

## Forms 990 / 990-EZ Return Summary

For calendar year 2023, or tax year beginning 06/01/23, and ending 05/31/24\*\*\*-\*\*\*0035

## DHARMAHORSE INCORPORATED

## Net Asset / Fund Balance at Beginning of Year

118,606

## Revenue

Contributions 121,383

Program service revenue

Investment income

Capital gain / loss

Fundraising / Gaming:

Gross revenue

Direct expenses

Net income

Other income

Total revenue

## Expenses

Program services

Management and general

Fundraising

Total expenses

Excess / (deficit)

Changes

## Net Asset / Fund Balance at End of Year

25,936144,542

## Reconciliation of Revenue

Total revenue per financial statements

Less:

Unrealized gains

Donated services

Recoveries

Other

Plus:

Investment expenses

Other

Total revenue per return

## Reconciliation of Expenses

Total expenses per financial statements

Less:

Donated services

Prior year adjustments

Losses

Other

Plus:

Investment expenses

Other

Total expenses per return

	Beginning	Ending	Differences
Assets	<u>118,606</u>	<u>144,542</u>	
Liabilities			
Net assets	<u>118,606</u>	<u>144,542</u>	<u>25,936</u>

## Miscellaneous Information

Amended return

Return / extended due date

04/15/25

Failure to file penalty

Form 8879-TE

IRS E-file Signature Authorization  
for a Tax Exempt Entity

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue ServiceFor calendar year 2023, or fiscal year beginning 6/01, 2023, and ending 5/31, 2024  
Do not send to the IRS. Keep for your records.  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

2023

Name of filer

EIN or SSN

## DHARMAHORSE INCORPORATED

\*\*\*\*\*0035

Name and title of officer or person subject to tax

KATHARINE LARK CHRISLEY-SCHREIBER  
DIRECTOR

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

<input type="checkbox"/> 1a Form 990 check here .....	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	1b	<u>121,383</u>
<input checked="" type="checkbox"/> 2a Form 990-EZ check here .....	b Total revenue, if any (Form 990-EZ, line 9) .....	2b	
<input type="checkbox"/> 3a Form 1120-POL check here .....	b Total tax (Form 1120-POL, line 22) .....	3b	
<input type="checkbox"/> 4a Form 990-PF check here .....	b Tax based on investment income (Form 990-PF, Part V, line 5) .....	4b	
<input type="checkbox"/> 5a Form 8868 check here .....	b Balance due (Form 8868, line 3c) .....	5b	
<input type="checkbox"/> 6a Form 990-T check here .....	b Total tax (Form 990-T, Part III, line 4) .....	6b	
<input type="checkbox"/> 7a Form 4720 check here .....	b Total tax (Form 4720, Part III, line 1) .....	7b	
<input type="checkbox"/> 8a Form 5227 check here .....	b FMV of assets at end of tax year (Form 5227, Item D) .....	8b	
<input type="checkbox"/> 9a Form 5330 check here .....	b Tax due (Form 5330, Part II, line 19) .....	9b	
<input type="checkbox"/> 10a Form 8038-CP check here .....	b Amount of credit payment requested (Form 8038-CP, Part III, line 22) .....	10b	

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the

2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize Granite Mountain Accounting, LLC to enter my PIN 65103 as my signature  
ERO firm name  
Enter five numbers, but  
do not enter all zeros

on the tax year 2023 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 also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

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 2023 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

Date

06/15/24

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

\*\*\*\*\*

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date

06/15/24

**ERO Must Retain This Form — See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

Form 990-EZ

# Short Form

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2023

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form, as it may be made public.

Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.**A For the 2023 calendar year, or tax year beginning 06/01/23, and ending 05/31/24**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization  <b>DHARMAHORSE INCORPORATED</b>	<b>D</b> Employer identification number  <b>***-***0035</b>
	Number and street (or P.O. box if mail is not delivered to street address) <b>6874 Coyote Rd</b>	Room/suite 
	City or town, state or province, country, and ZIP or foreign postal code <b>Las Cruces NM 88012</b>	<b>E</b> Telephone number <b>575-541-0137</b>
		<b>F</b> Group Exemption Number
<b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) _____		<b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990).
<b>I</b> Website: <a href="http://dharmahorse.org">dharmahorse.org</a>		
<b>J</b> Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		
<b>L</b> Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ..... \$ <b>121,383</b>		

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I 

Revenue	Description	Amount
1	Contributions, gifts, grants, and similar amounts received	1 <b>121,383</b>
2	Program service revenue including government fees and contracts	2
3	Membership dues and assessments	3
4	Investment income	4
5a	Gross amount from sale of assets other than inventory	5a
b	Less: cost or other basis and sales expenses	5b
c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c
6	Gaming and fundraising events:	
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
b	Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b
c	Less: direct expenses from gaming and fundraising events	6c
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d
7a	Gross sales of inventory, less returns and allowances	7a
b	Less: cost of goods sold	7b
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c
8	Other revenue (describe in Schedule O)	8
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9 <b>121,383</b></b>
		10
		11
		12 <b>4,608</b>
		13
		14
		15
		16 <b>90,839</b>
		17 <b>95,447</b>
		18 <b>25,936</b>
		19 <b>118,606</b>
		20
		21 <b>144,542</b>

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2023)

