes  No If yes, attach explanation.

9. Does the organization use the services of a professional fundraiser (outside solicitor or consultant) to solicit contributions in Minnesota?  Yes  No

If yes, provide the following information for each (attach list if more space is needed):

\_\_\_\_\_  
Name of Professional Fundraiser

\_\_\_\_\_  
Compensation

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, and Zip Code

10. Is the organization a food shelf?  Yes  No

If yes, is the organization required to file an audit?  Yes, audit attached  No

**Note:** An organization that has total revenue of more than \$750,000 is required to file an audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold.

11. Do any directors, officers, or employees of the organization or its related organization(s) receive total compensation\* of more than \$100,000?  Yes  No

If yes, provide the following information for the five highest paid individuals:

Name and title	Compensation*	Other compensation

\*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7) issued by the organization and its related organizations to the individual. See Minn. Stat. § 309.53, subd. 3(i) and Minn. Stat. § 317A.011 for definitions.

**CHARITABLE ORGANIZATION ANNUAL REPORT FORM  
(Continued)**

**SECTION B: Financial Information**

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N. Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

**INCOME**

1. Contributions Received	\$	<u>970,236</u>	1
2. Government Grants	\$	<u>32,923</u>	2
3. Program Service Revenue	\$	<u>17,224</u>	3
4. Other Revenue	\$	<u>-63,358</u>	4
<b>5. TOTAL INCOME</b>	\$	<u><b>957,025</b></u>	<b>5</b>

**EXPENSES**

6. Program Expenses	\$	<u>1,100,254</u>	6
7. Management & General Expenses	\$	<u>76,606</u>	7
8. Fund-raising Expenses	\$	<u>                  </u>	8
<b>9. TOTAL EXPENSES</b>	\$	<u><b>1,176,860</b></u>	<b>9</b>
<b>10. EXCESS or DEFICIT</b>	\$	<u><b>-219,835</b></u>	<b>10</b>
(Line 5 minus Line 9)			

**ASSETS**

11. Cash	\$	<u>21,416</u>	11
12. Land, Buildings & Equipment	\$	<u>2,705,950</u>	12
13. Other Assets	\$	<u>                  </u>	13
<b>14. TOTAL ASSETS</b>	\$	<u><b>2,727,366</b></u>	<b>14</b>

**LIABILITIES**

15. Accounts Payable	\$	<u>7,468</u>	15
16. Grants Payable	\$	<u>                  </u>	16
17. Other Liabilities	\$	<u>2,801,181</u>	17
<b>18. TOTAL LIABILITIES</b>	\$	<u><b>2,808,649</b></u>	<b>18</b>

**FUND BALANCE/NET WORTH**

(Line 14 minus Line 18)

\$ **-81,283**

**CHARITABLE ORGANIZATION ANNUAL REPORT FORM  
(Continued)**

**Section B (continued): Statement of Functional Expenses**

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1. Grants and other assistance to governments and organizations in the U.S.				
2. Grants and other assistance to individuals in the U.S.				
3. Grants and other assistance to governments, organizations, and individuals outside the U.S.				
4. Benefits paid to or for members				
5. Compensation of current officers, directors, trustees, and key employees				
6. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7. Other salaries and wages				
8. Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9. Other employee benefits				
10. Payroll taxes				
11. Fees for services (non-employees):				
a. Management				
b. Legal				
c. Accounting				
d. Lobbying				
e. Professional fundraising services				
f. Investment management fees				
g. Other				
12. Advertising and promotion				
13. Office expenses				
14. Information technology				
15. Royalties				
16. Occupancy				
17. Travel				
18. Payments of travel or entertainment expenses for any federal, state, or local public officials				
19. Conferences, conventions, and meetings				
20. Interest				
21. Payments to affiliates				
22. Depreciation, depletion, and amortization				
23. Insurance				
24. Other expenses. Itemize expenses not covered above. Expenses labeled miscellaneous may not exceed 5% of total expenses (Line 25).				
a.				
b.				
c.				
d.				
25. <b>Total functional expenses.</b> Add lines 1 through 24d.				
26. <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in Column B joint costs from a combined educational campaign and fundraising solicitation				

CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

Section C: Board of Directors Signatures and Acknowledgment

The form must be executed pursuant to a resolution of the board of directors, trustees, or managing group and must be signed by two officers of the organization. See Minn. Stat. § 309.52, subd. 3.

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the PRESIDENT (Title) and (Title) respectively, and that we execute this document on behalf of the organization pursuant to the resolution of the (Board of Directors, Trustees, or Managing Group) adopted on the day of , 20 , approving the contents of the document, and do hereby certify that the (Board of Directors, Trustees or Managing Group) has assumed, and will continue to assume, responsibility for determining matters of policy, and have supervised, and will continue to supervise, the operations and finances of the organization. We further state that the information supplied is true, correct and complete to the best of our knowledge.

NANCY TURNER

Name (Print)

Name (Print)

Signature

Signature

PRESIDENT

Title

Title

Date

Date



# 2022 M4NP Unrelated Business Income Tax (UBIT) Return

For tax-exempt organizations, cooperatives, homeowners associations, and political organizations with unrelated business income. Refer to *2022 Unrelated Business Income Tax Return Instructions* on our website at [www.revenue.state.mn.us](http://www.revenue.state.mn.us).

Tax year beginning (MM/DD/YYYY) 01/01/2022, and ending (MM/DD/YYYY) 12/31/2022 (required)

THIS OLD HORSE, INC.  
Name of Organization

45-4234611  
FEIN

2462376  
Minnesota Tax ID (required)

13926 60TH STREET SOUTH  
Mailing Address  Check if New Address

AFTON DAKOTA MN 55001  
City County State ZIP Code

This Organization Files Federal Form (check one)  
 990-T  1120-C  1120-H  1120-POL

Exempt Under IRS Section (check one)  
 501(c) (3)  528  Other: \_\_\_\_\_

Check All That Apply:  Amended Return  Filing Under an Extension  Final Return (refer to inst., pg. 4) Enter Close Date:

Enter your NAICS Codes (refer to inst., pg. 4)  
110000 / \_\_\_\_\_

Are you filing a combined income return?  Yes  No

Was 100% of the business conducted in Minnesota for this tax year?  
 Yes  No (complete and attach Schedule M4NPA)

Check if reporting Tax Position Disclosure (Enclose Form TPD)

	You must round amounts to nearest whole dollar.
1 Federal taxable income <b>before</b> net operating loss and specific deduction (total from all federal Form 990-T Schedule As, Part II line 16; 1120-C, line 25c; 1120-H, line 17; or 1120-POL, line 17c) .....	1 <u>-333498</u>
2 Total additions to federal taxable income (from Form M4NPI, line 1) .....	2 _____
3 Federal taxable income after additions (add lines 1 and 2) .....	3 <u>-333498</u>
4 Total subtractions from federal taxable income (from Form M4NPI, line 2) .....	4 _____
5 Federal taxable income (loss) after subtractions (refer to instructions). If you conducted business both within and outside Minnesota, complete Form M4NPA. (refer to instructions, pg. 4.) If 100% of your activities were conducted in Minnesota, do not complete Form M4NPA. Enter line 5 on line 6. ....	5 <u>-333498</u>
6 Minnesota taxable net income (loss) (from Form M4NPA, line 10.) If 100% of your activities were conducted in Minnesota, enter amount from line 5 above. ....	6 <u>-333498</u>
7 Minnesota net operating loss deduction (from Form M4NP NOL) .....	7 _____
8 Subtract line 7 from line 6 (if zero or less, enter zero) .....	8 <u>0</u>
9 Total deductions from taxable net income (from Form M4NPI, line 3) .....	9 <u>1000</u>
10 Taxable income (subtract line 9 from Form line 8; if zero or less, enter zero) .....	10 <u>0</u>
11 Regular tax (multiply line 10 by 9.8% [0.098]; if zero or less, enter zero) .....	11 <u>0</u>
12 Proxy tax (refer to instructions, pg. 4) .....	12 _____
13 Tax before credits (add lines 11 and 12) .....	13 _____
14 Total credits against tax (from Form M4NPI, line 4) .....	14 _____
15 Minnesota tax liability (subtract line 14 from line 13; if zero or less, enter zero) .....	15 <u>0</u>

Continued next page

# 2022 M4NP, UBIT Return Page 2 (continued)

**THIS OLD HORSE, INC.**

**45-4234611**

**2462376**

Name of Organization

FEIN

Minnesota Tax ID

16	Minnesota Nongame Wildlife Fund donation (refer to instructions, pg. 4)	16	_____
17	Add lines 15 and 16	17	_____
18	Total refundable credits (from Form M4NPI, line 5)	18	_____
19	Amount credited from your 2021 Form M4NP, line 32	19	_____
20	2022 estimated tax payments	20	_____
21	2022 extension payment	21	_____
22	Total refundable credits and payments (add lines 18, 19, 20, and 21)	22	_____
23	Subtract line 22 from line 17	23	_____ <b>0</b>
24	Penalty (determine from worksheet in the instructions, pg. 5)	24	_____
25	Interest (determine from worksheet in the instructions, pg. 5)	25	_____
26	Additional charge for underpayment of estimated tax (from Form M15NP, line 17)	26	_____
27	Tax, Nongame Wildlife Fund donation, penalty, interest and additional charge for underpayment of estimated tax (add lines 17, 24, 25, and 26)	27	_____
28	Amount from line 27	28	_____
29	Amount from line 22	29	_____
30	<b>AMOUNT DUE.</b> If line 28 is more than or equal to line 29, subtract line 29 from 28	30	_____

Payment method:  Electronic  Check  Amended Return Payment by Check  
 (Refer to instructions, page 2.)

31	<b>OVERPAYMENT.</b> If line 29 is more than line 28, subtract line 28 from line 29	31	_____
32	Amount of line 31 to be credited to your 2023 estimated tax	32	_____
33	Refund (subtract line 32 from line 31)	33	_____

To have your refund direct deposited, enter your banking information below.

Account Type:

Checking  Savings \_\_\_\_\_

Routing number

Account number (use an account not associated with any foreign banks)

I declare that this return is correct and complete to the best of my knowledge and belief.

Authorized Signature	<u>PRESIDENT</u>	Date (MM/DD/YYYY)	<u>651-437-1889</u>
	Title		Daytime Phone
Signature of Preparer	<u>P01950848</u>	<u>08/02/2023</u>	<u>651-437-3356</u>
	PTIN	Date (MM/DD/YYYY)	Preparer's Daytime Phone

**NTURNER@THISOLDHORSE . ORG**

Email Address for Correspondence, if Desired

This email address belongs to (check one)  Employee  Paid Preparer

Attach a complete copy of your federal Form 990-T, 1120-C, 1120-H or 1120-POL and all supporting schedules.

I authorize the Minnesota Department of Revenue to discuss this tax return with the paid preparer listed here.

Mail to: Minnesota Department of Revenue, Mail Station 1257, 600 N. Robert St., St. Paul, MN 55146-1257



# 2022 M4NPI, Income Adjustments, Deductions and Credits

For tax-exempt organizations, cooperatives, homeowners associations, and political organizations with unrelated business income. Refer to *2022 Unrelated Business Income Tax Return Instructions* on our website at [www.revenue.state.mn.us](http://www.revenue.state.mn.us).

**THIS OLD HORSE, INC.**

Name of Organization

**45-4234611**

FEIN

**2462376**

Minnesota Tax ID

**You must round amounts to nearest whole dollar.**

**1** Additions to federal taxable income due to changes not adopted by Minnesota  
**Enter on Form M4NP, line 2 (you must provide a brief explanation below)**

..... **1** \_\_\_\_\_

**2** Subtractions from federal taxable income

- a Advertising revenues from a newspaper published by a section 501(c)(4) organization ..... **2a** \_\_\_\_\_
- b Lawful gambling expenditures under Minnesota Statutes, Chapter 349, not deducted on federal return (refer to instructions, pg. 7) ..... **2b** \_\_\_\_\_
- c Charitable contributions (refer to instructions, pg. 7) ..... **2c** \_\_\_\_\_
- d Subtractions due to federal changes not adopted by Minnesota (you must provide a brief explanation below) ..... **2d** \_\_\_\_\_
- .....
- e Other subtractions from income (you must provide a brief explanation below) ..... **2e** \_\_\_\_\_

Total subtractions (add lines 2a through 2e) **Enter on Form M4NP, line 4.** ..... **2** \_\_\_\_\_

**3** Deductions from taxable net income

- a Federal specific or special deductions ..... **3a** \_\_\_\_\_ **1000**
- b Other deductions (you must provide a brief explanation below) ..... **3b** \_\_\_\_\_

Total deductions from taxable net income (add lines 3a and 3b) ..... **3** \_\_\_\_\_ **1000**

**Enter on Form M4NP, line 9.**

**4** Credits against tax

- a Employer Transit Pass Credit (from Form ETP, line 4) ..... **4a** \_\_\_\_\_
- b SEED Capital Investment Credit (refer to instructions, pg. 7) ..... **4b** \_\_\_\_\_
- c Tax Credit for Owners of Agricultural Assets ..... **4c** \_\_\_\_\_
- d Other credits against tax (you must provide a brief explanation below) ..... **4d** \_\_\_\_\_

Total credits against tax (add lines 4a through 4d) ..... **4** \_\_\_\_\_

**Enter on Form M4NP, line 14.**

**5** Refundable credits

- a Historic Structure Rehabilitation Credit (attach credit certificate) and enter NPS project number ..... **5a** \_\_\_\_\_
- b Other refundable credits (you must provide a brief explanation below) ..... **5b** \_\_\_\_\_

Total refundable credits (add lines 5a and 5b) ..... **5** \_\_\_\_\_

**Enter on Form M4NP, line 18.**