

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. 1545-1150

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
 ▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2015 calendar year, or tax year beginning **06/01/15**, and ending **05/31/16**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" 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>47-3920035</b>
	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>6874 COYOTE ROAD</b>	<b>E</b> Telephone number <b>575-522-3996</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>LAS CRUCES NM 88012</b>	<b>F</b> Group Exemption Number ▶

**G** Accounting Method:  Cash  Accrual Other (specify) ▶

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: ▶ **N/A**

**J** Tax-exempt status (check only one) ---  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

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

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

▶ \$ **22,745**

**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

<b>1</b> Contributions, gifts, grants, and similar amounts received		<b>1</b>	<b>22,745</b>
<b>2</b> Program service revenue including government fees and contracts		<b>2</b>	
<b>3</b> Membership dues and assessments		<b>3</b>	
<b>4</b> Investment income		<b>4</b>	
<b>5a</b> Gross amount from sale of assets other than inventory		<b>5a</b>	
<b>b</b> Less: cost or other basis and sales expenses		<b>5b</b>	
<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		<b>5c</b>	
<b>6</b> Gaming and fundraising events			
<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)		<b>6a</b>	
<b>b</b> Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		<b>6b</b>	
<b>c</b> Less: direct expenses from gaming and fundraising events		<b>6c</b>	
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		<b>6d</b>	
<b>7a</b> Gross sales of inventory, less returns and allowances		<b>7a</b>	
<b>b</b> Less: cost of goods sold		<b>7b</b>	
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		<b>7c</b>	
<b>8</b> Other revenue (describe in Schedule O)		<b>8</b>	
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		<b>9</b>	<b>22,745</b>
<b>10</b> Grants and similar amounts paid (list in Schedule O)		<b>10</b>	
<b>11</b> Benefits paid to or for members		<b>11</b>	
<b>12</b> Salaries, other compensation, and employee benefits		<b>12</b>	
<b>13</b> Professional fees and other payments to independent contractors		<b>13</b>	<b>2,559</b>
<b>14</b> Occupancy, rent, utilities, and maintenance		<b>14</b>	<b>1,114</b>
<b>15</b> Printing, publications, postage, and shipping		<b>15</b>	
<b>16</b> Other expenses (describe in Schedule O)		<b>16</b>	<b>16,501</b>
<b>17 Total expenses.</b> Add lines 10 through 16		<b>17</b>	<b>20,174</b>
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)		<b>18</b>	<b>2,571</b>
<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		<b>19</b>	
<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)		<b>20</b>	
<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20		<b>21</b>	<b>2,571</b>

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2015)

SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization

### 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 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Employer identification number

**DHARMAHORSE INCORPORATED**

**47-3920035**

#### FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES

DESCRIPTION	AMOUNT
<b>EXPENSES</b>	
PROMOTION	\$ 191
OFFICE	\$ 760
FEED/MEDICINE	\$ 11,802
REPAIRS & MAINTENANCE	\$ 786
EQUIPMENT	\$ 878
SUPPLIES	\$ 1,178
TRANSPORTATION	\$ 763
NON-INVESTMENT DEPRECIATION	\$ 143
<b>TOTAL</b>	<b>\$ 16,501</b>

#### FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS

DESCRIPTION	BEG. OF YEAR	END OF YEAR
HORSE	\$ 0	\$ 2,000
LESS ACCUMULATED DEPRECIATION	\$ 0	\$ 143
<b>TOTAL</b>	<b>\$ 0</b>	<b>\$ 1,857</b>

#### FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

THIS CORPORATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL PURPOSES, INCLUDING, FOR SUCH PURPOSES, TO OPERATE A LOVING, COMPASSIONATE AND CARING EQUINE/ANIMAL RESCUE AND SANCTUARY.