Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Department of the Treasury Do not enter social security numbers on this form as it may be made public.								Open to Public				
	Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.								Inspection			
			ar year, or tax year begin		, 2022, ar			, 20				
B c	heck if a	pplicable:		D Employer identification numbe								
ΠA	ddress c	hange	Doing business as	ancing Horse, Inc						56-1479794		
Πĸ	ame cha								Telephone number			
Ir	nitial retu	rn	PO Box 327							(910)281-3223		
ΠF	inal retur	n/terminated		country, and ZIP or foreign postal code	1			G		receipts		
П А	mended	return	Southern Pines					\$		365,503		
П а	oplicatio	n pending	F Name and address of principal				H(a) Is this a g					
		H(b) Are all sub-										
ГТ	ax-exem	pt status: X	501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527		.,			See instructions		
	/ebsite:		.prancing-horse.c				H(c) Group e					
					_ Year of formatio	n: 198				domicile: NC		
Pa	_	Summar							n logal			
I u				on or most significant activities: The	mission	of Pr	ancing M	Jor	20	is to enhance		
	·	2	e e	adults with diverse cogni								
e				ent for therapeutic horsen			ar and <u>r</u>	JIIY	BIC	at needs by		
and		providin	g a sale environm	ent for therapeutic horsen	lenship.							
err	2	Chook this h		iscontinued its operations or disposed of	more then 250	/ of ito	not oppoto					
Governance								.	.	-		
	3			rning body (Part VI, line 1a)					3	7		
Activities &	4		-	s of the governing body (Part VI, line 1b)					4	0		
iviti				calendar year 2022 (Part V, line 2a) .					5	11		
Act	6		Total number of volunteers (estimate if necessary)						6	50		
-		Total unrelated business revenue from Part VIII, column (C), line 12							'a	0		
	b	Net unrelate	d business taxable income	from Form 990-T, Part I, line 11		•••		7	'b	0		
				Prior Year			Current Year					
	8						246	6,156 287,				
anu	9	-		e 2g)			63	,93	35	76,743		
Revenue	10	Investment in	ncome (Part VIII, column (A	A), lines 3, 4, and 7d) \ldots				5	58	58		
Re	11	Other revenu	ue (Part VIII, column (A), lir	les 5, 6d, 8c, 9c, 10c, and 11e)			26	,39	98	1,661		
	12	Total revenu	tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)						336,547 36			
	13	Grants and s	similar amounts paid (Part I	X, column (A), lines 1-3)						0		
	14	Benefits paid	d to or for members (Part I)	K, column (A), line 4)					0			
	15	Salaries, oth	er compensation, employee	e benefits (Part IX, column (A), lines 5-10)			102	,92	23	134,301		
Expenses	16a	Professional	fundraising fees (Part IX, o	column (A), line 11e)						0		
iei i	b	Total fundrai	sing expenses (Part IX, col	umn (D), line 25)	23,107							
Ă	17	Other expen	ses (Part IX, column (A), lir	nes 11a-11d, 11f-24e)			142	,55	56	217,595		
	18						245,479			351,896		
	19								58	13,607		
- 8					В			nt Ye	ar	End of Year		
ets o anci	20	Total assets	(Part X, line 16)				1,256	,16	56	1,269,940		
Asse	21	Total liabilitie	es (Part X, line 26)					,61		1,786		
Net Assets or Fund Balances	22									1,268,154		
Pa												
Unde	r penaltie	es of perjury, I de	clare that I have examined this retu	rn, including accompanying schedules and statements		of my know	vledge and beli	ef, it i	s			
true,	correct, a	and complete. De	claration of preparer (other than off	cer) is based on all information of which preparer has	any knowledge.							
		Judy Lewis										
Sig	n İ	Signature of officer							Date			
Her												
i ier	-	Judy Lewis, Treasurer Type or print name and title										
			eparer's name	Preparer's signature	Date		Ob a st		:4 F	PTIN		
Paid	4						Check					
			J Price		03-20-202		self-emp	noyed	1	P00996188		
	parer			e CPA Group, P.C.			irm's EIN					
use	Only	Firm's addres	s 5 Lenoir Court Phone no.									

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Pinehurst NC 28374

X Yes

630-561-5821

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Form 8879-T

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

2022

For calendar year 2022, or fiscal year beginning

, 2022, and ending

, 20

Department of the Treasury	Do not send to the IRS. Keep for your records.	
Internal Revenue Service	Go to www.irs.gov/Form8879TE for the latest information.	
Name of filer		EIN or SSN

56-1479794

Prancing Horse, Inc Name and title of officer or person subject to tax

Judy Lewis, Treasurer

Fall	і тур	e of Return	anu r	verum i	mormation					
8038-Cl 3a, 4a, 5 3b, 4b,	P and Form 5a, 6a, 7a, 8a 5b, 6b, 7b, 8	5330 filers may e a, 9a, or 10a belo	enter dol ow, and ' /hicheve	llars and c the amour r is applica	his Form 8879-TE and en ents. For all other forms, en at on that line for the return able, blank (do not enter -0- line in Part I.	nter whole dol being filed wit	lars only. If you cho h this form was bla	eck the box on line 1 ink, then leave line 1	a, 2a, b, 2b,	
1a	Form 990 o	check here		хb	Total revenue, if any (For	n 990. Part V	III. column (A). line	. 12)	. 1b	365,50
2a	Form 990-I	EZ check here			Total revenue, if any (For					
3a	Form 1120	-POL check here	е	=	Total tax (Form 1120-POL		,			
4a		PF check here		=	Tax based on investmen					
5a		check here		=	Balance due (Form 8868,	•		. ,	terror terror terror	
6a		T check here		=	Total tax (Form 990-T, Pa	,				
7a		check here		_	Total tax (Form 4720, Par	, ,				
8a	Form 5227			_	FMV of assets at end of	. ,				
9a		check here		_	Tax due (Form 5330, Part					
10a		-CP check here		=	Amount of credit payme	. ,			10b	
Part					Authorization of Off		· · · ·	, ,		
Under p		erjury, I declare			im an officer of the above		Constant of the local division of the local	n subject to tax with	respect to (n	ame
of entity	•	- ,- , ,				, (EIN)		and that I have exa		
complet ntermed acknowi he date direct c return, a 1-888-3 process he payr electron	e. I further d diate service ledgement of e of any refur lebit) entry to and the finan 53-4537 no ing of the ele ment. I have ic funds with	leclare that the a provider, transm f receipt or reasond. If applicable, the financial institution to later than 2 busi ectronic payment selected a person drawal.	amount i nitter, or on for rej l author stitution debit th ness da at of taxe	n Part I al electronic ection of the rize the U account i ne entry to nys prior to es to recei	and statements, and, to the pove is the amount shown return originator (ERO) to the transmission, (b) the real S. Treasury and its design indicated in the tax prepara this account. To revoke a b the payment (settlement) ve confidential information number (PIN) as my sign	on the copy of send the return ison for any di lated Financia tition software payment, I m date. I also a necessary to	of the electronic re in to the IRS and to elay in processing al Agent to initiate a for payment of the just contact the U. juthorize the finance o answer inquiries	turn. I consent to all o receive from the IR the return or refund, an electronic funds v e federal taxes oweo S. Treasury Financia cial institutions involv and resolve issues i	ow my S (a) an and (c) withdrawal d on this al Agent at ved in the related to	
	eck one bo									
XI	authorize	The Price	e CPA	Group	, P.C.		to enter my PIN	12345	as my sig	gnature
				ERO	firm name			Enter five numbers do not enter all zer		
a	gency(ies) re		es as pa		lf I have indicated within th RS Fed/State program, I a					

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Part III Certification and Auth/entication	Date 02-16-2023
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	_152387 11493
I certify that the above numeric entry is my PIN, which is my signature on to am submitting this return in accordance with the requirements of Pub. 4163 , Providers for Business Returns.	•
ERO's signature	Date 03-02-2023

Do Not Submit This Form to the IRS Unless Requested To Do So

	00 0
Form	330

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Form 990 (2022)

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.

Open to Public Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection For the 2022 calendar year, or tax year beginning Α 2022, and ending . 20 R Check if applicable: C Name of organization Prancing Horse, D Employer identification number Inc Address change 56-1479794 Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Initial return (910) 281-3223 PO Box 327 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Southern Pines, NC 28388 Amended return 365 503 Application pending X No F Name and address of principal officer H(a) Is this a group return for subordinates? Yes H(b) Are all subordinates included? Yes No. **X** 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions Tax-exempt status: H(c) Group exemption number Website: www.prancing-horse.org .1 X Corporation Trust Association Form of organization: Other L Year of formation: 1986 M State of legal domicile: NC Part I Summary 1 Briefly describe the organization's mission or most significant activities: The mission of Prancing Horse is to enhance the lives of children and adults with diverse cognitive, emotional and physical needs by Activities & Governance providing a safe environment for therapeutic horsemenship Check this box T if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 Number of voting members of the governing body (Part VI, line 1a) 3 3 . . . 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 5 11 Total number of volunteers (estimate if necessary) 6 6 50 Total unrelated business revenue from Part VIII, column (C), line 12 7a 7a 0 Net unrelated business taxable income from Form 990-T, Part I, line 11 7b b 0 Prior Year Current Year Contributions and grants (Part VIII, line 1h) 8 246,156 287,041 Revenue 9 Program service revenue (Part VIII, line 2g) 63,935 76,743 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 58 58 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 26,398 1,661 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 336,547 365,503 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 102,923 134,301 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 **b** Total fundraising expenses (Part IX, column (D), line 25) 23,107 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 142,556 217,595 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 245,479 351,896 19 Revenue less expenses. Subtract line 18 from line 12 91,068 13,607 or Beginning of Current Year End of Year Net Assets of Fund Balanc Total assets (Part X, line 16) 20 1,256,166 1,269,940 21 Total liabilities (Part X, line 26) 1,619 1,786 22 Net assets or fund balances. Subtract line 21 from line 20 1,254,547 1,268,154 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. 3/13/23 Judy Lewis Sign Signature of office Date

Here	re Judy Lewis, Treasurer										
	Type or print name and title										
	Print/Type preparer's name		Preparer's signature		Date		Check if PTIN				
Paid	Jeffrey J Price			03-02-2023			self-employed	P00996188			
Preparer		The Pric	e CPA Group, P.C.			Firm's	EIN				
Use Only	Firm's address	ddress 5 Lenoir Court				Phone	no.				
1. S. 1	Pinehurst NC 28374						630-561-5821				
May the IRS	discuss this return with t	he preparer sho	wn above? See instructions					X Yes	No		

For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2022) Prancing Horse, Inc 56-1479794 Page
Pa	rt 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:
	The mission of Prancing Horse is to enhance the lives of children and adults with diverse
	cognitive, emotional and physical needs by providing a safe environment for therapeutic
	horsemenship.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
3	services?
	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 \$ 307,899 including grants of \$) (Revenue \$ 76,743)
	To enhance the lives of children and adults with diverse cognitive, emotional and physical need
	by providing a safe environment for therapeutic horsemenship.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
чи	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 307,899
EEA	Form 990 (202

	1990 (2022) Prancing Horse, Inc 56-1479	794	P	Page 3
Pa	rt IV Checklist of Required Schedules			1
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
~	complete Schedule A	1	X	
2		2	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	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
F	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,	-		
c	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III.	5		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	6		v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		x
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		v
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	-		X
0	complete Schedule D, Part III	8		v
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	0		X
9				
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		v
10		9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		77
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		X
	VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	complete Schedule D, Part VI	11a	v	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	TIA	x	
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		v
~	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more	110		х
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		v
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	TIC		х
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		v
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	TIE		~
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			~
120	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		~
N N	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1.0		
~	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	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	- 1.0		
10	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		л
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			-
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
	If "Yes," complete Schedule G, Part III.	19		x
20 a	· · · · · · · · · · · · · · · · · · ·	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this reture?	20a		л
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Form 990 (2022)

Form	990 (2022) Prancing Horse, Inc 56-1479	794	F	Page 4
Pa	rt 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? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		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? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a.	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	040		
لم	to defease any tax-exempt bonds?	24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		
b	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	254		x
D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II.	26		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? If "Yes," complete Schedule L, Part III	27		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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		х
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? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
~=	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38		
Der		30	X	L
Par	t 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
1-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	INO
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1c Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 1c	-		
c c	Did the organization comply with backup withholding rules for reportable payments to vendors and	-		
U	reportable gaming (gambling) winnings to prize winners?	1c	x	
			~ 000	(2022)

	990 (2022) Prancing Horse, Inc 56-1479	794	F	Page 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	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 2a 1	L		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	-		
	and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		
d	If "Yes," indicate the number of Forms 8282 filed during the year. 7d	7c		x
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		v
e f	Did the organization, during the year, pay premiums, directly or indirectly, or a personal benefit contract?	7e 7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		x x
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		x
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		x
9	Sponsoring organizations maintaining donor advised funds.	-		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		x
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		x
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	_		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	_		
C	Enter the amount of reserves on hand	4.4-		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule Q</i>	14b		
15	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?	15		v
	excess parachute payment(s) during the year?	15		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
10	If "Yes," complete Form 4720, Schedule O.	10		^
17	Section 501(c)(21) organizations. Did the trust, or any 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?	17		
	If "Yes," complete Form 6069.			

Forr	n 990 (2022) Prancing Horse, Inc 56-1479	794	F	Page 6
Pa	ITT VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	ora "No	"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruct	ions.		
	Check if Schedule O contains a response or note to any line in this Part VI			х
Sec	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	7		
	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	Enter the number of voting members included in line 1a, above, who are independent 1b	0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	_		
	any other officer, director, trustee, or key employee?	2	x	
3	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?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	-		
<i>i</i> u	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	74		
D	stockholders, or persons other than the governing body?	7b		v
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	10		x
0				
•	the year by the following:	80	v	
a L	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
800	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Vac	Na
10-	Did the extension have least charters branches as effiliates?	100	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	104		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		x
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	10		
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13.</i>	12a		х
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
40	describe on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		х
14	Did the organization have a written document retention and destruction policy?	14		x
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		х
b	Other officers or key employees of the organization	15b		x
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed North Carolina			
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.			
	X Own website Image: Another's website Image: Upon request Image: 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.			
	Nancy Piscopo (910)281-3223, PO Box 327, Southern Pines, NC 28388			

Form 990 (2022) Prancing Horse, Inc	56-1479794	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest C	ompensated Employe	es, 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 E	Employees	
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with	n or within the	
organization's tax year.		
• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardle	ess 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 the 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 instructions for the order in which to list the persons above.

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

	lated organizat		npone		C)	ly our	on					
				Pos								
(A)	(B)	(B) (do n				an one		(D)	(E)	(F)		
Name and title	Average hours		box, unless person is both an Reportable Reportable						Reportable compensation	Estimated amount of other		
	per week	office	er and a	a dire	ector/1	trustee)		from the	from related	compensation		
	(list any	0 =	_	4	7	ω т	т	organization (W-2/	organizations (W-2/	from the		
	hours for	r dir	nstitu	Officer	(ey e	inpl	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations		
	related	dual ecto	ution	۳	ldu	est c	er	1095-1120)	1099-NEC)	Telated organizations		
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee						
	below dotted line)	tee	Jstee			ensa						
	dottod intoj		Ű			ated						
(1) Nancy Piscopo	5.00											
Director		х						0	0	0		
(2) Bill Lewis	1.00											
Director		x						0	0	0		
(3) Collen Dolgan	1.00											
Secretary				х				0	0	0		
(4) Judy Lewis	1.00											
Treasurer				х				0	0	0		
(5) Elba Baker	1.00											
President				х				0	0	0		
(6) Molly Rowell	1.00											
Vice President				x				0	0	0		
(7) Kathy Johnson	1.00											
Corresponding Secretary				x				0	0	0		
(8)												
(9)												
(10)												
(11)												
(12)												
(13)												
<u>(14)</u>												
										Fam. 000 (0000)		

	990 (2022) Prancing Horse, I										6-1479			age 8
Part	VII Section A. Officers, Directors, T	rustees,	Key E	Emp			s, an	hd F	lighest Comp	ensated	Emplo	oyees	(conti	inued,
	(A) Name and title	(B) Average hours per week	box,	unles	Pos eck m ss per	son is	nan one s both ai /trustee)	n	(D) Reportable compensation from the organization (W-2/	(E) Reporta compensa from rela organizatior	able ation ated	cor	(F) ated amo of other npensati rom the	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MI 1099-NE	ISC/	orga	nization a	
<u>(15)</u>														
(16)														
(17)														
(18)														
<u>(19)</u>														
(20)														
(23)														
(24)														
(25)														
1b	Subtotal		•••	••	•••	•••	•••	•						
c d	Total from continuation sheets to Part VII, Sect Total (add lines 1b and 1c)		••••	•••	•••	•••	• • • • • •	•	0		0			0
2	Total number of individuals (including but not limit reportable compensation from the organization								ore than \$100,000	of			Yes	0 No
3	Did the organization list any former officer, direc employee on line 1a? <i>If "Yes," complete Schedu</i>		-				-					3	163	x
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater th	eportable co	mpensa	ation	and	othe	er com	npen	sation from the					A
	individual			•••		•••						4		x
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes			-			-					5		x
	on B. Independent Contractors													
1	Complete this table for your five highest compensa compensation from the organization. Report comp										ax vear.			
	(A) Name and business addres								(B) Description of servic			(C) Compens	ation	
2	Total number of independent contractors (includin received more than \$100,000 of compensation fro	-		thos	e lis	ted a	above) wh	10					

Form 99		22) Pranc Statement of Rev		Horse,	Inc				56-14797	94 Page
Part	VIII	1				ata ta any lina in thia				
		Check if Schedule O co	ontair	is a response	or n	ote to any line in this	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .			1a					
<i>6</i> 0	b	Membership dues		[1b					
Contributions, Gifts, Grants and Other Similar Amounts	с	Fundraising events		[1c	98,336				
°, G	d	Related organizations .			1d					
Gifts Iar A	е	J		-	1e					
ns, Simi	f	All other contributions, gif	-							
Jer (and similar amounts not in		-	1f	188,705				
d I I	g	Noncash contributions inc			1g	¢				
and Co	h	Total. Add lines 1a-1f		L	_		287,041			
	- "		••	• • • • • • •	••	Business Code	207,041			
	2a	Tack Shop Sales				453310	42,074	42,074		
		Lessons				900099	34,669	34,669		
Jue	c									
Revenue	d									
, č	е									
		All other program service								
	g	Total. Add lines 2a-2f .	••		••		76,743			
	3	Investment income (includi								
		other similar amounts) . Income from investment of				-	58	58		
	4	Royalties		•	-	-				
	5			(i) Real	••	(ii) Personal				
	62	Gross rents	6a	(I) Real		(II) Fersonal				
		Less: rental expenses	6b							
		Rental income or (loss)	6c							
	d	Net rental income or (loss)								
	7a	Gross amount from		(i) Securities	6	(ii) Other				
		sales of assets								
		other than inventory	7a							
	b	Less: cost or other basis	_							
nue		and sales expenses								
evel		Gain or (loss)				-				
Ř		Net gain or (loss) Gross income from fundra								
Other Revenue		events (not including \$	ISING	98,336						
0		of contributions reported o	n line							
		1c). See Part IV, line 18			8a					
	b	Less: direct expenses .			8b					
	c	Net income or (loss) from	fundr	aising events	_ .					
	9a	Gross income from gaming	-							
		activities, See Part IV, line			9a					
		Less: direct expenses .			9b					
		Net income or (loss) from	-	ng activities	••					
	10a	Gross sales of inventory, I returns and allowances .			10a					
	Ь	Less: cost of goods sold			100					
		Net income or (loss) from								
		()				Business Code				
3	11a									
Jue	b									
Revenue	c	Other				900099	1,661			1,6
Ř		All other revenue								
-		Total. Add lines 11a-11d					1,661			
	12	Total revenue. See instru	ction	ns			365,503	76,801	0	1,60

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).

All other organizations must complete column (A)

	Check if Schedule O contains a response or note to a not include amounts reported on lines 6b, 7b,	any line in this Part IX (A)	(B)	(C)	
	•	Total expenses	Program service	Management and	Fundraising
<u>80, s</u> 1	Ob, and 10b of Part VIII. Grants and other assistance to domestic organizations		expenses	general expenses	expenses
2	and domestic governments. See Part IV, line 21 Grants and other assistance to domestic				
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
5	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	122,155	122,155		
8	Pension plan accruals and contributions (include	,			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	12,146	12,146		
11	Fees for services (nonemployees):		•		
а	Management	1,008		1,008	
b	Legal				
с	Accounting	500		500	
d	Lobbying				
е	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	11,070	6,122	796	4,152
13	Office expenses	8,347		8,347	
14	Information technology				
15	Royalties				
16	Occupancy	8,200	7,200		1,000
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,131	2,131		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	33,228	33,228		
23		11,734	10,659	350	725
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.)				
а	Farm expense	60,343	59,785	558	
b	Horse maintenance	49,020	49,020		
С	Utilities	8,006		8,006	
d	Supplies	1,528	506		1,022
е	All other expenses	22,480	4,947	1,325	16,208
25	Total functional expenses. Add lines 1 through 24e.	351,896	307,899	20,890	23,107
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 if				
	following SOP 98-2 (ASC 958-720)				

56-1479794

	990 (20	, , , , , , , , , , , , , , , , , , , ,			5	6-147	9794 Page 11
Part	: X	Balance Sheet					
		Check if Schedule O contains a response or note	e to ar	iy line in this Part X	(A)	· · · ·	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			88,435	1	97,366
	2	Savings and temporary cash investments		F	510,680	2	547,638
	3	Pledges and grants receivable, net		F	510,000	3	547,050
	4	Accounts receivable, net		F	566	4	1,679
	5	Loans and other receivables from any current or former			500		1,075
	•	trustee, key employee, creator or founder, substantial co					
		controlled entity or family member of any of these perso				5	
	6	Loans and other receivables from other disqualified pers		- F			
	•	under section 4958(f)(1)), and persons described in sec				6	
	7	Notes and loans receivable, net		- · · · · · ·		7	
Assets	8	Inventories for sale or use		F		8	
Ass	9	Prepaid expenses and deferred charges		F		9	
	10a	Land, buildings, and equipment: cost or other				-	
		basis. Complete Part VI of Schedule D	10a	789,191			
	b	Less: accumulated depreciation	10b	-	656,485	10c	623,257
	11	Investments - publicly traded securities		-	,	11	,
	12	Investments - other securities. See Part IV, line 11 .		F		12	
	13	Investments - program-related. See Part IV, line 11		F		13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		F		15	
	16	Total assets. Add lines 1 through 15 (must equal line 3			1,256,166	16	1,269,940
	17	Accounts payable and accrued expenses			1,619	17	1,786
	18	Grants payable		[18	
	19	Deferred revenue		[19	
	20	Tax-exempt bond liabilities		[20	
	21	Escrow or custodial account liability. Complete Part IV c	f Sche	dule D		21	
ŝ	22	Loans and other payables to any current or former office	er, dire	ctor,			
llitie		trustee, key employee, creator or founder, substantial co	ntribut	or, or 35%			
Liabilities		controlled entity or family member of any of these perso	ns	•••••		22	
	23	Secured mortgages and notes payable to unrelated thir	d parti	es		23	
	24	Unsecured notes and loans payable to unrelated third p	arties			24	
	25	Other liabilities (including federal income tax, payables t	o relat	ed third			
		parties, and other liabilities not included on lines 17-24).	Comp	lete Part X			
		of Schedule D		-		25	
	26	Total liabilities. Add lines 17 through 25			1,619	26	1,786
		Organizations that follow FASB ASC 958, check here	e X				
se		and complete lines 27, 28, 32, and 33.					
ance i	27			•••••	1,208,398	27	1,223,377
Bala	28				46,149	28	44,777
ц р		Organizations that do not follow FASB ASC 958, che	eck he	e 🗌			
Ъ		and complete lines 29 through 33.					
sor	29	Capital stock or trust principal, or current funds		Ē		29	
set	30	Paid-in or capital surplus, or land, building, or equipment		• • • • • • • • • • • • • • •		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, of			1 054 545	31	1 000 1-1
Net	32 22	Total net assets or fund balances		-	1,254,547	32	1,268,154
EEA	33	Total liabilities and net assets/fund balances	• • •	• • • • • • • • • • • • •	1,256,166	33	1,269,940 Form 990 (2022)

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Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		365,	503
2	Total expenses (must equal Part IX, column (A), line 25)	2		351,	896
3	Revenue less expenses. Subtract line 2 from line 1	3		13,	607
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	254,	547
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	1,	268,	154
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Cash Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		x
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	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?		3a		х
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		3b		
EEA			Form	990 ((2022)

SCHE	DULE	Α
(Form	990)	

Public Charity Status and Public Support

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

OMB No. 1545-0047
2022

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-					-				

					Open to Public			
			Go to	www.irs.gov/For	m990 for instructions	and the latest infor	-	Inspection
Name	orti	ne organization					Employer identificatio	
		ng Horse,					56-147979	
Par					l organizations mu		part.) See instructi	ons.
The c	rgar		•		ies 1 through 12, check	, ,		
1	Ц	-			hurches described in s).	
2	Ц				h Schedule E (Form 9			
3		•		0	ion described in section			
4		A medical res	earch organization of	perated in conjunct	ion with a hospital des	cribed in section 170	(b)(1)(A)(iii). Enter the)
	_	•	e, city, and state:					
5		An organizatio	on operated for the be	nefit of a college of	r university owned or o	perated by a governm	ental unit described in	
		section 170(b	b)(1)(A)(iv). (Completed)	te Part II.)				
6		A federal, stat	e, or local governme	nt or governmental	unit described in sec	ion 170(b)(1)(A)(v).		
7		An organizatio	on that normally received	ves a substantial pa	art of its support from a	governmental unit or	from the general public	
		described in s	ection 170(b)(1)(A)(vi). (Complete Par	t II.)			
8		A community	trust described in sec	ction 170(b)(1)(A)	vi). (Complete Part II.)		
9		An agricultura	I research organization	on described in se	ction 170(b)(1)(A)(ix)	operated in conjunction	on with a land-grant co	llege
		or university o	r a non-land-grant co	llege of agriculture	(see instructions). Ente	er the name, city, and s	tate of the college or	
		university:						
10	X	receipts from a support from g	activities related to its pross investment inco	exempt functions, me and unrelated b	33 1/3% of its support subject to certain exce pusiness taxable incom e section 509(a)(2). (0	ptions; and (2) no mo e (less section 511 tax	re than 33 1/3% of its	ss
11		An organizatio	on organized and ope	erated exclusively t	o test for public safety	See section 509(a)(4).	
12		An organizatio	on organized and ope	rated exclusively fo	r the benefit of, to perfe	orm the functions of, or	to carry out the purpo	ses of
		one or more p	ublicly supported org	anizations describ	ed in section 509(a)(1) or section 509(a)(2)). See section 509(a)(3). Check
		the box on line	es 12a through 12d th	at describes the typ	be of supporting organi	zation and complete lin	nes 12e, 12f, and 12g.	
а		Type I. A	supporting organizat	ion operated, supe	rvised, or controlled by	/ its supported organiz	ation(s), typically by g	iving
		the suppo	rted organization(s) tl	he power to regula	rly appoint or elect a m	ajority of the directors	or trustees of the	
		supporting	g organization. You r	nust complete Pa	rt IV, Sections A and	В.		
b		Type II. A	supporting organiza	tion supervised or	controlled in connection	n with its supported o	rganization(s), by havi	ng
		control or	management of the s	upporting organiza	tion vested in the same	e persons that control o	or manage the supporte	ed
		organizati	on(s). You must cor	nplete Part IV, Se	ctions A and C.			
С		Type III fu	unctionally integrate	ed. A supporting or	ganization operated ir	connection with, and	functionally integrated	with,
	its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.							
d	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							
		requireme	ent (see instructions).	You must comple	ete Part IV, Sections	A and D, and Part V.		
е		Check this	box if the organization	on received a writte	n determination from t	ne IRS that it is a Type	I, Type II, Type III	
	functionally integrated, or Type III non-functionally integrated supporting organization.							
f	Е	nter the numbe	r of supported organ	izations				
g	P	rovide the follo	wing information abo	ut the supported or	ganization(s).			
	(i) N	ame of supported o	rganization	(ii) EIN	(iii) Type of organization	(iv) Is the organization	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10 above (see instructions))	listed in your governing document?	support (see instructions)	other support (see instructions)

	above (see instructions))	document?		instructions)	instructions)
		Yes	No		
(A)					
(B)					
(C)					
(D)					
(E)					
Total					

	le A (Form 990) 2022 Prancing Ho					56-1479794	
Part	II Support Schedule for Organiza	ations Desc	ribed in Sect	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)	(vi)
	(Complete only if you checked th	ne box on line	e 5, 7, or 8 of	Part I or if the	e organizatior	n failed to qua	lify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, pl	ease comple	te Part III.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid 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						
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.						
Secti	on B. Total Support						
-	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
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.						
13	First 5 years. If the Form 990 is for the or	•			•	•	
	organization, check this box and stop her						[]
	on C. Computation of Public Support						
14	Public support percentage for 2022 (line 6					14	%
15	Public support percentage from 2021 Sch					15	%
16a	33 1/3% support test - 2022. If the organ						
Ь	box and stop here. The organization qua		• • • •	-			
b	33 1/3% support test - 2021. If the organ						
17a	this box and stop here. The organization qualifies as a publicly supported organization						
174	10% or more, and if the organization mee	•					
	Part VI how the organization meets the fa						
				-	-		
b	organization						
5	15 is 10% or more, and if the organization	-					
	in Part VI how the organization meets the					-	-
	organization			-	-		_
18	Private foundation. If the organization di						
-	instructions						

Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 10 of Part I or if the organization failed to gualify 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 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 333,247 218,552 152,117 188,640 188,660 1,081,216 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 110,446 125,645 91,407 120,187 176,785 624,470 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the 4 organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 443,693 344,197 243,524 308,827 365,445 1,705,686 7a Amounts included on lines 1, 2, and 3 received from disgualified persons **b** Amounts included on lines 2 and 3 received from other than disgualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from 1,705,686 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 9 Amounts from line 6 344,197 365,445 443,693 243,524 308,827 1,705,686 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . 356 64 58 58 532 1,068 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 С Add lines 10a and 10b 532 356 64 58 58 1,068 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, 13 444,225 344,553 243,588 308,885 365,503 1,706,754 14 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 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 99.94 % 16 Public support percentage from 2021 Schedule A, Part III, line 15 16 99.92 % Section D. Computation of Investment Income Percentage 0.00 % 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 18 Investment income percentage from 2021 Schedule A, Part III, line 17 18 0.00 % 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 х 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 gualifies 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 . .

Supporting Organizations

Part IV

Page 4

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.) 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? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below. 3a b Did the organization confirm that each supported organization gualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) С purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3c Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below. 4a b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. 4b Did the organization support any foreign supported organization that does not have an IRS determination С under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). 5a Type I or Type II only. Was any added or substituted supported organization part of a class already b 5b designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c С 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? If "Yes," provide detail in Part VI. 6 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? If "Yes," complete Part I of Schedule L (Form 990). 7 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b С Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below. 10a b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) 10b

Schedu Part	le A (Form 990) 2022 Prancing Horse, Inc 56-147 IV Supporting Organizations (continued) 56-147	9794	F	age 5
rait			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b a	nd		
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officer			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one suppo	rted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among ti			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in P	art		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directo	rs		
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or manage			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the support			
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part V			
	the organization maintained a close and continuous working relationship with the supported organization(
3	By reason of the relationship described in line 2, above, did the organization's supported organizations ha	-		
J	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations	5		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the ye	ar (soo ins	tructio	ne)
a	The organization satisfied the Activities Test. Complete line 2 below.		ucuc	<i></i>
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	 The organization is the parent of each of its supported organizations. Complete mile o below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see 	ainstructions)	
2	Activities Test. Answer lines 2a and 2b below.	7 111311 40110113	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes	of	103	NO
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	these supported organizations and explain how these activities directly furthered their exempt purpose			
	how the organization was responsive to those supported organizations, and how the organization determi			
	that these activities constituted substantially all of its activities.	1eu 2a		
h	•	Za		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) woul			
2	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	-		
a		1 2 0	1	
a	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
	trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i> 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>	3a 3b		

Part				
1 [Check here if the organization satisfied the Integral Part Test as a qualifying	-		-
	instructions. All other Type III non-functionally integrated supporting organ	izatior	is must complete Sect	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

	e A (Form 990) 2022 Prancing Horse, Inc	2) Supporting Organ		179794	Page 7
Part Secti	V Type III Non-Functionally Integrated 509(a)(3 on D - Distributions	s) Supporting Organ			rrent Year
1	Amounts paid to supported organizations to accomplish ex	vempt purposes	1	1	
2	Amounts paid to supported organizations to accomplish e.			1	
2	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpo	see of supported organ			
4	Amounts paid to acquire exempt-use assets	ses of supported organ		-	
	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part			
6	Other distributions (describe in Part VI). See instructions.			-	
7	Total annual distributions. Add lines 1 through 6.		7	-	
8	Distributions to attentive supported organizations to which	the organization is reen			
0	(provide details in Part VI). See instructions.	the organization is resp	601151Ve		
	ч ,		c		
9	Distributable amount for 2022 from Section C, line 6		1	-	
10	Line 8 amount divided by line 9 amount			0	/;;;)
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022		(iii) tributable unt for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
d	Excess from 2021				
e	Excess from 2022				
EEA				Schedule	A (Form 990) 2022

	France Representation Provide the explorections required by Part II, line 40, Part II, line 47, or 47, Part
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990 or Form 990-PF.

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

2022

Name of the organization	Employer identification number
Prancing Horse, Inc	56-1479794
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 foundation

Check 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

Even 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 1/3% 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.

(a)

No.

6

Indianapolis IN 46268

Raleigh NC 27606

North Carolina Horse Council

4904 Waters Edge Dr., Ste 290

(b)

Name, address, and ZIP + 4

Name of c	(Form 990) (2022) organization			yer identification r	Page number
	ng Horse, Inc	ing of Dout Life delition of a		56-1479794	
Part I	Contributors (see instructions). Use duplicate cop		pace is n		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ons	(d) Type of cont	ribution
1	Rocco Simone			Person Payroll	<u>x</u>
	27 Pomeroy Dr Pinehurst NC 28374	\$	5,000	Noncash (Complete Part	
				noncash contrib	utions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ons	(d) Type of cont	ribution
2	Donald & Elizabeth Cooke Foundation PO Box 1940	\$	5,000	Person Payroll Noncash	
	Southern Pines NC 28388			(Complete Part noncash contrib	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio		(d) Type of cont	ribution
	Michael & Kelly McCrann 33 Royal Dornach Lane Pinehurst NC 28374		30,560	Person Payroll Noncash (Complete Part noncash contrib	Il for
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ons	(d) Type of cont	ribution
4	Air Warrior Courage Foundation PO Box 132410 Tyler TX 75713	\$	L <u>5,950</u>	Person Payroll Noncash (Complete Part noncash contrib	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ons	(d) Type of cont	ribution
5	Mary Harriss legacy Fd Ten Char Fd			Person Payroll	x
	8910 Purdue Road	\$	5,000	Noncash	

(c)

Total contributions

\$

(Complete Part II for noncash contributions.)

(Complete Part II for

noncash contributions.)

(d)

Sch

(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
7_	Pee Dee Electric - Care to Share US Hwy 52 S Wadesboro NC 28170	\$5,000	Person x Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
8	Pinehurst Community Foundation PO Box 4901 Pinehurst NC 28374	\$10,000	PersonImage: Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
9	Shirley Potter <u>3 Pin Cherry Lane</u> <u>Pinehurst NC 28374</u>	\$5,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
10	Diane Vosilus 79 Glasgow Drive Pinehurst NC 28374	\$5,000	PersonImage: Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		

\$

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

Prancing Horse, Inc

Part I

Employer identification number 56-1479794

Person

Payroll

Noncash (Complete Part II for noncash contributions.)

Page **2**

EEA

SCHEDULE D	
(Form 990)	

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,

OMB No. 1545-0047 2022

No

No

Open to Public

		Part IV. line 6, 7, 8, 9, 10), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		
_	· · · · · · · ·		Attach to Form 990.		Open to Pu
	ment of the Treasury al Revenue Service	-	990 for instructions and the latest inform	ation	Inspection
	of the organization			Employer identification	
Pran	cing Horse,	Inc		56-14797	94
Pa	art I Organiz	ations Maintaining Donor Advised	Funds or Other Similar Funds or Ac	counts.	
		te if the organization answered "Yes" of			
		-	(a) Donor advised funds	(b) Fund:	s and other accounts
1	Total number at	end of year			
2	Aggregate value	of contributions to (during year)			
3		of grants from (during year)			
4	Aggregate value	at end of year			
5	Did the organiza	tion inform all donors and donor advisors in	writing that the assets held in donor advised	t t	
	funds are the org	ganization's property, subject to the organiza	ation's exclusive legal control?		Yes
6			advisors in writing that grant funds can be us	sed	_
	only for charitable	e purposes and not for the benefit of the dor	nor or donor advisor, or for any other purpos	e	
	conferring imperi	missible private benefit?			🗌 Yes
Pa		rvation Easements.			
	Complet	te if the organization answered "Yes" of	on Form 990, Part IV, line 7.		
1	Purpose(s) of co	inservation easements held by the organizat	tion (check all that apply).		
	Preservation	of land for public use (for example, recreation	on or education) Preservation of a	historically importa	nt land area
	Protection of	natural habitat	Preservation of a	certified historic str	ructure
	Preservation	of open space			
2	Complete lines 2	a through 2d if the organization held a qualif	fied conservation contribution in the form of	a conservation	
	easement on the	last day of the tax year.		Held	at the End of the

	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
С	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on a		
	historic structure listed in the National Register	2d	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organiz	ation	during the
	tax year		
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?		🗌 Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	easem	ents during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease	ments	during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?		Yes 🗌 No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense stateme	ent an	d
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that d	lescrib	es the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Sim	ilar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balan	nce sh	eet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	e of p	ublic
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.		
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance	sheet	works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	of publ	ic service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		. \$
	(ii) Assets included in Form 990, Part X		. \$
~	If the second sector the second sector devices of each birth size it to second second the second sector for the second se		d

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: Revenue included on Form 990, Part VIII, line 1 а b

\$

\$

Schedu	le D (Form 990) 2022 Prancing Horse						56-147		Page 2
Par	t III Organizations Maintaining	Collections of	Art, Histe	orical T	reasures	, or Ot	her Similar A	Assets (co	ontinued)
3	Using the organization's acquisition, access	ion, and other record	ls, check an	y of the fo	llowing that r	nake sig	nificant use of its	6	
	collection items (check all that apply):								
а	Public exhibition		d	Loan or	[.] exchange p	rogram			
b	Scholarly research		e	Other					
с	Preservation for future generations								
4	Provide a description of the organization's of	collections and explai	in how they	further the	e organizatio	n's exem	pt purpose in Pa	rt	
	XIII.				•				
5	During the year, did the organization solicit of	or receive donations	of art, histor	ical treas	ures, or other	similar			
	assets to be sold to raise funds rather than							. 🗌 Yes	s 🗌 No
Par									
	Complete if the organization	answered "Yes'	' on Form	990, P	art IV, line	9, or r	eported an a	mount on	Form
	990, Part X, line 21.			,			•		
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for cont	ributions	or other asse	ets not			
	included on Form 990, Part X?							🗌 Yes	s 🗌 No
b	If "Yes," explain the arrangement in Part XII								
		•	0				A	mount	
с	Beginning balance					. 1c	:		
d	Additions during the year								
е	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on F						v?	. 🗌 Yes	s 🗌 No
b	If "Yes," explain the arrangement in Part XII						•		
Par	·								
	Complete if the organization	answered "Yes'	' on Form	990, P	art IV, line	10.			
		(a) Current year	(b) Prior		(c) Two years		(d) Three years bac	k (e) Four	years back
1a	Beginning of year balance	(1) 22	(1) 110	,	(-)		(1)	(1) 10	,
b	Contributions								
C	Net investment earnings, gains, and								
-	losses								
d	Grants or scholarships								
e	Other expenditures for facilities and								
Ū	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	rent vear end balanc	e (line 1a. c	olumn (a)) held as:				
_ a	Board designated or quasi-endowment			era (a)					
b	Permanent endowment %								
c	Term endowment %								
Ū	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%							
3a	Are there endowment funds not in the poss		vation that a	e held an	d administere	ed for the	ġ		
•••	organization by:								Yes No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations								
b	If "Yes" on line 3a(ii), are the related organiz								
4	Describe in Part XIII the intended uses of th								
Par									
	Complete if the organization		' on Form	990 P	art IV. line	11a S	See Form 990). Part X I	ine 10
	Description of property	(a) Cost or oth			r other basis		Accumulated	(d) Boo	
	2000 property	(investm		• •	other)	• • •	epreciation	(~) 500	
1a	Land				234,794				234,794
b	Buildings				10,507		104,186		306,321
c	Leasehold improvements				43,771		104,180	•	33,148
d	Equipment			1	L00,119		51,125		48,994
e	Other			-	,		511125		10,551
	Add lines 1a through 1e. (Column (d) must		rt X column	(B) line	10c)				523,257
			,	<u>, _, , , , , , , , , , , , , , , , , , </u>					

Schedule D (Form 990) 2022

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.).		

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.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.).		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).	

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.

1.	(a) Description of liability	(b) Book value
(1) Federa	al income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 2	5.)

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.

	e D (Form 990) 2022 Prancing Horse, Inc	56-1479794	Page 4
Part		er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	. 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	. 3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	. 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		
Part		per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	. 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments 2b		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	. 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	. 4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	
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.

SCH	EDULE G	Supplement	al Informatio	n Regardi	ng Fundra	aising or Gami	ng Activities	OMB No. 1545-0047
(Forn	n 990)	Complete if	organization enter	ed more than	\$15,000 on F	0, Part IV, line 17, 18 orm 990-EZ, line 6a.	, or 19, or if the	2022
	ment of the Treasury I Revenue Service				990 or Form 9 Istructions an	I90-EZ. Id the latest informat	ion.	Open to Public Inspection
	f the organization							tification number
Pran	cing Horse,	Inc					56-1	L479794
Par	LI Fundrai	sing Activities.	Complete if the	ie organiz	ation answ	vered "Yes" on	Form 990, Part	IV, line 17.
		-EZ filers are not	· ·					
1	_	the organization rais	sed funds through	· _	0			
a L	Mail solicitatio			e _		of non-government	-	
b c	Phone solicita	mail solicitations				of government grar draising events	IIS	
d	In-person solic			g		iuraising events		
2a	— ·	tion have a written o	r oral agreement w	ith any indivi	dual (includin	g officers, directors	, trustees,	
	-	s listed in Form 990,	-	-		-		🗌 Yes 🗌 No
b	If "Yes," list the 1	0 highest paid indivi	duals or entities (fu	Indraisers) p	ursuant to ag	reements under wh	ich the fundraiser is	to be
	compensated at I	least \$5,000 by the o	organization.					
				1			(a) Amount poid t	
	(i) Name and addres or entity (fun		(ii) Activity	custody c	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(or retained by)
				Yes	No			
1								
2								
2								
3								
4								
5								
6								
7								
8								
9								
10								
				1	1			
Total								
3	List all states in w registration or lice	vhich the organization of	on is registered or l	icensed to so	olicit contribu	tions or has been no	otified it is exempt fi	om

	Fundraising Events. Com	ncing Horse, Inc	answered "Yes" on For	<u>56–3</u> m 990, Part IV, line 18, c	
	than \$15,000 of fundraising				
	gross receipts greater than	\$5,000.	-		
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		HF Tour	Barn Dance	3	(add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
1	Gross receipts	36,455	58,230	3,651	98,336
2	Less: Contributions				
3	Gross income (line 1 minus				
	line 2)	36,455	58,230	3,651	98,336
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs		1,000		1,000
6 6 7 8	Food and beverages		3,345		3,345
8	Entertainment		500		500
9	Other direct expenses	3,759	14,320	183	18,262
10	Direct expense summary. Add lin	es 4 through 9 in column (4)		23,107
11	· · ·	0 (,	_	75,229
Part II					
	\$15,000 on Form 990-EZ, li	ne 6a.		· · · ·	
22122		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue	(a) Bingo		(c) Other gaming	
2		(a) Bingo		(c) Other gaming	
2	Cash prizes	(a) Bingo		(c) Other gaming	
2	Cash prizes	(a) Bingo		(c) Other gaming	
2	Cash prizes		bingo/progressive bingo		
2 3 3	Cash prizes	(a) Bingo	bingo/progressive bingo	(c) Other gaming	
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Cash prizes	☐ Yes% ☐ No	bingo/progressive bingo	□ Yes%	
1 2 3 4 5 6 7	Cash prizes	Yes% No es 2 through 5 in column (o	bingo/progressive bingo	□ Yes% □ No	
1 2 3 4 5 6	Cash prizes	Yes% No es 2 through 5 in column (o	bingo/progressive bingo	□ Yes% □ No	
1 2 3 4 5 4 6 7 8	Cash prizes	Yes % No es 2 through 5 in column (a btract line 7 from line 1, co	bingo/progressive bingo	Yes%	col. (a) through col. (c))
9 E a I	Cash prizes	Yes % No es 2 through 5 in column (a ubtract line 7 from line 1, co ation conducts gaming act t gaming activities in each	bingo/progressive bingo	☐ Yes%	col. (a) through col. (c))
1 2 3 3 4 5 6 7 8 9 8 9	Cash prizes	Yes % No es 2 through 5 in column (a ubtract line 7 from line 1, co ation conducts gaming act t gaming activities in each	bingo/progressive bingo	☐ Yes%	col. (a) through col. (c))
1 2 3 3 4 5 6 7 8 9 8 9	Cash prizes	Yes % No es 2 through 5 in column (a ubtract line 7 from line 1, co ation conducts gaming act t gaming activities in each	bingo/progressive bingo	☐ Yes%	col. (a) through col. (c))
9 E a I b I	Cash prizes	Yes % No es 2 through 5 in column (a ubtract line 7 from line 1, co ation conducts gaming act t gaming activities in each g licenses revoked, susper	bingo/progressive bingo		Yes
9 6 3 9 6 8 9 6 5	Cash prizes	Yes % No es 2 through 5 in column (a ubtract line 7 from line 1, co ation conducts gaming act t gaming activities in each g licenses revoked, susper	bingo/progressive bingo		col. (a) through col. (c))

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

56-1479794

Department of the Treasury Internal Revenue Service

Name of the organization

Prancing Horse, Inc

01. Officer, directors, etc. family relationship (Part VI, line 2)

Directors Bill Lewis and Judy Lewis are married.

02. Form 990 governing body review (Part VI, line 11)

Part VI, Line 11 - The return is reviewed by the Treasurer and one other Board Member.

Any questions are discussed and resolved with the accountant prior to signing and mailing.

03. Form 990 availability to public (Part VI, line 18)

The 990 is posted on the Prancing Horse website which is accessible to the public.

04. Governing documents, etc, available to public (Part VI, line 19)

The governing documents are placed on the Prancing Horse website which is available to the

public. Such documents include the By-Laws, Volunteer Handbook and List of Donors. Any

other information is available for viewing upon request to Prancing Horse, Inc.

Form 4562		Depreciation and Amortization (Including Information on Listed Property)							OMB No. 1545-0172
									2022
	nent of the Treasury	Attach to your tax return. Go to www.irs.gov/Form4562 for instructions and the latest information.							Attachment
	Revenue Service (s) shown on return	60101			hich this form relate				Sequence No. 179 ifying number
	ancing Horse,	Inc	Dusines	-	990 - 1				479794
Par			rtain Property Und					P0 1	1,9,91
		-	property, complete Pa			art I.			
1			s)					1	
2		•	placed in service (see					2	
3	Threshold cost of	section 179 prop	perty before reduction	in limitation (see instruction	s)		3	
4	Reduction in limita	n limitation. Subtract line 3 from line 2. If zero or less, enter -0-						4	
5	Dollar limitation for	r tax year. Subtra	act line 4 from line 1.	If zero or less	, enter -0 If n	narrie	d filing		
	separately, see in	structions	ions				5		
6	(a) [Description of property	/	(b) Cost (busin	ess use only)		(c) Elected cost		
7	· · ·		from line 29						
8			roperty. Add amounts	•				8	
9			aller of line 5 or line 8					9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562							10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11							11	
12							••••	12	
13			to 2023. Add lines 9 a			13			
			for listed property. Insometer the second se			Juda	listed property S	oo inot	ructions)
14			qualified property (ot						
14								14	
15								15	
		subject to section 168(f)(1) election						16	33,228
			on't include listed pro						557220
				ection A					
17	MACRS deduction	ns for assets place	ced in service in tax ye		g before 2022			17	
	If you are electing to group any assets placed in service during the tax year into one or more general						1		
	asset accounts, check here								
		B - Assets Place	ed in Service During	2022 Tax Ye				Syste	em
(a)	Classification of propert	y (b) Month and year placed in service	 (c) Basis for depreciation (business/investment use only-see instructions) 	(d) Recovery period	(e) Convention		(f) Method	(g) 🛙	Depreciation deduction
19a	3-year property								
b	5-year property								
C	7-year property								
d	<i>·</i> · · · <i>·</i>								
	15-year property								
f	20-year property					_	0 "		
<u>g</u>	, , , ,			25 yrs.		_	S/L		
n	Residential renta	I		27.5 yrs.	MM		S/L		
	property			27.5 yrs.	MM	_	S/L		
i	Nonresidential re	a		39 yrs.	MM	_	S/L S/L		
	property Section (d in Service During	2022 Tax Vo		ltorn		on Sv	stom
202	Class life						S/L		Stem
	12-year			12 yrs.			S/L		
	30-year			30 yrs.	MM	-	S/L		
-	40-year			40 yrs.	MM	-	S/L		
	t IV Summary (S	See instructions.))				5, -		
21	Listed property. E		m line 28					21	
			ines 14 through 17, lir	nes 19 and 20) in column (a)	, and	line 21. Enter		
			of your return. Partner		,			22	33,228
23			ed in service during th		-				
		•				23			

	2022 PG01								
Name(s) as shown on return			Tax ID Number						
Prancing Horse, Inc			56-1479794						
Form 990 - Schedule D - Part VI - Line 1e Statement #D1e Investments - Other									
Description of Investment	Cost/basis (<u>Investment</u>)	Cost/basis (Other)	Book Depr Value						
Total	0	0	<u> 0 0</u>						