Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year begin		2011 calenda	ar year, or tax year beginning 01/01 , 2011, and end	ing	12/31	, 20 11		
В	Check If ap	eck If applicable: C Name of organization		D En	ployer k	dentification number		
	Address o	change	Save a Forgotten Equine Number and street (or P.O. box, if mail is not delivered to street address) Room/si	[20-5825355			
Ļ	Name cha	ange	E Telephone number					
\vdash	Initial retu		3	60-692-3611				
H	Terminate Amended		City or town, state or country, and ZiP + 4	F Gr	oup Exe	emption		
П		on pending	Silverdale, WA 98383	Ni	ımber	•		
G		ting Method:	✓ Cash	H Check	→	if the organization is not		
	Websit		safehorses.org	1		tach Schedule B		
J	Tax-exen		ck only one) — 🔽 501(c)(3) 🔲 501(c) () ◀ (insert no.) 🗌 4947(a)(1) or 🔲 52	1		0-EZ, or 990-PF).		
_	Check ▶		organization is not a section 509(a)(3) supporting organization or a section 527 orga	nization and	l its aros	s receipts are normally		
	not more		D. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcar		-	-		
			ses to file a return, be sure to file a complete return.		•			
L	Add lines	s 5b, 6c, and 7	b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	assets (Part	li,			
	line 25, c	olumn (B) belo	w) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ §	141,096		
	Part I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see		uction			
_			the organization used Schedule O to respond to any question in this F					
_	1		ns, gifts, grants, and similar amounts received		1	84,238		
	2		ervice revenue including government fees and contracts		2	48,070		
	3	-	p dues and assessments		3	0		
	4	Investment	•		4	0		
	5a	Gross amo	unt from sale of assets other than inventory 5a		0			
	b		or other basis and sales expenses		o			
	C		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0		
	6	•	d fundraising events					
	a	_	ome from gaming (attach Schedule G if greater than					
9					0			
Revenue	ь	Gross inco	me from fundraising events (not including \$ 0 of contrib	utions	-			
Š			aising events reported on line 1) (attach Schedule G if the					
	•		h gross income and contributions exceeds \$15,000) 6b	8,78	8			
	C	Less: direc	t expenses from gaming and fundraising events 6c	1.02				
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b an		_			
					6d	7,768		
	7a	Gross sale	s of inventory, less returns and allowances		0	1,1.55		
	b		of goods sold		0			
	C		t or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	o		
	8	-	nue (describe in Schedule O)		8	0		
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶	9	140,076		
	10	Grants and	similar amounts paid (list in Schedule O)		10	3,050		
	11		iid to or for members		11	0		
V.			her compensation, and employee benefits		12	17,916		
Se	13		al fees and other payments to independent contractors		13	24,380		
Expenses	14		, rent, utilities, and maintenance		14	15,842		
X	15		iblications, postage, and shipping		15	1,378		
	16		16	72,487				
	17		nses (describe in Schedule O)		17	135,053		
	40	Excess or	deficit) for the year (Subtract line 17 from line 9)		18	5,023		
ets	19		or fund balances at beginning of year (from line 27, column (A)) (must			0,020		
SS			r figure reported on prior year's return)		19	31,686		
Net Assets	20	-	ges in net assets or fund balances (explain in Schedule O)		20	0 0		
ž	21		or fund balances at end of year. Combine lines 18 through 20		21	36,709		
_								

Par	t II	Balance Sheets. (see the instructions	for Part II.)				
		Check if the organization used Schedule	O to respond to ar	ny question in this			<u> </u>
					(A) Beginning of year		(B) End of year
22	Casl	n, savings, and investments	· · · · · ·		34,981		37,770
23		d and buildings				23	0
24	Othe	er assets (describe in Schedule O)				24	0
25		ıl assets			34,981		37,770
26					3,295		1,061
27	Net	assets or fund balances (line 27 of column	ı (B) must agree with	n line 21)	31,686	27	36,709
Parl		Statement of Program Service Accom	•		•		Expenses
		Check if the organization used Schedule	·		Part III	(Re	equired for section
What	is the	organization's primary exempt purpose?	See Schedule O, Sta	tement 2			1(c)(3) and 501(c)(4)
Desc	ribe th	e organization's program service accompli	shments for each o	f its three largest of	orogram services.		anizations and section 47(a)(1) trusts; optional
as m	easure	ed by expenses. In a clear and concise mefited, and other relevant information for ea	nanner, describe the			ı	others.)
28	Direct	Intervention Horse Rescue: SAFE acquires ho	orses that are at risk o	of abuse, neglect or	slaughter.		
	These	horses are either purchased by or surrendere	d to SAFE. SAFE pay	s all expenses asso	ciated with the		
	(Conti	nued on Schedule O, Statement 3)					
	(Grant	s \$ 0) If this amount	includes foreign gra	ints, check here .	<u> </u>	28	a 89,063
29	Comn	nunity Outreach Donations: SAFE offers assist	ance to horse owners	s in need. In 2011 SA	AFE financial		
	assist	ed several individuals with veterinary cost and	l humane euthinizatio	n.			
	(Grant	s\$ 0) If this amount	includes foreign gra	nts, check here .	▶ □	29	a 3,050
30							
	(Grant	s\$) If this amount	includes foreign gra	nts, check here .	▶ 🗆	30	a
31	Other	program services (describe in Schedule O)					
	(Grant	s\$ 0) If this amount	includes foreign gra			31	a 0
32		program service expenses (add lines 28a				32	92,113
Part	IV	List of Officers, Directors, Trustees, and Ke	y Employees. List eac	h one even if not cor	npensated. (see the i	nstri	uctions for Part IV.)
		Check if the organization used Schedule	O to respond to ar	ny question in this	Part IV		🗆
		(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-)		Ι.) Estimated amount of other compensation
10:	. T.G		President, 20			+	
	e Taft	Transier DD 30M Cibrondels WA 00202	1	•	0	0	0
		rontier RD NW, Silverdale, WA 98383	Treasurer, 10			+	
Sara		the star Dd ang. Chandala M.S. 00000		•	D	0	0
		rontier Rd NW, Silverdale, WA 98383	Secretary, 10			+	
	Ambei	· **			0	0	0
		rontier Rd NW, Silverdale, WA 98383	Vice President, 10			+	
	Shatos		-	(0	0	0
		rontier Rd, Silverdale, WA 98383	Trustee, 10		 	+	
	nett Pa		1143100, 10		0	0	0
		rontier Rd NW, Silverdale, WA 98383	Development			+	
	ie Han		Director, 40.00	16,05	1	0	0
1223	6 Old F	rontier Rd NW, Silverdale, WA 98383				+	
			-				
						+	
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						+	
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			I	İ	1	- 1	

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi	s Part	V	✓
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	1	
35 _a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	,	1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		_
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			430
b	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed. ► WA			
42a	The organization's books are in care of ▶ Bonnie Hammond Telephone no. ▶	206-33	1-0006	 }
	Located at ► 12236 Old Frontier Rd, Silverdale, WA 98383 ZIP + 4 ►	983		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		√
	If "Yes," enter the name of the foreign country: ▶		170	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		.)	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
44	Did the appealant as a state of the state of		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
C	Did the organization receive any payments for indoor tanning services during the year?	44c		√
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	76 H		
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		1

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

								Y	es No	,
46	Did to c	the organization engage, directly or in andidates for public office? If "Yes,"	ndirectly, in political c complete Schedule C	ampaign activities o	on behalf of	or in opposi	tion	46		,
Part		Section 501(c)(3) organizations							_ √	-
		501(c)(3) organizations and secti								
		and 52, and complete the tables								
		Check if the organization used Sc	hedule O to respond	I to any question in	this Part \	<u>/I</u>	<u> </u>	<u>· · · · · · · · · · · · · · · · · · · </u>	. , C	<u>]</u>
47	רויין ו	the eventualities are as in label, it is			6 861		. г	Y	es No)
47		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								,
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E								- V	<i>-</i>
49a		he organization make any transfers to					· -	48 49a	 	<i>,</i> -
b	If "Ye	es," was the related organization a se	ection 527 organizatio	on?			. 7	49b		_
50	Com	plete this table for the organization's	five highest compen	sated employees (o	ther than o	fficers, direct	tors, tr	ustees	and ke	ر:
	emp	loyees) who each received more than	\$100,000 of comper	nsation from the org			e, ente	<u>r "Non</u>	ie."	_
	(a) N	lame and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MiSC	contributto benefit piai	alth benefits, ans to employee as, and deferred pensation) Estimated amount o other compensation		
None					-					-
										_
		Paradesia								-
f		number of other employees paid over	•							
51	Com \$100	plete this table for the organization' ,000 of compensation from the orga	s five highest compe nization. If there is no	ensated independen ne, enter "None."	t contracto	ors who each	ı recei	ved mo	ore tha	r
(a)	Name a	and address of each independent contractor pai	id more than \$100,000	(b) Type of se	rvice	(c)	Compe	nsation		
None		#Pastinghouttamon inc								-
										_
			<u></u>							_
										-
										_
		number of other independent contra	•	•	. ▶					
52		he organization complete Schedule A xempt charitable trusts must attach a			s and 4947 · · · ·		▶ ▽ '	Vac [∃ Na	
Under pe true, con	enalties	of perjury, I declare that I have examined this rid complete. Declaration of preparer (other than	eturn, inciuding accompany	ing schedules and statem	nents, and to t	he hest of my kn			No elief, It is	
	T			18 80 1 1 2						-
Sign		Signature of officer	-		D	ate				
Here		Bonnie Hammond, Development D Type or print name and title	irector	30.50 - 5-1						_
Paid		Print/Type preparer's name	Preparer's signature	>	ate	Check 🗸	if PT	iN		
Prepa	arer	Amy Swenson	1 XB		10/24/1	z self-employ		P0074	2775	
Use C		Firm's name Peninsula Fiduciary \$				irm's EIN ▶				_
May th	2 IDC	Firm's address ▶ 8155 NE Husky Lane, discuss this return with the preparer		netructione	P	hone no.	206-5 ► ✓ Y	595-537		_
viuy ui	- " 10	areas and remain with the highlight	PIONIL SPONG: ORG II	IOLIUUUIO			- 🔻	res	No	

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury internal Revenue Service Name of the organization

Save a Forgotten Equine

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Employer Identification number

20-5825355

	Reason	for Public Ch	arity Status (All org	anizatio	ns must	comple	te this pa	art.) See	instructi	ons.
1ne	organization is no	t a private found	dation because it is: (F	or lines 1	through	11, chec	k only on	e box.)		
	 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 									
3	A hospital or	a cooperative h	ospital service organiz	acii ociie:	uule E.) scribed in	soction	170/b)/1	\/A\/:::\		
4	A medical res	search organizat	tion operated in conju	nction wi	th a hospi	ital desci	ibed in s)(A)(III). ection 17	70/h\/1\/A	Viii) Enter the
	nospital's nai	me, city, and sta	ite:							
5	An organization section 170(ion operated for b)(1)(A)(iv). (Cor	r the benefit of a colle inplete Part II.)	ege or ur	niversity o	owned or	operate	d by a go	overnmen	tal unit described in
6 7	✓ An organizati	on that normally	ernment or governmen y receives a substanti 1)(A)(vi). (Complete Pa	al part of	escribed f its supp	in sectio ort from	n 170(b)(a govern	(1)(A)(v). emental u	nit or froi	n the general public
8	A community	trust described	in section 170(b)(1)(A	A)(vi). (Co	mplete P	art II.)				
9	support from	activities relate gross investm	y receives: (1) more the dot its exempt function income and unreafter June 30, 1975. S	tions—su elated bu	ubject to usiness ta	certain e axable in	exception come (le	s, and (2	no mor	e than 331/2% of ite
10	An organization	on organized an	d operated exclusively	y to test f	or public	safety. S	ee sectio	on 509(a)	(4).	
11	☐ An organizati purposes of 6 509(a)(3). Che	on organized a one or more pu eck the box that	and operated exclusive blicly supported orgation describes the type of	ely for t	he benef describe	it of, to ed in sec	perform tion 509(a	the func a)(1) or s	tions of, ection 50	9(a)(2) See section
	a Type I		Type II c	□ Туре	e III-Funct	tionally ir	ntegrated		d [Type III-Other
е	☐ By checking to other than for or section 509	undation manag	that the organization ers and other than on	is not co e or mor	ontrolled or e publicly	directly o	r indirectl ted organ	ly by one lizations (or more described	disqualified persons I in section 509(a)(1)
f	If the organiz	ation received	a written determinati	on from	the IRS	that it is	а Туре	I, Type	ll, or Typ	e III supporting
9		17, 2006, has	the organization acce			ontributio	on from a	any of the	· · ·	
	(i) A person	who directly or	indirectly controls, eit	her alone	or toget	her with	persons	describe	d in (ii) ar	
			on described in (i) abo						• • •	11g(i) 11g(ii)
	(iii) A 35% co	ntrolled entity of	a person described in	i) or (ii)	above? .				• • •	11g(iii)
h	Provide the fo	llowing informat	ion about the support	ed organ	ization(s).			• • •	• • •	119(111)
(I) Name of supported organization				(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
				Yes	No	Yes	No	Yes	No	
(A)										
(B)										
(C)										
(D)										
(E)										
Total										

Pai	t II Support Schedule for Organiz	ations Doser	ibad in Cast	470/l-\/d	VAVC V	=0 (1)(1)(1)(1)	, ago i
		the boy on line	ibea in Sect	ions 1/U(b)(1)(A)(iv) and 1	70(b)(1)(A)(vi	i)
	(Complete only if you checked to	ne nov on litte	3 0, 7, Or 8 Of	Part I or II the	e organizatio	n failed to qui	alify under
Sec	Part III. If the organization fails t tion A. Public Support	o quality unde	er the tests is	sted below, p	lease comple	te Part III.)	
	endar year (or fiscal year beginning in)	(a) 0007	/h-) 0000	() 0000			
1	010	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
•	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	_	17,808	94,216	36,206	48,748	84,238	281,216
_	Tax revenues levied for the organization's benefit and either paid	1					
	to or expended on its behalf						
3	The value of services or facilities						
·	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	47.000					
		17,808	94,216	36,206	48,748	84,238	281,216
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the amount			Service district			
	shown on line 11, column (f)			Proceedings.			
6	Public support. Subtract line 5 from line 4.						
Sect	ion B. Total Support						281,216
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(4) 0010	(-) 0044	
7	Amounts from line 4	17,808	94,216		(d) 2010	(e) 2011	(f) Total
8	Gross income from interest, dividends,	17,000	54,210	36,206	48,748	84,238	281,216
_	payments received on securities loans,						
	rents, royalties and income from similar						
	sources		132	13			
9	Net income from unrelated business		102		3	0	148
	activities, whether or not the business				[
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)			23,184	23,283	55,837	102 204
11	Total support. Add lines 7 through 10	Kenta Harris		ALCOHOLD TO SERVICE	23,203	33,037	102,304 383,668
12	Gross receipts from related activities, etc.	(see instruction	ns)			12	
13	First five years. If the Form 990 is for th	e organization'	s first, second	, third, fourth,	or fifth tax ve	ar as a section	501(c)(3)
	organization, check this box and stop her	re					▶ □
Secti	on C. Computation of Public Suppor	t Percentage					
14	Public support percentage for 2011 (line 6	, column (f) divi	ided by line 11	, column (f))		14	73.3 %
15	Public support percentage from 2010 Sch	edule A, Part II.	. line 14		Г	15	AA 0/-
16a	331/3% support test—2011. If the organiz	ation did not cl	heck the box o	n line 13, and	line 14 is 331/2	% or more, che	ack this
	box and stop nere. The organization quali	ifies as a public	ly supported o	organization .			. ▶ 🖂
b	331/3% support test-2010. If the organ	ization did not	check a box	on line 13 or 1	16a, and line	15 is 33 ¹ /3% o	r more.
	check this box and stop nere. The organiz	zation qualifies	as a publicly s	upported orga	nization .		. ▶ □
17a	10%-facts-and-circumstances test—20	11. If the organ	ization did not	check a box o	n line 13, 16a.	or 16b, and lin	no 14 ic
	10% or more, and if the organization mee	ets the "facts-ar	nd-circumstan	ces" test, chec	k this box and	ston here Ev	nlain in
	Part IV now the organization meets the "fa	acts-and-circum	nstances" test.	The organizat	ion qualifies as	a publicly sup	ported
	organization						. ▶ □
b	10%-facts-and-circumstances test—20	10. If the organ	ization did not	check a box o	on line 13. 16a	. 16b. or 17a a	and line
	is is 10% or inore, and if the organization	on meets the '	'tacts-and-circ	umetancee" te	et chack this	hay and star	have
	Explain in Part IV now the organization me	ets the "facts-a	and-circumsta	nces" test. The	organization	qualifies as a r	publicly
40	supported organization						. ▶ □
18	Private foundation. If the organization did	I not check a bo	ox on line 13, 1	6a, 16b, 17a,	or 17b, check	this box and se	ee =

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

(0	
(COMplete only it you checked the	pox on line 9 of Part I or if the organization failed to qualify under Part II.
(South of the checked tile	JON OIL HITE & OI PAIL I OF IT THE OFGANIZATION TAILED TO GUALITY LINDER PORT II
If all the state of the state o	and to quality under tall it.
If the organization tails to qualify ur	der the tests listed below please complete Part II)
" " " U U Garneador Talis lo quality ui	uel lue lesis listeu nelow, niesse complete Port II)

Sec	ction A. Public Support	, under the te	sis listed Del	ow, please c	omplete Part	11.)	
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	/6 Total
1	Gifts, grants, contributions, and membership fees	(4) 2007	(5) 2000	(0) 2003	(4) 2010	(e) 2011	(f) Total
	received. (Do not include any "unusual grants.")	ĺ					
2	Gross receipts from admissions, merchandise		 			<u> </u>	
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose	1					
3	Gross receipts from activities that are not an				 		
	unrelated trade or business under section 513			}			ļ
4	Tax revenues levied for the		-			l	
•	organization's benefit and either paid		ĺ				
	to or expended on its behalf	i		1			
5	The value of services or facilities	<u> </u>					
_	furnished by a governmental unit to the	İ			ł		
	organization without charge						
6	Total. Add lines 1 through 5		<u> </u>			·	
7a							
	received from disqualified persons .						
h	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		ĺ				
С							
8	Public support (Subtract line 7c from						
	line 6.)						
Sect	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(=) 0011	(6 T-1-1
9	Amounts from line 6	(4) 2007	(6) 2000	(6) 2009	(u) 2010	(e) 2011	(f) Total
10a						-	
	payments received on securities loans, rents,		į				
	royalties and income from similar sources .			i			
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	İ					
	acquired after June 30, 1975				1		
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether				i		
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)		j				
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	e organization'	s first, second	, third, fourth,	or fifth tax yea	ar as a section	n 501(c)(3)
	organization, check this box and stop her	e			<u> </u>		`▶ □
	on C. Computation of Public Support	Percentage	}				
15	Public support percentage for 2011 (line 8	, column (f) div	ided by line 13	, column (f))		15	%
16	Public support percentage from 2010 Sch	edule A, Part II	l, line 15		<u> </u>	16	%
Secti	on D. Computation of investment inc	ome Percen	tage				
17 10	Investment income percentage for 2011 (li	ne 10c, column	n (f) divided by	line 13, colum	n (f))	17	%
18	Investment income percentage from 2010	Schedule A, Pa	art III, line 17.			18	04
19a	331/3% support tests—2011. If the organiz	ation did not d	check the box	on line 14, and	d line 15 is mo	re than 331/3%	, and line
a.	17 is not more than 331/3%, check this box a	na stop nere. T	ne organization	n qualifies as a	publicly suppor	ted organizatio	on . ▶ 🖂
b	331/3% support tests—2010. If the organiza	tion did not che	eck a box on lir	ne 14 or line 19	a, and line 16 i	s more than 33	3 ¹ /3%, and
20	line 18 is not more than 331/3%, check this be	x and stop he	re. The organiza	ation qualifies a	as a publicly sur	oported organiz	zation 🕨 🔲
20	Private foundation. If the organization did	not check a be	ox on line 14, 1	19a, or 19b, ch	eck this box a	nd see instruc	tions 🕨 🔲

raitiv	Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).								
General Ex	eneral Explanation - Adoption fees, restitution payments, clinics etc								

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Save a Forgotten Equine	Limployer identification number
	20-5825355
Form 990-EZ, Part I, Line 10 - Gelding clinics, Private Euthanization, donation to other rescue organ	izations
Form 990-EZ, Part I, Line 16 - Cost to care for horses, including hay, supplies, training, foster care s	**************************************
expenses, staff educations, credit card charges, community outrood, \$5,000,000 Persons of the	tipends etc. \$49,022 Various office
expenses, staff educations, credit card charges, community outread: \$5,852.00 Benefit Show: 11,10 stalls and barn: 6511.	2. Cost to repair and ready new horse
Sans and Dam. 0511.	

Form 990-EZ, Part II, Line 26 - Accounts payable \$1060.59	
Tom 350-E2, Part II, Line 26 - Accounts payable \$1060.59	
Form 900 E7 Dort V Line 24 New but have a second at the control of	
Form 990-EZ, Part V, Line 34 - New by laws were adopted on 08/30/11	

Schedule O, Statement 1

Save a Forgotten Equine 20-5825355

Form: 990-EZ Page: 1

Line Number:

Reasonable Cause Explanations

Explanation

Due to an abnormally large number of intake of horses, additional time was needed to complete an accurate return.

Schedule O, Statement 2

Form: 990-**E**Z

Page: 2

Line Number: Part III

Save a Forgotten Equine 20-5825355

Primary Exempt Purpose

Primary Exempt Purpose

SAFE strives to make a difference in the lives of forgotten, abandoned and at risk equines through direct intervention, education, and community outreach. SAFE stresses the importance of owner responsibility. We operate at the highest level of integrity, honesty, professionalism and compassion.

Schedule O, Statement 3

Form: 990-**E**Z

Page: 2

Line Number: Part III Line 28

Save a Forgotten Equine 20-5825355

First Program Service Accomplishments Description

Description

upkeep and rehabilitation of these horses, including feed, veterinary care, farrier care, boarding and training. Once the horses are ready for adoption, SAFE offers them for adoption to pre-screened approved and qualified homes. Contact is maintained with the adopters to ensure that each horse is being properly cared for. In 2011 SAFE took in 23 horses and found homes for 18 horses.