| Form | 99 | 0 |
|------|----|---|
| Form | 55 | U |

# **Return of Organization Exempt From Income Tax**

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

Open to Public Inspection

OMB No. 1545-0047 2024

| Dep:<br>Inter                  | artment<br>mal Rev   | of the Treasury<br>enue Service                               | Do not e<br>Go to ww  | nter social security numbe<br>w.irs.gov/Form990 for inst | rs on this form as it<br>tructions and th | t may be mad<br>ne latest inf | e public.<br>ormation. |                                 |                  | Inspection                              |
|--------------------------------|----------------------|---|---|--|---|-------------------------------|------------------------|---------------------------------|------------------|---|
| A                              |                      |   | ar year, or tax year begi   | -  |   | , and endin                   |                        |                                 |                  | , 20                                    |
| в                              |                      | if applicable:  | C C   | 3  | , ,                                       | ,                             | 5                      | D Employ                        | ver iden         | tification number                       |
|                                | Ac                   | Address change WINDHORSE EQUINE LEARNING                      |   |  |   |                               | 45-                    | 4587                            | 736              |   |
|                                | Na                   | ame change  | PO BOX 11954  |  |   |                               |                        | E Telepho                       |                  |   |
|                                | Ini                  | itial return  | BOZEMAN, MT 597   | 19   |   |                               |                        | (40                             | 6) 5             | 522-3906                                |
|                                | Fin                  | nal return/terminated   |   |  |   |                               |                        | (                               | -, -             |   |
|                                | Ar                   | mended return   |   |  |   |                               |                        | <b>G</b> Gross r                | eceipts          | \$ 373,617.                             |
|                                | Ap                   | oplication pending  | F Name and address of princi  | DARCY MI   | NTED                                      |                               | H(a) Is this           | a group retu                    | n for su         |   |
|                                | ·                    |   | SAME AS C ABOVE   |  |   |                               | H(b) Are all           | subordinates<br>' attach a list | include          |   |
| Ι                              | Tax-                 |   | X 501(c)(3) 501(c) (  |  | 4947(a)(1) or                             | 527                           | If "INO,"              | attach a list                   | . See in         | istructions.                            |
| J                              |                      |   | PS://WINDHORSE  |  | . , , , ,                                 |                               | H(c) Group             | exemption n                     | umber            |   |
| ĸ                              | Form                 |   | X Corporation Trust   | Association Other  |   | Year of format                | ••                     |                                 |                  | legal domicile: MT                      |
|                                | art I                | Summary   | /   |  |   |                               |                        |                                 |                  |   |
|                                | 1                    | Briefly describ   | e the organization's mis  | sion or most significan                                  | t activities: SF                          | E SCHEI                       | OIILE O                |                                 |                  |   |
| đ                              |                      |   |   |  |   |                               | 20110-0                |                                 |                  |   |
| Ű                              |                      |   |   |  |   |                               |                        |                                 |                  |   |
| Governance                     |                      |   |   |  |   |                               |                        |                                 |                  |   |
| ove                            | 2                    | Check this box  | Ű   | on discontinued its op                                   |   |                               |                        |                                 | iet as           | sets.                                   |
| ۍ<br>مح                        | 3                    |   | ing members of the gove   |  |   |                               |                        |                                 | 3                | 7                                       |
| Activities &                   | 4                    |   | ependent voting membe   |  | • •                                       |                               |                        |                                 | 4                | 1                                       |
| vitie                          | 5<br>6               |   | of individuals employed<br>of volunteers (estimate i                    |  |   |                               |                        |                                 | 5<br>6           | 11                                      |
| cti                            | 72                   |   | d business revenue from   | • ·  |   |                               |                        |                                 | 0<br>7a          | 43                                      |
| ٩                              |                      |   | business taxable income   |  |   |                               |                        |                                 | 7u<br>7b         | 0.                                      |
|                                | ~                    |   |   |  |   |                               |                        | rior Year                       |                  | Current Year                            |
|                                | 8                    | Contributions   | and grants (Part VIII, lin  | e 1h)  |   |                               |                        | 163,0                           | )24              | 274,241.                                |
| iue                            | 9                    |   | ce revenue (Part VIII, lir  | •  |   |                               |                        | 34,1                            |                  | 36,621.                                 |
| Revenue                        | 10                   | -   | come (Part VIII, column   | •.   |   |                               |                        |                                 | 173.             | 6,758.                                  |
| Be                             | 11                   |   |   |  |   |                               | 29,8                   |                                 | 40,519.          |   |
|                                | 12                   |   | - add lines 8 through 1   |  |   |                               |                        | 231,4                           |                  | 358,139.                                |
|                                | 13                   | Grants and sir  | nilar amounts paid (Parl  | IX, column (A), lines                                    | 1-3)                                      |                               |                        |                                 | 550.             | 3,550.                                  |
|                                | 14                   | Benefits paid to or for members (Part IX, column (A), line 4) |   |  |   |                               |                        | - /                             |                  |   |
| _                              | 15                   | Salaries, other   | compensation, employ  | ee benefits (Part IX, co                                 | olumn (A), lines                          | 5-10)                         |                        | 97,7                            | 67.              | 119,603.                                |
| Expenses                       | 16a                  | Professional fu   | undraising fees (Part IX,   | column (A), line 11e)                                    |   |                               |                        | 61,0                            |                  | 67,500.                                 |
| en en                          | h                    |   | ng expenses (Part IX, c   |  |   | 17,969.                       |                        | 01/0                            |                  |   |
| Ă                              | 17                   |   | es (Part IX, column (A),  |  |   |                               |                        | 166 (                           |                  | 144 606                                 |
|                                | 17                   |   | s. Add lines 13-17 (mus   |  |   |                               |                        | 155,864.                        |                  | 144,696.                                |
|                                |                      |   | expenses. Subtract line   | •  |   |                               | •                      |                                 |                  | 335,349.<br>22,790.                     |
| - 0                            | 19                   | Revenue less  | expenses. Subtract line   |  |   |                               | Doginnir               | -88,8<br>ng of Currer           |                  | End of Year                             |
| Net Assets or<br>Fund Balances | 20                   | Total assets (F   | Part X, line 16)  |  |   |                               |                        | 212,6                           |                  | 240,049.                                |
| \eee<br>Sals                   | 21                   |   | (Part X, line 26)   |  |   |                               |                        |                                 | /34.             | 2,255.                                  |
| let /                          | 22                   |   | fund balances. Subtract   |  |   |                               |                        | •                               |                  |   |
|                                | art II               | Signature   |   |  |   |                               | •                      | 209,9                           | 09.              | 237,794.                                |
|                                |                      |   |   |  |   |                               | 41 1 <b>6</b>          |                                 |                  | line it is to a summary such            |
| com                            | er penal<br>plete. D | ties of perjury, I deo<br>eclaration of prepar                | clare that I have examined this r<br>er (other than officer) is based o | n all information of which pre                           | arer has any knowle                       | ements, and to edge.          | the best of h          | ny knowledge                    | and be           | ellet, it is true, correct, and         |
|                                |                      |   |   |  |   |                               |                        |                                 |                  |   |
| Sid                            | nr                   | Signature of c  | fficer  |  |   |                               | Date                   |                                 |                  |   |
| Sign<br>Here                   |                      | DARCY   | MINTER  |  |   | न                             | XECUTI                 | VE DI                           | 2<br>E<br>C<br>T | OR                                      |
|                                |                      |   | name and title  |  |   | L                             |                        | ודת הי                          |                  | 011                                     |
|                                |                      | Preparer's na   | ime   | Preparer's signature                                     |   | Date                          |                        | Check                           | if               | PTIN                                    |
| Pa                             | ы                    | CHRIST  | INA RIEKENBERG  | CHRISTINA RI   | EKENBERG                                  |                               |                        | self-employ                     |                  | P00447172                               |
|                                | epare                |   | AMATICS CPA   |  | UTIONIT/G                                 |                               |                        | Sen employ                      |                  | 1 |
| Us                             | e On                 | Iy Firm's addres  |   |  |   |                               |                        | Firm's EIN                      | 46               | -3057681                                |
|                                |                      |   | 10 51000101   |  |   |                               |                        |                                 |                  |   |

May the IRS discuss this return with the preparer shown above? See instructions... BAA For Paperwork Reduction Act Notice, see the separate instructions.

BOZEMAN, MT 59718

Phone no.

No

406-404-1925

Х Yes

|     | 990 (2024) WINDHORSE EQUINE   |  | 45-4587736 Page <b>2</b>                         |
|-----|---|--|--|
| Par | 5   |  | v  |
| 1   | Check if Schedule O contains a res<br>Briefly describe the organization's mission | ponse or note to any line in this Part III     | X  |
| I   |   | AND REFLECTIVE LEARNING OPPO                   | RTIINTTIES WITH HORSES                           |
|     |   | EMPOWERS YOUTH TO DISCOVER A                   |  |
|     | POTENTIAL.  |  |  |
|     |   |  |  |
| 2   | • • • •   | cant program services during the year which w  | ·  |
|     | If "Yes," describe these new services on S  |  | Yes 🐰 No   |
| 3   |   | make significant changes in how it conducts, a | any program services?                            |
| -   | If "Yes," describe these changes on Sched   |  |  |
| 4   | Describe the organization's program service                                       | e accomplishments for each of its three larges | st program services, as measured by expenses.    |
|     | and revenue, if any, for each program service                                     | vice reported.                                 | s and allocations to others, the total expenses, |
|     |   |  |  |
| 4a  | (Code:) (Expenses \$  | 178,689. including grants of \$                | ) (Revenue \$ 36,621.)                           |
|     | SEE_SCHEDULE_O  |  |  |
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| 4b  | (Code:) (Expenses \$  | including grants of \$                         | ) (Revenue \$                                    |
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| 4c  | (Code: ) (Expenses \$   | including grants of \$                         | ) (Revenue \$ )                                  |
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| 4d  | Other program services (Describe on Sche  | dule O.)                                       |  |
|     |   | ncluding grants of \$                          | ) (Revenue \$ )                                  |
| 4e  | Total program service expenses  | 178,689.                                       | Earm <b>990</b> (2024)                           |

Checklist of Required Schedules

Part IV

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| Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II                                | 4 | Х |
|---|---|---|
| Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | Х |

|   | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   |
|---|--|
| 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? <i>If "Yes," complete Schedule D, Part I.</i> |
|   |  |

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete

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.....

Schedule A

Is the organization required to complete Schedule B, Schedule of Contributors? See instructions ......

| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> |
|---|---|
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? /f "Yes."   |

### Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III... Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian 9 for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.

# Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V.* 10

|   | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. |
|---|--|
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.             |

| <b>b</b> Did the organization report an amount for investments – other securities in F assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. |  |
|---|--|
| c Did the organization report an amount for investments – program related in assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.          | Part X, line 13, that is 5% or more of its total |

## d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, Tine 16? If "Yes," complete Schedule D, Part IX.....

### e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X..... Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X...* f

### 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII ..... Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and b

### if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional..... 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.....

### 14a Did the organization maintain an office, employees, or agents outside of the United States?.....

### 14a **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV..... 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV. 15 Did the ergenization report on Part IX, column (A), line 2, more than \$5,000 of aggregate grants or other accistance to

| 10 | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   |
|----|---|
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions |
|    |   |

### Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 lines 1c and 8a? If "Yes," complete Schedule G, Part II.

### Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 complete Schedule G, Part III.

### 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H..... 20a

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?.....

### 21 BAA

| Form 990 (202 |
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|     |   |      | Yes          | No    |
|-----|---|------|--------------|-------|
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>  | 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? <i>If "Yes," complete Schedule J</i> .  | 23   |              | Х     |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>  | 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 to defease any tax-exempt bonds?  | 24c  |              |       |
| d   | 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 transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a  |              | Х     |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.  | 25b  |              | Х     |
| 26  | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  | 26   |              | Х     |
| 27  | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 27   |              | Х     |
| 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? <i>If</i> "Yes," complete Schedule L, Part IV.  | 28a  |              | Х     |
| 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  |              | Х     |
| 29  | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M.  | 29   |              | Х     |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  | 30   |              | Х     |
| 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 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   | 37   |              | Х     |
|     | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O   | 38   | Х            |       |
| 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.   |      |              | · []  |
| -   | Enter the number reported in her 2 of Form 1000. Fater 0, if act eachiestle   |      | Yes          | No    |
|     | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.1a13Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.1b0  |      |              |       |
|     | Enter the number of Forms W-2G included on line 1a. Enter -0- it not applicable   |      |              |       |
| С   | (gambling) winnings to prize winners?   | 1c   | Х            |       |
| BAA | TEEA0104L 09/05/24  | Form | <b>990</b> ( | 2024) |

45-4587736 Page 4

| Part IV          | Chec  | klist of Requ | ired Sche | dules | (continued) |
|------------------|-------|---------------|-----------|-------|-------------|
| 1 01111 3 3 0 (2 | 2024) | MINDHORSE     | LOINE     | LEAUN | ITING       |

| Part V         Statements Regarding Other IRS Filings and Tax Compliance (continued)           2a         Exercise in equipages reported on from W-3. Transmittal of Woge and Tax State.         2a         11         1           b If at least one is reported on line 2a, di the organization file all required federal employment tax returns?         2b         X           b Othe organization have employmes reported on line 2a, di the organization file all integrit for the set in the signal wave of the submittance   |      | 990 (2024) WINDHORSE EQUINE LEARNING 45-45877   | 36  | F   | Page 5 |
|---|------|---|-----|-----|--------|
| 2 Seture the number of comployees reported on IF orm V3-3. Transmittal of Wage and Tao State.       2       11         b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?       2a       3a         2 A the organization have unrelated obsenses gross income of \$1,000 or more during the year?       3a       3a       3a         3 A the organization have unrelated obsenses gross income of \$1,000 or more during the year?       3a       3a         4 A starp time during the calendary year, did the addition and the year and the states states during the year?       3a       3b         4 A starp time during the calendary year, did the organization have an inferest in, or a signature or other authord, scounds at a base accound, scalants as the arranscalants accound in the organization have an unal gross neesphere base accound, scalants and by annual gross neesphere base that are normally greater than \$100,000, and did the organization have annual gross neesphere base statement that such contributions or gifts were not tax deductable as contributions and party for goods and tax deductable contributions and party for goods and tax deductable accounting the year.       5b       X         0 If Yes, 't full the organization have an unal gross neesphere scalants have an integet of the yobid as accounting the year accounting that year.       5c       X         0 If Yes, 't did the organization have an unal gro   | Part | V Statements Regarding Other IRS Filings and Tax Compliance (continued)   |     |     |        |
| ments, field for the celebrad year ending with or within the year covered by this return.       2a       11         b If at least one is reported on line 2a, did the organization fiel all required federal ending with or within the year ("Met all within th |      |   |     | Yes | No     |
| b If at least one is reported on line 2a, did the organization the all required federal employment fax reture?       2b       X         3a Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X       X         4a At any time during the calendar year, did the act approxements activated or other innerolal accounts?       3a       X         b 11*sc,* net the name of the foreign country (scatt as a bark account, scatterias account of other innerolal accounts?       5a       X         5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         5a Was the organization the organization that was or is a party to a prohibited tax shelter transaction?       5c       X         c 1**es,* to line Sa or Sb, did the organization that was or is a party to a prohibited tax shelter transaction?       5c       X         b 1**es,* to line Sa or Sb, did the organization that was or is a party to a prohibited tax shelter transaction?       5c       X         b 1**es,* to line Sa or Sb, did the organization that exerce to activation and express statement that such contributions or gifts were not tax deductible accharitable accharitable contributions?       5c       X         b 1**es,* did the organization neaves a payment in excess of 375 made party as a contribution and party for goods and services provided?       7c       X         c 1**es,* indicate the number of Forms 5252 lied during he year.       7d       7d   | 2a   |   |     |     |        |
| 3a       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         b "Hest, has it lide a fem \$30-1 m the year? MPT is break, provide an exploration have an exploration have an exploration have an exploration have an interest in, or a signature or other value or ther authority over, a the instructions for ling requirements for FinCEN Form 114. Report of Foreign Bank and Financial account).       3a       X         b II "Hest, "Inter the name of the foreign county" setup instructions for ling requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         b II any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         b II any taxable party notify the organization in the row 188 Financial Accounts (FBAR).       5a       X         c II **s, "is the its So of Sn, did the organization include with every solciation an express statement that such contributions or gifts were not tax deductible.       5b       X         b II **s, "is did the organization include with every solciation such section 170(c).       7a       X         b II **s, "is did the organization include with every active sol sole or generation informs 4222 lied during the year.       7d       7a         b II **s, "is did the organization include with the diverse of through a contribution and party for goods and services foroided to the payor?       7d       7d         b II **s, "is did the organization include with every sole sole or services   |      |   | _   | v   |        |
| b If Yes, 'the filled Ferm 90-1 for this yes? if Wo'th live 3b provide an explosive on Solvable 0.       3b         4A stary time during the categord avait of the torogin country (such as 'point explosition, according or the torogin country)       4a         b If Yes, 'rear the name of the foreign country (such as 'point explosition at any time during the categord avait of the torogin country)       5a         5a Was the organization a party to a prohibited tax shell the transaction at any time during the tax year'.       5a         5a Was the organization ap any to a prohibited tax shell the transaction at any time during the tax year'.       5a         5b D C any taxable party neity the prohibited tax shell the transaction?       5c         6 D Dos the organization have annual gross receives that are normally greater than \$100,000, and idi the organization for the tax deductible as charitable contributions?       6a       X         6 D D D any taxable party neity the prohibited tax shell the transaction?       6b       X         7 Organization share any receive deductible contributions under section 170(c).       10 U the organization receive a payment in excess of S7D made party as a contribution and party for goods and services provided?       7b       7c       X         10 U the segmization with dives are pay tensities discove of thangible personal property for which it was required to fiel form 1822?       7c       X         11 U thes, 'indicate the number of Forms 8282 field during the year.       7d       7c       X  |      |   |     | Λ   | 37     |
| 4a Aray time during the clandary part, dut the organization have an interest in, or a signature or other funnical account)?       4a       X         bit "Yes," enter the name of the forsign country       5a       5a       X         5a Was the organization sprit or a prohibited tax shelter transaction at any time during the tax year?       5a       X         5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization isolicit any view of hot advectible as chinable contributions or gifts were for tax decidible as chinable contributions and the organization isolicit any view of tax decidible as chinable contributions and greater than \$100,000, and did the organization isolicit any view of tax decidible as chinable contributions and greater than \$100,000, and did the organization for the view of view of the advectible as chinable contributions and greater than \$100,000, and did the organization for the payoff.       6a       X         7 Organization neeve a payment in excess of 375 made partly as a contribution and partly for goods and services provided to the payoff.       7a       X         7 If "Yes," indicate the number of Forms 8282 filed during the year.       7d       7d       X         7 Uses, that the organization or dive the organization of quark during the year.       7d       7d       X         7 If "Yes," indicate the number of Forms 8282 filed during the year.       7d       7d       X         7 Uses, that the organization or dive during the year.       7d       7d       X         9  |      |   |     |     | X      |
| In Tress: return the arrange to find y such as a bank account, securities account, or other thrancoll accounts?       4a       X         In Tress: return the many other threspin country       5a       X       5a       X         See instructions for find requirements for FindEN Form 114, Report of Foreign Bank and Financial Accounts (FBAP).       5a       X       5b       5a       X       5b       5a       X       5b       X       5b       X       5b       X       5b       X       5b       X       5b       X       5c   |      |   | 3b  |     |        |
| See instructions for fing requirements for FinCEN Form 114, Report of Foreign Bank and Finencial Accounts (FBAR).       5a         Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a         Sa Dot any taxable party notify the organization file form 8286-17.       5a         Ba Doss the organization have annual gross receipts that are normally greater than \$100,000, and did the organization file form 8286-17.       5c         Ba Doss the organization have annual gross receipts that are normally greater than \$100,000, and did the organization file form 8286-17.       6a       X         B Dot any contributions that were not tax deductible as charitable contributions?       6a       X         O Organizations that may receive deductible contributions under section 170(c).       a) bid the organization networks develope of tangible personal property for which it was required to file form 8282.       7b       7a       X         O Id the organization networks diverse of the goods or services provided?       7c       X       Y         If Yes, 'indicate the number of Forms 8282 filed during the year.       7d       7a       X         If the organization receive a payment in excess of \$35 made party as a contribution an personal benefit contract?       7e       X         If the organization receive any funds, directly or indirectly, no apersonal benefit contract?       7e       X         If the organization meany attabulas distributions and eregulater ton  |      | financial account in a foreign country (such as a bank account, securities account, or other financial account)?  | 4a  |     | Х      |
| 5a Was the organization a party to a prohibited tax sheller transaction 2 may 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         c If Yes, 'to line 5a or 5b, did the organization the form 3886-17.       5c       5c       5c         Ga Does the organization neutre organization include with every solicitation an express statement that such contributions or gifts were not tax deductible sch chartbulkers?       6a       X         b If Yes, 't di the organization notify the doard of the value of the goods or services provided?       7a       X         b If Yes, 't dictae the number of Forms 8282 filed during the year.       7d       7a       X         b Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7e       X         f Did the organization receive any funds, directly or indirectly on a personal benefit contract?       7e       X         f Did the organization receive any funds, directly or indirectly on a personal benefit contract?       7e       X         g If the organization receive any funds, directly or indirectly on a personal benefit contract?       7e       X         g If the organization make any stable distributions under section 4966?       9a       7d       7d         g If the organization make any stable distribution such any bine during the yean?       7d <t< th=""><th>b</th><th>• •</th><th>_</th><th></th><th></th></t<>   | b    | • •   | _   |     |        |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       56       X         c If Yes," to line 5 ao r50, did the organization file Form 8886-17.       5c       5c         a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization file Form 8886-17.       6a       X         b If Yes," to the organization nevel eductible contributions?       6a       X       6b       X         0 Organizations that may receive deductible contributions under section 170(c).       a Did the organization neceive a payment in excess of 375 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b If Yes," did the organization nearly the donor of the value of the goods or services provided?       7b       7c       X         c Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         d If Yes," indicate the number of Forms 8282 filed during the year.       2d       7d       7d       X         g If the organization receive a contribution of qualified intellectual property, idi the organization file a from 1039 C?       7g       7h       X         g Did the organization receive a contribution of qualified intellectual property, idi the organization file a from 1039 C?       7g       7h       X         g If the organization meavement and solar durids. <th>_</th> <th></th> <th>_</th> <th></th> <th>v</th>   | _    |   | _   |     | v      |
| c     If "Yes," to line 5a or 5b, did the organization file Form 8886-T?.     5c       Ga Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization soluted were not tax deductible as charable contributions received solutibles?     6a       b     If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     6a       7     Organization cereive a payment in excess of 57 made partly as a contribution and partly for goods and services provided to the payor?     7a       8     Did the organization notify the donor of the value of the goods or services provided?     7b       C     Did the organization notify the donor of the value of the goods or services provided?     7c       X     If "Yes," indicate the number of Forms 8282 filed during the year.     7d       9     Did the organization received a contribution of qualified lutelifectual property. did the organization file a Form 8899     7g       9     Form 6826?     7d     7d       9     Sponsoring organization make any taxible distributions under section 4966?     9a       9     Sponsoring organization make any taxible distributions under section 4966?     9a       9     Sponsoring organization make any taxible distributions under section 4966?     9a       9     Sponsoring organization make any taxible distributions under section 4966?     9a       9     Sponsoring organization make any ta   |      |   |     |     |        |
| Gs Des 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 charabele contributions?       Ga       X         b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were in that accessed by the organization state may receive deductible contributions under section 170(c).       Ga       X       Gb       X         a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided 0. The payor?       To       To       To         b If "Yes," did the organization on thy the donor of the value of the goods or services provided?       To       To       To         c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       Te       X         f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8282       Te       X         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a form 1099-02?       Te       X         g If the organization neceived a contribution of advised funds.       Did the sponsoring organizations maintaining door advised funds.       Ti       X         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8299       Ti       Zi       Zi  |      |   |     |     | Λ      |
| solicit any contributions that were not tax deductible as charitable contributions?     6a     X       bit "Yes," idid the organization include with every solicitation an express statement that such contributions or gitts were not tax deductible?     6b     X       7 Organizations that may receive deductible contributions under section 170(c).     a bit the organization neative as payment in excess of \$75 made partly as a contribution and partly for goods and services provided?     7b     7c       c Did the organization neative tedonor of the value of the goods or services provided?     7d     7d       c Did the organization neative any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7e     X       f T'yes, 'indicate the number of Forms 2822 field during the year.     7d     7d     7d       f Did the organization received a contribution of qualified intellectual property, did the organization file     7d     7d       g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a form 8299     7g     7d       a form 1094°C?     8     8     8       9 Sponsoring organizations maintaining door advised funds.     8a     8       a Did the sponsoring organization make any taxable distributions or adviser, or related person?     9b       10 Section 501(cX) organizations. Enter:     10a       a Gross income from members or shareholders.     11a       12a Cross income from members or shareholders.   |      | -   | 50  |     |        |
| not tax deductible?       66       X         Organizations that may receive deductible contributions under section 170(c).       60       X         a Dd 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 sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282?       7a       X         d If "Yes," indicate the number of Forms 8282 filed during the year.       7d       X         f Dd the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       X         g If the organization received a contribution of qualified intellectual property, did the organization file a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1038-C?.       7g       7d       X         S Sponsoring organization make any taxable distributions under section 49667.       9a   |      | solicit any contributions that were not tax deductible as charitable contributions?   | 6a  | Х   |        |
| a 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 ff "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to life form 8282?.       7a       X         c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to life form 8282?.       7a       X         d If "Yes," indicate the number of Forms 8282 field during the year.       7a       X         f Did the organization received an outribution of qualified intellectual property, did the organization file Porm 8899       7a       X         g If the organization received a contribution of cars, basts, airplanes, or other vehicles, did the organization file a Form 1098-C?.       7a       X         9 Sponsoring organizations maintaining donor advised funds.       1a       7b       8       7b         8 Sponsoring organization make a distribution sucher section 4966?.       9a       9b       9a       9b         10 Section 501(C/2) organizations. Enter:       10a       10a       10a       10a       10a         12 Section 501(C/2) organizations. Enter:       1a       1a       1a       1a       1a         13 Section 501(C/2) organizations. Enter:       11a       1a       1a       1a       1a         13 Secti   | b    | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?             | 6b  | Х   |        |
| services provided to the payor?       7a       X         b If "Yes," idd the organization notify the donor of the value of the goods or services provided?.       7b       7c       X         c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year.       7d       7c       X         d Did the organization during the year, pay premiums, directly to pay premiums on a personal benefit contract?       7c       X         g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1038-C?       7d       X         g Sonsoring organizations maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining door advised funds.       8       7n         8 Sonsoring organizations maintaining door advised funds.       9d do the sponsoring organizations make any taxable distributions under section 4966?       9a       9a         a Did the sponsoring organizations. Enter:       10a       10a       10a       10a       10a         1 Soction 501(c/Q) organizations. Enter:       11a       11a       11a       11a       11a         2 Soction 501(c/Q)2 qualified nonprofit health plans in more than one stale?       13a       13a       13a         1 Section 501(c/Q)2 qualified noor of the   |      |   |     |     |        |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided?   | а    | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and   | 70  |     | Y      |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year.       7d       7d       7e       X         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         g If the organization received a contribution of qualified intellectual properly, did the organization file Form 8899       7g       7f       X         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1998-C2.       7n       7n       7n         g Sponsoring organizations maintaining donor advised funds.       1d a donor advised funds.       7n       8         g Did the sponsoring organization make a distributions under section 49667.       9a       9b       9b       9b         g Cross income from members or shareholders.       10a       10b       10b       9c       9b       9c         1 Section 501(c)(2) organizations. Enter:       11a       10b       10b       10c       10b       10c       10b       10c       10b       10c       10  | h    |   |     |     | л      |
| d If "Yes," indicate the number of Forms 8282 filed during the year.       7d       7d         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?       7f       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899       7g       7g         h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a       7h       7         8 Sponsoring organizations maintaining donor advised funds.       8       9       9         9 Sponsoring organization make any taxable distribution sunder section 4966?       9a       9       9b         10 the sponsoring organization make any taxable distribution to a donor, donor advised, ror related person?       9b       9b         10 section 501(c)(Z) organizations. Enter:       10a       10b       10b       10b         11 Section 501(c)(Z) organizations. Enter:       11a       10b       10b       10c         12 Section 501(c)(Z) organizations. Enter:       11a       10b       10b       10c         13 Section 501(c)(Z) organizations. Enter:       11a       10b       10c       10c         13 Section 501(c)(Z)  |      | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file                                 |     |     | v      |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899       7g       7g       X         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 C?       7n       X         8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9b         9 Sponsoring organizations make any taxable distributions under section 4966?       9a       9b       9b       9b         10 Section 501(c)(X) organizations. Enter:       10a       10b       10b       10b       10b       10b       10b       10b       11a       11b       11a       11b       11a       11b       11a       11b       11a       11b       11b       11a       11b       11a       11b       11b       11b       12a       12a       12a   | Ь    |   | 70  |     | Λ      |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       77       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899       7g       7g       X         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a form 1096-07.       7h       X         g Sponsoring organizations maintaining door advised funds.       a donor advised funds.       7h       7h         g Did the sponsoring organizations maintaining door advised funds.       9a       9a       9a       9a       9b       9a       9b   |      |   | 70  |     | X      |
| g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899       7g         g if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C2.       7g         8 Sponsoring organizations maintaining door advised funds.       Did a donor advised funds.       7h         9 Sponsoring organizations maintaining door advised funds.       9a       9a         9 Did the sponsoring organization make any taxable distributions under section 49667.       9a       9a         9 Did the sponsoring organization make any taxable distributions under section 49667.       9a       9b         10 Section 501(c)(7) organizations. Enter:       10a       10a       10a         11 Section 501(c)(12) organizations. Enter:       10b       11a       10a       10b         12 Section 501(c)(12) organizations. Enter:       11a       10b       11b       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       11a       12a       12a       12a         13 Section 501(c)(29) qualified nonprofit health plans in more than one state?.       12a       12a       12a         14 Did the organization is locuped to issue qualified health plans.       13a       13a       13a         14 Did the organization receive any payments for indoor tanning services during the tax year?       14a <th></th> <th></th> <th></th> <th></th> <th></th>  |      |   |     |     |        |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.       7h         8 Sponsoring organizations maintaining donor advised funds.       Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds.       8         9 Sponsoring organizations maintaining donor advised funds.       9 a       9a         9 Did the sponsoring organization make any taxable distributions under section 4966?.       9a         10 Section 501(c)(7) organizations. Enter:       10a         11 Section 501(c)(2) organizations. Enter:       10b         12 Section 501(c)(2) organizations. Enter:       10b         13 Section 501(c)(2) organizations. Enter:       11a         a Gross income from ther sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12 Section 501(c)(2) organizations. Enter:       11a       12a         a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       12b         13 Section 501(c)(2) organization is locensed to issue qualified health plans in more than one state?       12b         13 Section for eserves the organization is required to maintain by the states in which the organization is locensed to issue qualified health plans.       13b         c Enter the amount of reserves on hand.       13a         14a Did the organization  |      | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899                                       |     |     |        |
| 8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.       8         9       Sponsoring organizations maintaining donor advised funds.       8         a Did the sponsoring organization make any taxable distributions under section 4966?   | h    | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a                                     |     |     |        |
| 9       Sponsoring organizations maintaining donor advised funds.       9         a       Did the sponsoring organization make any taxable distributions under section 4966?.       9a         b       Did the sponsoring organizations. Enter:       9b         a       Initiation fees and capital contributions included on Part VIII, line 12.       10a         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(2) organizations. Enter:       10a       10b         a       Gross income from members or shareholders.       11a       10b         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year.       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       a       Is the organization licensed to issue qualified health plans.       13a         c       Enter the amount of reserves the organization is required to maintain by the states in which the organization subject to indoor tanning services during the tax year?       14a       X         b       If "Yes," has it fied a Form 720 to report these payments? If "No," provide an explanation on Schedule O.       14a       X   | 8    | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring   |     |     |        |
| a Did the sponsoring organization make any taxable distributions under section 4966?  |      |   | 8   | _   |        |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       a Initiation fees and capital contributions included on Part VIII, line 12.       10a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(2) organizations. Enter:       10a       10b         a Gross income from members or shareholders.       11a       10b       11b         b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         24       Section 501(c)(2) organization literest received or accrued during the year.       12b       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.       12b       13a         3       Section 501(c)(2) organization licensed to issue qualified health plans.       13b       13a         Note: See the instructions for additional information the organization must report on Schedule O.       14a       X         b If "Yes," has it filed a Form 720 to report these payments? <i>If No," provide an explanation on Schedule Q</i> 14a       X         14a       X       If       If       If       If       If         15       X       If "Yes," ha  |      |   | 0-  |     |        |
| 10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12. for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b       10b         12       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         13       Section 501(c)(22) qualified nonprofit health insurance issuers.       12b       13a       13a         13       Section 501(c)(22) qualified nonprofit health plans in more than one state?       13a       13a         14a       X       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.       13b       13a         14a       Did the organization subject to the section 4960 tax on payments? <i>If "No." provide an explanation on Schedule Q</i>   |      |   |     |     |        |
| a Initiation fees and capital contributions included on Part VIII, line 12.       10a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11 Section 501(c)(12) organizations. Enter:       10a         a Gross income from members or shareholders.       11a         b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).       11b         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.       12b         13 Section 501(c)(22) qualified nonprofit health insurance issuers.       12b         a 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.       13a         b Enter the amount of reserves on hand.       13a         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.       14b       15         15 Is the organization and file Form 4720, Schedule N.       16       X         16       X       16       X   |      |   | 90  | _   |        |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11 Section 501(c)(12) organizations. Enter:       a Gross income from members or shareholders.       11a         b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).       11b       11b         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.       12b       13a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       a 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.       13b       13a         c Enter the amount of reserves on hand.       13c       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.       14a       X         b If "Yes," see the instructions and file Form 4720, Schedule N.       15       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         17       "Yes," see the instructions and file Form 4720, Schedule N.       16       X         17 "Yes," complete Form 4720, Sche   |      |   |     |     |        |
| 11       Section 501(c)(12) organizations. Enter:         a Gross income from members or shareholders.       11a         b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a       11b         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.       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a 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.       13b         b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.       14b       14b       15         15       Is the organization and dile Form 4720, Schedule N.       16       X         16       X       16       X         17       Yes," see the instructions and file Form 4720, Schedule N.       16       17   |      |   | -   |     |        |
| a Gross income from members or shareholders.       11a       11b         b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).       11b       11b         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.       12b       12a       13a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       14a       X         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         14b       14b       14b       14b       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       X         16       X       16       X         17       16       X  |      |   | -   |     |        |
| against amounts due or received from them.).       11b       12a         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.       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         a       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.       13b       13b         c       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.       14b       14b         15       Is the organization and file Form 4720, Schedule N.       15       X         16       Is the organization and educational institution subject to the section 4968 excise tax on net investment income?       16       X         17       Section 501(c)(21) organizations. Did the trust, or 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  |      |   |     |     |        |
| 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.       12b       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       a       Is the organization licensed to issue qualified health plans in more than one state?       13a         a       Is the organization of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.       13b       13c         c       Enter the amount of reserves on hand.       13b       13c       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q.       14b       14b         15       Is the organization and dile Form 4720, Schedule N.       16       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         17       Section 501(c)(21) organizations. Did the trust, or 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  | b    | Gross income from other sources. (Do not net amounts due or paid to other sources   | -   |     |        |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a Is the organization licensed to issue qualified health plans in more than one state?  | 12a  |   | 12a |     |        |
| 13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a 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.       13a         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.       13b       13c         c Enter the amount of reserves on hand.       13c       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.       14b       14b         15       Is the organization an educational institution 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       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         17       Section 501(c)(21) organizations. Did the trust, or 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   |      |   |     |     |        |
| Note: See the instructions for additional information the organization must report on Schedule O.       Image: the instructions for additional information is required to maintain by the states in which the organization is licensed to issue qualified health plans  |      |   |     |     |        |
| 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.       13b         c Enter the amount of reserves on hand.       13c         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q.       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         If "Yes," see the instructions and file Form 4720, Schedule N.       16         16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16         X       17  | а    | Is the organization licensed to issue qualified health plans in more than one state?  | 13a |     |        |
| which the organization is licensed to issue qualified health plans       13b       13b         c Enter the amount of reserves on hand.       13c       14a         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> .       14b       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       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       17       16       X  |      | Note: See the instructions for additional information the organization must report on Schedule O.   |     |     |        |
| 14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.       14b       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       X         16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         17 Section 501(c)(21) organizations. Did the trust, or 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   | 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 |     |     |        |
| <ul> <li>b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O.</i></li></ul>  | с    |   |     |     |        |
| <ul> <li>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?If "Yes," see the instructions and file Form 4720, Schedule N.</li> <li>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?</li></ul>  | 14a  | Did the organization receive any payments for indoor tanning services during the tax year?  | 14a |     | Х      |
| excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         17 Section 501(c)(21) organizations. Did the trust, or 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   | b    | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O   | 14b |     |        |
| If "Yes," see the instructions and file Form 4720, Schedule N.         16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?         16 If "Yes," complete Form 4720, Schedule O.         17 Section 501(c)(21) organizations. Did the trust, or 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?  | 15   |   | 15  |     | Х      |
| If "Yes," complete Form 4720, Schedule O.         17 Section 501(c)(21) organizations. Did the trust, or 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 Section 501(c)(21) organizations. Did the trust, or 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  | 16   |   | 16  |     | Х      |
|   | 17   |   |     |     |        |
|   |      |   | 17  |     |        |

| Schedule O. See instructions.       Yes       No         2 Edition A. Governing Body and Management       1a       1a       7       1a         1a Enter the number of voting members of the governing body at the end of the tax year.       1a       7       7       1a         2 Enter the number of voting members include of infinite and above, explain on Schedule O.       1a       7       7       7       7         2 Did any officer, director, trustee, or key employee have a family reliationship or a business reliationship with any other officer, director, trustee, or key employees to an management occupanty officer and the supervision of efficient structor, they employee iteration company of the pressort.       3       X         3 Did the organization delegate control over management duises customarily performed by or under the direct supervision of efficers, director, trustee, or key employees to an anagement occupanty of the pressort.       4       X         4 Did the organization have members, stockholders, or other pressort with had the power to elect or appoint one or more members of the overning body?       5       5       X         5 Did the organization have members of the powerning body?       8       X       7       X         6 Did the organization have members of tockholders, or other person with had the power to elect an appoint one or more members of the optical poor?       8       X         7 Did the organization have members of tochholders, or other pereson with had the power to elect an appoin   | Pa  | <b>t VI</b> Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or cha              | and f  | or           |          |
|---|-----|---|--------|--------------|----------|
| Section A. Governing Body and Management       Yes       No         1a Entor the number of voling members in volting (picks nong members of the governing body, arithes years in volting (picks nong members in volting (picks nong members) in volting (picks nong members in volting (picks nong members in volting (picks nong members) in volting (picks nong members in volting (picks nong members) is volting (picks nong members) in volting (picks nong members) is volting (picks nong members) in volting (picks nong members) is volting ( |     | Schedule O. See instructions.   | •      |              | _        |
| Image: The province of volume members of the governing body at the end of the tax year.       Image: The province of the governing body at the end of the tax year.       Image: The province of the governing body at the end of the tax year.         Image: The province body.       Image: The province of the governing body at the end of the tax year.       Image: The province of the governing body at the province of the governing body.         Image: The province of the governing body at the end of the tax year.       Image: The province of the governing body.       Image: The province of the governing body.         Image: The province of the governing body at the end of the tax year.       Image: The province of the governing body.       Image: The province of the governing body.         Image: The province of the governing body at the province of the governing body.       Image: The province of the governing body.       Image: The province of the governing body.         Image: The province of the governing body.       Image: The province of the governing body.       Image: The province of the governing body.         Image: The province of the governing body.       Image: The province of the governing body.       Image: The province of the governing body.       Image: The province of the governing body.         Image: The province of the governing body.       Image: The province of the governing body.       Image: The province of the governing body.       Image: The province of the governing body.         Image: The province of the governing body.       Image: The province of the governing body.  |     |   |        |              | . Х      |
| 1a Enter the number of volting members of the governing body at the end of the tax year.       1a       7         1f there are imperial differences in volting rights more generates and the governing body.       1a       7         2       Dard softward in the governing body.       1a       7         2       Dard softward in the softward in the tax year.       1a       7         2       Dard softward in the poverning body.       2a constraints of the governing body.       2       X         3       X.       Dard softward in the interview of the governing body.       3       X         4       Dard softward interview of the governing body.       3       X         5       Dard softward interview of the governing body.       3       X         4       Dard softward interview of the governing body.       3       X         5       Dard the organization make any significant changes to its governing body.       3       X         6       Dard softward interview softward interview of the governing body.       7       X         7       Dard softward interview of the governing body.       7       X         8       Dard softward interview of the governing body.       8a       X         9       Interview of the governing body.       8a       X         9       In  | Sec | tion A. Governing Body and Management   |        | Vac          | Na       |
| b Enter the number of voting members included on line 1a, above, who are independent  | 1a  | If there are material differences in voting rights among members  |        | Tes          | NO       |
| officer, director, trustee, or key employees to a management duits 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 deages any significant changes to its governing documents since the prior Form 990 was filed?       4       X         5       Did the organization bace members or stocholders?       6       X         7a       Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members or stocholders?       6       X         7a       Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members or stocholders?       7b       X         8       Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members or stocholders?       7b       X         8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.       7b       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the garanization reaverse information about policies on required by the Internal Revenue Code.         10a       Did the organization have written policies and produces genering the active of supplexes, filiates, and banders to ensure the organization is applexes information about policies anot required by the Internal Revenue Code. </th <td></td> <td></td> <td></td> <td></td> <td></td>  |     |   |        |              |          |
| a Did the organization make any significant changes to its governing documents<br>since the prior Form 990 was filed?       3       X         b Did the organization bave members or stockholders?       4       X         c Did the organization bave members or stockholders?       5       X         c Did the organization bave members or stockholders?       6       X         c Did the organization bave members or stockholders?       6       X         c Did the organization bave members or stockholders?       7       X         b Are any governance decisions of the organization reserved to (or subject to approval by) members,<br>stockholders, or persons ofter than the governing body?       7       X         b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by<br>the following:       8       8       X         a The governing body?       8       8       X       8       X         b Each committee with authority to act on behalf of the governing body?       8       8       X         g Did the organization new writen policies and parcedus or govering the advices and addresses on Schedule O       9       X         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       Yes No         10a Did the organization have avriten writelenging advices and addresses on Schedule O       10a       10a  | 2   | officer, director, trustee, or key employee?  | 2      |              | Х        |
| since the pror Form 990 was filed?       4       X         5       Did the organization become aware during the year of a significant diversion of the organization's assets?       6       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 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, stockholders, or persons other than the governing body?       7b       X         8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8a       X         9       Is there any officer, directry, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's maining address?       9       X         9       Is there any another, frame results information about policies not required by the Internal Revenue Code.)       10a   | 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      |              | Х        |
| 5       Did the organization baceme aware during the year of a significant diversion of the organization's assets?       5       X         6       Did the organization have members or stockholders?       7       X         7       Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       7       X         8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       7       X         8       Did the organization text, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization have incenters? If Yes, 'fouride the anames and addresses on Schedule O.       9       X         5       Did the organization have local chapters, branches, or affiliates?       10       X       9       X         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)         Ves No         0       X         Did the organization have written policies and procedures governing the advisto is seen the spanse of the governing body like form 900. SEE SCHEDULE 0       10       12         10       Did the organization have written policies and procedures governing head villes of such chapters, affiliates, and branches te ensure their operations in allog adverteops wince operation is a section of the degnatizati   | 4   |   |        |              | 37       |
| 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 one or more members of the governing body?       6 X         7b A are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       7b         8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       7b         8 Did the organization have board the the governing body?       8a       X         9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? if you's the names and addresses on Schedule O.       8a       X         9 Did the organization have local chapters, branches, or affiliates?       10a       X         10a Did the organization have written onfiliates?       10a       10a       10a         11a Has the organization have written onfiliates and procedure governing body 20 the reguinized by the reguinized by the regnization treaganized aconglete cong of this from \$90 to the reguinized by the set in formation at the organization have a written onfiliate set in formating 20 the reguinized by the set in the policy?       11a         11a Has the organization have a written onfiliate set in the policy?       11a       12a       X         12b Oth oroganization have a written onfiliate set polic   | F   |   |        |              |          |
| 7a       Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       7a       X         b       Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       7b       X         a       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8a       X         a       The governing body?       8a       X         b       Each committee with authority to act on behalf of the governing body?       8a       X         b       Each committee with authority to act on behalf of the governing body?       8a       X         b       Each committee with authority to act on behalf of the governing body?       8a       X         corganization have local chapters, branches, or affiliates?       9       X         Section B. Policies       (This Section B and procedures governing body before filing the form?       10a       X         10a       Did the organization have writen polices and procedures governing body before filing the form?       11a       X         10b       Did the organization have a writen conflict of interest policy? If "Ye," do to line 13       10a       12a       X         10a       Did the organization regulary and consistently mon   | -   |   | -      |              |          |
| members of the governing body?     7a     X       b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?     7b     X       8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:     8a     X       a The governing body?     8a     X     8b     X       b Each committee with authority to act on behalf of the governing body?     8a     X       b Each committee with authority to act on behalf of the governing body?     8a     X       corganization's maining address? If 'Yes,' provide the names and addresses on Schedule 0.     9     X       Section B. Policies (This Section B requests information about policies and procedures governing the schedule 0.     Yes     No       10a Did the organization have intern policies and procedures governing the schedule of the form 990. SEE SCHEDULE 0     10a     X       11a Has the organization neave and the organization to a written onclicies and procedure 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. SEE SCHEDULE 0     12a     X       12a Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done SEE. SCHEDULE 0     12a     X       12b Did the organization nove a written bolicy or procedure requiring   |     | 5   | 0      |              | Λ        |
| stockholders, or persons other than the "governing body".       7b       X         8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8       A         a The governing body".       Ba       X       Ba       X         b Each committee with authority to act on behalf of the governing body?.       Ba       X       Bb       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? II "Yes," provide the manes and addresses on Schedule O       9       X         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       Yes       No         10b Did the organization have local chapters, branches, or affiliates?       10a       X         b 11*s, tid the organization have written policies and process.       10a       X       10b       11a       X         b Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE 0       12a       X       12a<   | 74  |   | 7a     |              | Х        |
| a The governing body?.       Ba       X         b Each committee with authority to act on behalf of the governing body?.       Ba       X         b Each committee with authority to act on behalf of the governing body?.       Ba       X         9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O       9       X         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       Yes       No         10a Did the organization have vical chapters, branches, or affiliates?       10a       X       Yes       No         11a Has the organization have withen policies and procedures governing body before filing the form?       11a       X       10b       11a       X         12b Did the organization have a written collici of interest policy? If "No," og to line I3       12a       12a       12b  | b   |   | 7b     |              | Х        |
| b Each committee with authority to act on behalf of the governing body?       B       X         9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's maling address? (I''''''''', "'', "''''''''''''''''''''''   | -   | the following:  |        |              |          |
| 9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? It''res, "provide the names and addresses on Schedule O       9       X         Section B. Policies (This Section B requests information about Policies not required by the Internal Revenue Code.)       10a       X         10a Did the organization have local chapters, branches, or affiliates?       10a       X         b If 'res,' did the organization have witten policies and procedures goerning the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?       10a       X         11a has the organization have outer optices, if any, used by the organization to review this Form 990. SEE SCHEDULE 0       12a       X         12a Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'res,'' describe on Schedule O the process, if any, used by the organization or the with sectors?       12a       X         c Did the organization have a written document retention and destruction policy?       13       X         13 Did the organization have a written document retention and destructions.       13a       X         14 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       14a       X         15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comp  |     |   |        | Х            |          |
| organization's mailing address? If "Yes," provide the names and addresses on Schedule 0   |     |   | 8b     |              | X        |
| 10a Did the organization have local chapters, branches, or affiliates?  | 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q      | 9      |              | Х        |
| 10a Did the organization have local chapters, branches, or affiliates?       10a Dif Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches the ensure their operations are consistent with the organization's exempt propees?       10a Dif X         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         12a Did the organization have a written conflict of interest policy? If "No," go to line 13.       11a X         12b Uter organization required to disclose annually interests that could give rise to conflicts?       12a X         13 Did the organization have a written whistlebiower policy?       13a X         14 X       X         15 Did the organization have a written whistlebiower policy?       13a X         14 Did the organization have a written whistlebiower policy?       13a X         14 Did the organization have a written whistlebiower policy?       13a X         15 Did the organization requires the rocess on Schedule O.       15a X         16b Other officers or key employees of the organization       11a X         16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entry during the applicable.       15b X         16a X       16a X         16a T*ses, "did the organization follow a written policy or procedure requiring the applicable), 990, and 990-T (sectin 501(c)(3) s only) availa   | Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue   | Cod    | e.)          |          |
| b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?       106         11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       106         12a Did the organization have a written conflict of interest policy? If "No," go to line 13.       12a X         b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       12a X         c Did the organization negularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.       SEE. SCHEDULE, 0         13 Did the organization have a written whistleblower policy?       13       X         14 Did the organization have a written document retention and destruction policy?       13       X         14 Did the organization have a written document retention and destruction policy?       13       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?       15a X         a The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a X         b If "Yes," did the organization follow a written policy or procedure requiring the organization to e  |     |   |        | Yes          |          |
| operations are consistent with the organization's exempt purposes?       10b         11a Has the organization provided a complete copy of this Form 990 tall members of its governing body before filing the form?       11a Has the organization provided a complete copy of this Form 990 tall members of its governing body before filing the form?       11a Has the organization provided a complete copy of this Form 990 tall members of its governing body before filing the form?       11a Has the organization have a written conflict of interest policy? If "No," go to line 13.       12a Did the organization have a written conflict of interest policy? If "Nes," describe on Schedule O how this was done.       12a Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.       12b X       12b X         13 Did the organization have a written whistleblower policy?       13 X       14 X       14 X         14 Did the organization have a written document retention and destruction policy?       13a X         15 Did the organization have a written companeous substantiation of the deliberation and decision?       15a X         16 Di the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       15a X         16a Di 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?       16a X         17 List the st  |     |   | 10a    |              | <u>X</u> |
| b Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE 0       12a         12a Did the organization have a written conflict of interest policy? If "No," go to line 13.       12a         b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       12b         c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done SEE, SCHEDULE O       12c       X         13 Did the organization have a written whistleblower policy?       13a       X       14d       X         14 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?       14d       X         a The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       15a       X         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 CEO.       16a       X         17       List the states with which a copy of this Form 990 is required to be filed NONE       NONE       16b       16b         18       Conn of 104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicabl  |     | operations are consistent with the organization's exempt purposes?  |        | 37           |          |
| 12a Did the organization have a written conflict of interest policy? If "No," go to line 13   |     |   | 11a    | X            |          |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise<br>to conflicts?       12b       X         c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on<br>Schedule O how this was done       12c       X         13 Did the organization have a written whistleblower policy?       13       X         14 Did the organization have a written document retention and destruction policy?       13       X         15 Did the organization's CEO, Executive Director, or top management official.       14       X         b Other officers or key employees of the organization       15b       X         16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a<br>taxable entity during the year?       16a       X         b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its<br>participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the<br>organization's exempt status with respect to such arrangements?       16b         5       Section C. Disclosure       Image: Section file organization to make its Form 900 is required to be filed<br>MONE  |     |   | 120    | v            |          |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done SEE. SCHEDULE O.       12       X         13 Did the organization have a written whistleblower policy?       13       X         14 Did the organization have a written document retention and destruction policy?       13       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?       15       X         a The organization is CEO, Executive Director, or top management official.       15a       X       15b       X         b Other officers or key employees of the organization       16 bid the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a       X       16a       X         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       16b         Section C. Disclosure       Image: 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.       Image: Section 6104 requires an organization made its g   |     | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise   |        |              |          |
| 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?       14       X         a The organization's CEO, Executive Director, or top management official       15a       X       15a       X         b Other officers or key employees of the organization       15b       X       15b       X         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       X         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?       16a       X         17       List the states with which a copy of this Form 990 is required to be filed for public inspection. Indicate how you made these available. Check all that apply.       10ther (explain on Schedule O)         18       Section 6104 requires an organization made its governing documents, conflict of interest policy, and financial statements available to the public uring the tax year.       SEE COLEDULE O         20       Own website       X       Another's website       X       <   | c   |   | 12c    | Х            |          |
| 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       15         b       Other officers or key employees of the organization       15         if "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.       15       X         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       X         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?       16a       X         17       List the states with which a copy of this Form 990 is required to be filed NONE       NONE       16b       16b         18       Section 6.104 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.       Other (explain on Schedule O)         19       Describe on Schedule 0 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 yea   | 13  | Did the organization have a written whistleblower policy?   | 13     |              | Х        |
| persons, comparability data, and contemporaneous substantiation of the deliberation and decision?       15a         a The organization's CEO, Executive Director, or top management official       15a         b Other officers or key employees of the organization       15b         if "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.       15b         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         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?       16a       X         Section C. Disclosure       16b       16b       16b       16b         17       List the states with which a copy of this Form 990 is required to be filed NONE       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.       2       0ther (explain on Schedule O)         19       Describe on Schedule 0 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.       SEE SCHEDULE O         20       State the name, address, and telephone number of the person who possesses the organization's books and records. <td>14</td> <td></td> <td>14</td> <td>Х</td> <td></td>  | 14  |   | 14     | 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       X         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       X         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?       16a       X         Section C. Disclosure       16b       16b       16b         17 List the states with which a copy of this Form 990 is required to be filed norganization in spectron. Indicate how you made these available. Check all that apply.       10h (c)(3) s only) available for public inspection. Indicate how you made these available. Check all that apply.       0ther (explain on Schedule O)         19 Describe on Schedule 0 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.       SEE SCHEDULE O         20       State the name, address, and telephone number of the person who possesses the organization's books and records.       DARCY MINTER PO BOX 11954 BOZEMAN MT 59719 (406) 522-3906   | 15  |   |        |              |          |
| 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?         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?         16a       X         Section C. Disclosure       16b         17       List the states with which a copy of this Form 990 is required to be filed NONE         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.         Image: Construct the public during the tax year.       SEE SCHEDULE O         20       State the name, address, and telephone number of the person who possesses the organization's books and records.         DARCY MINTER PO BOX 11954 BOZEMAN MT 59719 (406) 522-3906   |     |   |        | Х            |          |
| 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?   | b   |   | 15b    |              | X        |
| 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       16b         Section C. Disclosure         17       List the states with which a copy of this Form 990 is required to be filed NONE         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       X       Another's website       Other (explain on Schedule O)         19       Describe on Schedule 0 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.       SEE SCHEDULE O         20       State the name, address, and telephone number of the person who possesses the organization's books and records.         DARCY MINTER PO BOX 11954 BOZEMAN MT 59719 (406) 522-3906  | 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a   | 10     |              | V        |
| Section C. Disclosure       16b         17       List the states with which a copy of this Form 990 is required to be filed NONE         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.         IX       Own website       IX         IX       Own website       IX         IX       Own website       IX         IX       Own website       IX         IX       Own request       Other (explain on Schedule O)         19       Describe on Schedule 0 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.         IX       SEE       SCHEDULE O         20       State the name, address, and telephone number of the person who possesses the organization's books and records.         DARCY       MINTER PO       BOX 11954         BOZEMAN       MT 59719       (406)       522-3906   | b   | If "Yes." did the organization follow a written policy or procedure requiring the organization to evaluate its  | 16a    |              | X        |
| Section C. Disclosure         17       List the states with which a copy of this Form 990 is required to be filed NONE         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.         Image: I   |     | organization in joint venture analygements under applicable lederal tax law, and take steps to safeguard the  | 16b    |              |          |
| <ul> <li>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.</li> <li>X Own website X Another's website X Upon request Other (explain on Schedule O)</li> <li>19 Describe on Schedule 0 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. SEE SCHEDULE O</li> <li>20 State the name, address, and telephone number of the person who possesses the organization's books and records. DARCY MINTER PO BOX 11954 BOZEMAN MT 59719 (406) 522-3906</li> </ul>  | Sec |   |        |              |          |
| <ul> <li>available for public inspection. Indicate how you made these available. Check all that apply.</li> <li>X Own website</li> <li>X Another's website</li> <li>X Upon request</li> <li>Other (explain on Schedule O)</li> <li>Describe on Schedule 0 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.</li> <li>SEE SCHEDULE O</li> <li>State the name, address, and telephone number of the person who possesses the organization's books and records.</li> <li>DARCY MINTER PO BOX 11954 BOZEMAN MT 59719 (406) 522-3906</li> </ul>   | 17  |   |        |              |          |
| <ul> <li>19 Describe on Schedule 0 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. SEE SCHEDULE O</li> <li>20 State the name, address, and telephone number of the person who possesses the organization's books and records. DARCY MINTER PO BOX 11954 BOZEMAN MT 59719 (406) 522-3906</li> </ul>   | 18  | available for public inspection. Indicate how you made these available. Check all that apply.   | (c)(3) | is only      | /)       |
| the public during the tax year.       SEE SCHEDULE O         20       State the name, address, and telephone number of the person who possesses the organization's books and records.         DARCY MINTER PO BOX 11954 BOZEMAN MT 59719 (406) 522-3906   |     |   |        |              |          |
| DARCY MINTER PO BOX 11954 BOZEMAN MT 59719 (406) 522-3906   |     | the public during the tax year. SEE SCHEDULE O  | ole to |              |          |
|   | 20  |   |        |              |          |
|   | BAA |   | Form   | <b>990</b> ( | 2024)    |

45-4587736

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| Part VII  | Compensation of Officers, Directors, Trustees, Key Employees, High<br>Independent Contractors | 10 1000 000      | and   |
|-----------|---|------------------|---|
|           | Check if Schedule O contains a response or note to any line in this Part VII                  |                  | <u>.                                     </u> |
| Section A | A. Officers, Directors, Trustees, Key Employees, and Highest Compe                            | nsated Employees |   |

15-1507726

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See 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 the instructions for the order in which to list the persons above.

Form 990 (2024) WINDHODSE FOUTNE IFADNING

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

|                                 |       |  |      |                           | (C    | ;)             |   |    |  |   |  |
|---------------------------------|-------|--|------|---------------------------|-------|----------------|---|----|--|---|--|
| (A)<br>Name and title           |       | (B)<br>Average<br>hours<br>per week<br>(list any<br>hours for<br>related<br>organiza-<br>tions<br>below<br>dotted<br>line) | box. | not ch<br>unles<br>er and | s per | more<br>rson i | than o<br>s both<br>r/trust Highest compensated | an | (D)<br>Reportable<br>compensation from<br>the organization<br>(W-2/1099-<br>MISC/1099-NEC) | (E)<br>Reportable<br>compensation from<br>related organizations<br>(W-2/1099-<br>MISC/1099-NEC) | (F)<br>Estimated amount<br>of other<br>compensation from<br>the organization<br>and related<br>organizations |
| (1) DARCY MINTER                |       | 40   |      |                           |       |                | đ   |    |  |   |  |
| EXECUTIVE DIREC                 | TOR   | 0  |      |                           |       | Х              |   |    | 55,000.  | 0.  | 0.   |
| (2) MADDI CISIEWSKI<br>DIRECTOR |       | <u>2_</u>  | х    |                           |       |                |   |    | 0.   | 0.  | 0.   |
| (3) ERIN ALLISON                |       | 2  | 1    |                           |       |                |   |    |  |   |  |
| SECRETARY                       |       | 0  | Х    |                           | Х     |                |   |    | 0.   | 0.  | 0.   |
| (4) KRISTA STEUDEL              |       | 2  |      |                           |       |                |   |    |  |   |  |
| DIRECTOR                        |       | 0  | Х    |                           |       |                |   |    | 0.   | 0.  | 0.   |
| (5) CHRISTINA RIEKE             | NBERG | 2  |      |                           |       |                |   |    |  |   |  |
| TREASURER                       |       | 0  | Х    |                           | Х     |                |   |    | 0.   | 0.  | 0.   |
| (6) PATTI DRAUDE                |       | 2  |      |                           |       |                |   |    |  |   |  |
| VICE CHAIRMAN                   |       | 0  | Х    |                           | Х     |                |   |    | 0.   | 0.  | 0.   |
| (7) MARIEL BUTAN                |       | 2  |      |                           |       |                |   |    |  |   |  |
| DIRECTOR                        |       | 0  | Х    |                           |       |                |   |    | 0.   | 0.  | 0.   |
| (8) MELODY JUSTICE              |       | 2  |      |                           |       |                |   |    |  |   |  |
| CHAIRMAN                        |       | 0  | Х    |                           | Х     |                |   |    | 0.   | 0.  | 0.   |
| (9) MICHELLE GRIFFI             | TH    | 2  |      |                           |       |                |   |    |  |   |  |
| DIRECTOR                        |       | 0  | Х    |                           |       |                |   |    | 0.   | 0.  | 0.   |
| (10)                            |       |  | -    |                           |       |                |   |    |  |   |  |
| (11)                            |       |  | -    |                           |       |                |   |    |  |   |  |
| (12)                            |       |  |      |                           |       |                |   |    |  |   |  |
|                                 |       |  |      |                           |       |                |   |    |  |   |  |
| (13)                            |       |  | -    |                           |       |                |   |    |  |   |  |
| (14)                            |       |  | 1    |                           |       |                |   |    |  |   |  |
| BAA                             |       | TEEA0  | 107L | 09/05                     | /24   |                |   |    |  |   | Form <b>990</b> (2024)   |

# Form 990 (2024) WINDHORSE EQUINE LEARNING 45-4587736 Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| 1 u  | t vir Section A. Onicers, Directors, Th   | 51005,                          |                |                          | -                    | C)            |                       |              |   |   | loyee                | <b>3</b> (com   | iniucuy   |
|------|---|---------------------------------|----------------|--------------------------|----------------------|---------------|-----------------------|--------------|---|---|----------------------|---|-----------|
|      | (A)<br>Name and title   | <b>(B)</b><br>Average           | box,           | unles                    | heck<br>ss pe        | rson          | than c<br>is both     | an           | (D)<br>Reportable   | <b>(E)</b><br>Reportable  | Estim                | <b>(F)</b><br>ated am                                     | ount      |
|      |   | hours                           |                | er Institutional trustee | d a d<br>Officer     | 1             | Highest compensated   | r Ó          | compensation from<br>the organization<br>(W-2/1099-<br>MISC/1099-NEC) | comperisation from<br>related organizations<br>(W-2/1099-<br>MISC/1099-NEC) | compe<br>the o<br>an | of other<br>nsation<br>rganizat<br>d related<br>anization | tion<br>d |
| (15) |   |                                 |                |                          |                      |               |                       |              |   |   |                      |   |           |
| (16) |   |                                 |                |                          |                      |               |                       |              |   |   |                      |   |           |
| (17) |   |                                 |                |                          |                      |               |                       |              |   |   |                      |   |           |
| (18) |   |                                 |                |                          |                      |               |                       |              |   |   |                      |   |           |
| (19) |   |                                 |                |                          |                      |               |                       |              |   |   |                      |   |           |
| (20) |   |                                 |                |                          |                      |               |                       |              |   |   |                      |   |           |
| (21) |   |                                 |                |                          |                      |               |                       |              |   |   |                      |   |           |
| (22) |   |                                 |                |                          |                      |               |                       |              |   |   |                      |   |           |
| (23) |   |                                 |                |                          |                      |               |                       |              |   |   |                      |   |           |
| (24) |   |                                 |                |                          |                      |               |                       |              |   |   |                      |   |           |
| (25) |   |                                 |                |                          |                      |               |                       |              |   |   |                      |   |           |
| 1b   | Subtotal  |                                 |                |                          |                      |               |                       |              | 55,000.   | 0.  |                      |   | 0.        |
|      | Total from continuation sheets to Part VII, Section<br>Total (add lines 1b and 1c).                                   |                                 |                |                          |                      |               |                       |              | 0. 55,000.  | 0.  |                      |   | 0.        |
|      | Total number of individuals (including but not limit  |                                 |                |                          |                      |               |                       |              |   |   | le com               | pensa   |           |
|      | from the organization 0   |                                 |                |                          |                      |               |                       |              |   |   |                      | Yes   | No        |
| 3    | Did the organization list any <b>former</b> officer, direct on line 1a? If "Yes, "complete Schedule J for such        | or, trustee<br><i>individua</i> | e, ke<br>a/    | y en                     | nplo                 | yee           | , or h                | nighe        | est compensated   | employee  | . 3                  | 163   | X         |
| 4    | For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual | reportable<br>r than \$15       | e cor<br>50,00 | npe<br>0?                | nsat<br><i>lf "γ</i> | tion<br>′es,  | and o<br>" <i>com</i> | othe<br>iple | er compensation fr<br>te Schedule J for                               |   | 4                    |   | v         |
| 5    | Did any person listed on line 1a receive or accrue for services rendered to the organization? <i>If "Yes</i>          |                                 |                |                          |                      |               |                       |              |   | ndividual   |                      |   | X<br>X    |
| Sec  | tion B. Independent Contractors   |                                 |                |                          |                      |               |                       |              |   |   |                      |   |           |
| 1    | Complete this table for your five highest compens<br>compensation from the organization. Report comp                  | ated inde<br>pensation          | penc<br>for t  | lent<br>he c             | con<br>caler         | itrac<br>ndai | tors t<br>year        | that<br>r en | received more the<br>ding with or withir                              | an \$100,000 of the organization's  | tax yea              | r.  |           |
|      | (A)<br>Name and business addr   | ess                             |                |                          |                      |               |                       |              | (B)<br>Description o  | of services   | <b>(</b><br>Compe    | <b>C)</b><br>nsatio                                       | n         |
|      |   |                                 |                |                          |                      |               |                       |              |   |   |                      |   |           |
|      |   |                                 |                |                          |                      |               |                       |              |   |   |                      |   |           |
|      |   |                                 |                |                          |                      |               |                       |              |   |   |                      |   |           |
| 2    | Total number of independent contractors (includir \$100,000 of compensation from the organization                     | ng but not<br>0                 | limi           | ted 1                    | to th                | iose          | liste                 | d at         | l<br>bove) who receive  | d more than   |                      |   |           |

# Part VIII Statement of Revenue

Page 9

|    |  |           |                  | <b>(A)</b><br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | <b>(C)</b><br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>under sectio<br>512-514 |
|----|--|-----------|------------------|-----------------------------|--|--|--|
| 1  | a Federated campaigns  | 1a        |                  |                             |  |  |  |
|    | <b>b</b> Membership dues   | 1b        |                  |                             |  |  |  |
| (  | c Fundraising events   | 1c        | 29,980.          |                             |  |  |  |
|    | <b>d</b> Related organizations   | 1d        |                  |                             |  |  |  |
|    | e Government grants (contributions)  | 1e        |                  |                             |  |  |  |
|    | f All other contributions, gifts, grants, and similar amounts not included above | 1f        | 244,261.         |                             |  |  |  |
|    | g Noncash contributions included in  |           | 244,201.         |                             |  |  |  |
|    | lines 1a-1f  | 1g        |                  | 0.5.4.0.44                  |  |  |  |
| -  | h Total. Add lines 1a-1f   |           | Business Code    | 274,241.                    |  |  |  |
| 2  | DDOCDAM INCOME   |           | 900099           | 26 621                      | 26 621   |  |  |
|    | a <u>PROGRAM INCOME</u><br>b   |           | 900099           | 36,621.                     | 36,621.  |  |  |
|    | c  |           |                  |                             |  |  |  |
|    | d  |           |                  |                             |  |  |  |
|    | e  |           |                  |                             |  |  |  |
| 1  | f All other program service revenue  | <u> </u>  |                  |                             |  |  |  |
| 9  | g Total. Add lines 2a-2f   |           |                  | 36,621.                     |  |  |  |
| 3  |  |           |                  |                             |  |  |  |
|    | other similar amounts)   |           |                  | 6,758.                      |  |  | 6,7  |
| 4  |  |           |                  |                             |  |  |  |
| 5  | i Royalties  |           | (ii) Personal    |                             |  |  |  |
| 6  |  | 263       |                  |                             |  |  |  |
|    | <b>b</b> Less: rental expenses <b>6b</b>   | 203       | •                |                             |  |  |  |
|    |  | 263       |                  |                             |  |  |  |
|    | d Net rental income or (loss)  |           |                  | 22,263.                     |  |  | 22,2   |
|    | a Gross amount from (i) Secur  |           | (ii) Other       | /_                          |  |  |  |
|    | sales of assets  |           |                  |                             |  |  |  |
|    | <b>b</b> Less: cost or other basis   |           |                  |                             |  |  |  |
|    | and sales expenses 7b  |           |                  |                             |  |  |  |
|    | c Gain or (loss) 7c  |           |                  |                             |  |  |  |
|    | d Net gain or (loss).  | · · · · · |                  |                             |  |  |  |
| 8  | a Gross income from fundraising events<br>(not including \$ 29,980               |           |                  |                             |  |  |  |
|    | of contributions reported on line 1c).   | <u>·</u>  |                  |                             |  |  |  |
|    | See Part IV, line 18   | 8         | <b>a</b> 32,694. |                             |  |  |  |
|    | <b>b</b> Less: direct expenses   | 8         |                  |                             |  |  |  |
|    | c Net income or (loss) from fundrais   | sing e    |                  | 17,216.                     |  |  | 17,2   |
| 9  | a Gross income from gaming activities.   | Γ         |                  |                             |  |  |  |
|    | See Part IV, line 19   | 9         |                  |                             |  |  |  |
|    | <b>b</b> Less: direct expenses   | 9         | -                |                             |  |  |  |
|    | c Net income or (loss) from gaming   | activ     | /ities           |                             |  |  |  |
| 10 | a Gross sales of inventory, less returns and allowances                          | 10        |                  |                             |  |  |  |
|    | <b>b</b> Less: cost of goods sold  | 10        |                  |                             |  |  |  |
|    | c Net income or (loss) from sales or   | -         | -                |                             |  |  |  |
| +  |  |           | Business Code    |                             |  |  |  |
| 11 | a OTHER  |           |                  | 1,040.                      |  |  | 1,0  |
|    | b  |           |                  |                             |  |  | , u  |
|    | c  |           |                  |                             |  |  |  |
| 1  |  |           |                  |                             |  |  | İ  |
|    | d All other revenue  |           |                  |                             |  |  |  |

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). ~ . line in this Dout IV

| Sec    | tion 501(c)(3) and 501(c)(4) organizations must o  |                              |   |  |                                       |
|--------|--|------------------------------|---|--|---------------------------------------|
|        | Check if Schedule O contains a re  |                              |   |  |                                       |
|        | not include amounts reported on lines<br>7b, 8b, 9b, and 10b of Part VIII.   | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service<br>expenses | <b>(C)</b><br>Management and<br>general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| 1      | Grants and other assistance to domestic<br>organizations and domestic governments.<br>See Part IV, line 21   |                              |   |  |                                       |
| 2      | Grants and other assistance to domestic individuals. See Part IV, line 22  | 3,550.                       | 3,550.                                    |  |                                       |
| 3      | Grants and other assistance to foreign<br>organizations, foreign governments, and for-<br>eign 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   | 55,000.                      | 27,500.                                   | 13,750.  | 13,750.                               |
| 6      | Compensation not included above to   | 55,000.                      | 27,300.                                   | 13,730.  | 15,750.                               |
| 0      | disqualified persons (as defined under<br>section 4958(f)(1)) and persons described<br>in section 4958(c)(3)(B)  | 0.                           | 0.  | 0.   | 0                                     |
| 7      | Other salaries and wages   | 49,129.                      | 37,999.                                   | 0.   | 0.<br>11,130.                         |
| ,<br>8 | Pension plan accruals and contributions  | 49,129.                      | 57,999.                                   |  | 11,130.                               |
| ö      | (include section 401(k) and 403(b)<br>employer contributions)  |                              |   |  |                                       |
| 9      | Other employee benefits  | 2,700.                       | 1,350.                                    | 675.   | 675.                                  |
| 10     | Payroll taxes  | 12,774.                      | 5,937.                                    | 4,575.   | 2,262.                                |
| 11     | Fees for services (nonemployees):  |                              |   |  |                                       |
|        | Management   |                              |   |  |                                       |
|        | Legal  |                              |   |  |                                       |
|        | Accounting   | 11,405.                      |   | 11,405.  |                                       |
|        | Lobbying   |                              |   |  |                                       |
|        | Professional fundraising services. See Part IV, line 17  | 67,500.                      |   |  | 67,500.                               |
|        | Investment management fees   |                              |   |  |                                       |
| g      | (A), amount, list line 11g expenses on Schedule 0.)  | 120.                         | 120.                                      |  |                                       |
| 12     | Advertising and promotion  | 4,281.                       | 3,374.                                    | 265.   | 642.                                  |
| 13     | Office expenses  | 2,857.                       | 1,320.                                    | 1,109.   | 428.                                  |
| 14     | Information technology   | 4,216.                       | 1,249.                                    | 489.   | 2,478.                                |
| 15     | Royalties  |                              |   |  |                                       |
| 16     | Occupancy  | 29,940.                      | 25,940.                                   | 2,000.   | 2,000.                                |
| 17     | Travel   | 1,597.                       | 1,064.                                    | 533.   |                                       |
| 18     | Payments of travel or entertainment<br>expenses for any federal, state, or local<br>public officials   |                              |   |  |                                       |
| 19     | Conferences, conventions, and meetings   |                              |   |  |                                       |
| 20     | Interest   |                              |   |  |                                       |
| 21     | Payments to affiliates.  |                              |   |  |                                       |
| 22     | Depreciation, depletion, and amortization  | 2,203.                       | 2,203.                                    |  |                                       |
| 23     | Insurance  | 3,068.                       | 2,017.                                    | 870.   | 181.                                  |
| 24     | Other expenses. Itemize expenses not<br>covered above. (List miscellaneous expenses<br>on line 24e. If line 24e amount exceeds 10%<br>of line 25, column (A), amount, list line 24e<br>expenses on Schedule O.)              |                              |   |  |                                       |
| a      | HAY & FEED   | 27,208.                      | 27,208.                                   |  |                                       |
| b      | FACILITY_EXPENSE   | 20,714.                      | 20,714.                                   |  |                                       |
| c      |  | 14,415.                      | 14,415.                                   |  |                                       |
| d      | <u>SUPPLIES</u>  | 12,855.                      | 2,024.                                    | 72.  | 10,759.                               |
| e      | All other expenses.  | 9,817.                       | 705.                                      | 2,948.   | 6,164.                                |
| 25     | Total functional expenses. Add lines 1 through 24e   | 335,349.                     | 178,689.                                  | 38,691.  | 117,969.                              |
| 26     | Joint costs. Complete this line only if<br>the organization reported in column (B)<br>joint costs from a combined educational<br>campaign and fundraising solicitation.<br>Check here if following<br>SOP 98-2 (ASC 958-720) |                              |   |  |                                       |
| RΔΔ    |  | TEE 001101 000               | 10E 10.4                                  |  | Form <b>990</b> (2024                 |

Balance Sheet

Part X

| 4 | 5- | 45 | 87 | 73 | 6 |  |
|---|----|----|----|----|---|--|
|   |    |    |    |    |   |  |

Check if Schedule O contains a response or note to any line in this Part X..... (A) Beginning of year (B) End of year Cash – non-interest-bearing..... 1 46,563. 1 43,632 2 Savings and temporary cash investments. 2 Pledges and grants receivable, net. 3 3 Accounts receivable, net ..... 4 4 5 Loans and other receivables from any current or former officer, director, controlled entity or family member of any of these persons..... 5 Loans and other receivables from other disqualified persons (as defined under 6 section 4958(f)(1)), and persons described in section 4958(c)(3)(B)..... 6 7 Notes and loans receivable, net. 7 Inventories for sale or use..... 8 8 Assets Prepaid expenses and deferred charges ..... 9 9 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D..... 10a 10a 22,570 **b** Less: accumulated depreciation..... 1**0**b 20,915. 10c 3,858. 1,655. Investments – publicly traded securities..... 164,153. 11 190,831 11 12 Investments – other securities. See Part IV, line 11..... 12 13 Investments – program-related. See Part IV, line 11..... 13 14 Intangible assets. 14 15 15 Other assets. See Part IV, line 11..... 1,000 1,000. 16 212,643. 240,049. 16 Total assets. Add lines 1 through 15 (must equal line 33)..... 17 Accounts payable and accrued expenses ..... 17 18 18 Grants payable ..... 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities ..... 21 Escrow or custodial account liability. Complete Part IV of Schedule D..... 21 Liabilities Loans and other payables to any current or former officer, director, trustee, 22 key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons..... 22 23 Secured mortgages and notes payable to unrelated third parties..... 23 24 Unsecured notes and loans payable to unrelated third parties ..... 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . 25 2,734 25 2,255 Total liabilities. Add lines 17 through 25..... 26 2,734 26 2,255. Organizations that follow FASB ASC 958, check here Х Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions ..... 209,909. 27 149,722. 27 Net assets with donor restrictions ..... 28 28 88,072. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 5 Capital stock or trust principal, or current funds..... 29 29 Net Assets 30 Paid-in or capital surplus, or land, building, or equipment fund..... 30 Retained earnings, endowment, accumulated income, or other funds ..... 31 31 32 Total net assets or fund balances..... 209,909 32 237,794. Total liabilities and net assets/fund balances..... 33 212,643. 33 240,049.

BAA

TEEA0111L 09/05/24

Form 990 (2024)

| Form | 990 (2024) WINDHORSE EQUINE LEARNING 45-4   | 1587736  | 5    | Pa           | ge <b>12</b> |
|------|---|----------|------|--------------|--------------|
| Par  | t 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        | 3    | 58,1         | .39.         |
| 2    | Total expenses (must equal Part IX, column (A), line 25)  | 2        | 3    | 35,3         | 349.         |
| 3    | Revenue less expenses. Subtract line 2 from line 1  | 3        |      | 22,7         | 790.         |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))   | 4        | 2    | 09,9         | 909.         |
| 5    | Net unrealized gains (losses) on investments  | 5        |      | 5,0          | )95.         |
| 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   |   | 10       | 2    | 37,7         | /94.         |
| 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 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 separate basis, consolidated basis, or both.  | on a     |      |              |              |
| h    | Were the organization's financial statements audited by an independent accountant?  |          | 2b   |              | Х            |
|      | 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.  |          |      |              |              |
| С    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant? | e audit, | 2c   |              |              |
|      | If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   |          |      |              |              |
|      | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Ur 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 audits, explain why on Schedule O and describe any steps taken to undergo such audits       |          | 3b   |              |              |
| BAA  | TEEA0112L 09/05/24  |          | Form | <b>990</b> ( | (2024)       |

SCHEDULE A (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. Attach to Form 990 or Form 990-EZ.

2024

OMB No. 1545-0047

to Public

| Department of the Treasury<br>Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. |        |   |                                      |  |  |                         |  |  | Inspection  |  |  |  |  |  |
|---|--------|---|--------------------------------------|--|--|-------------------------|--|--|---|--|--|--|--|--|
| Name  | of the | organization                                  |                                      |  |  |                         |  | Employer identific                                 | ation number  |  |  |  |  |  |
| WIN   | DH     | ORSE EQUI                                     | NE LEARNIN                           | IG   |  |                         |  | 45-458773  | 6   |  |  |  |  |  |
| Par   |        |   |                                      |  | organizations must   |                         |  |  | ctions.   |  |  |  |  |  |
| The c   | rga    |   |                                      | •  | or lines 1 through 12, o   |                         | 5  | ,  |   |  |  |  |  |  |
| 1   |        | ,   |                                      | ,  | of churches described in   |                         | 1 1 <b>70(b)</b>                           | (1)(A)(i).   |   |  |  |  |  |  |
| 2   |        |   |                                      |  | ach Schedule E (Form   |                         |  |  |   |  |  |  |  |  |
| 3   |        | •   | •                                    |  | zation described in sec  |                         |  |  |   |  |  |  |  |  |
| 4   |        |   | -                                    | tion operated in conju   | nction with a hospital c   | lescribed               | i in seci                                  | ion 170(b)(1)(A)(iii). Er                          | nter the hospital's                                   |  |  |  |  |  |
| 5   |        |   | on operated for                      |  | ge or university owned   | or opera                | ted by a                                   | governmental unit des                              | scribed in  |  |  |  |  |  |
| 6   |        | section 170(b)(1)(A)(iv). (Complete Part II.) |                                      |  |  |                         |  |  |   |  |  |  |  |  |
| 7   | Х      | An organizati                                 | on that normally                     | 0  | al part of its support fro   |                         |  |  | neral public described                                |  |  |  |  |  |
| 8   |        | A community                                   | trust described                      | in section 170(b)(1)(A   | A)(vi). (Complete Part I   | l.)                     |  |  |   |  |  |  |  |  |
| 9   |        | An agricultura                                | al research orga                     | nization described in  | section 170(b)(1)(A)(ix  | ) operate               | ed in cor                                  | njunction with a land-gi                           | rant college  |  |  |  |  |  |
|   |        |   |                                      |  | ture (see instructions).   |                         |  |  |   |  |  |  |  |  |
| 10  |        | An organizati                                 | on that normally                     | receives (1) more th   | an 33-1/3% of its supp   | ort from                | contribu                                   | itions membershin fee                              | s and gross receipts                                  |  |  |  |  |  |
|   |        | from activities<br>investment in              | s related to its e<br>come and unrel | xempt functions, sub   | ject to certain exception<br>e income (less section \$                                   | ns; and (               | (2) no m                                   | ore than 33-1/3% of its                            | s support from gross                                  |  |  |  |  |  |
| 11  |        | An organizati                                 | on organized ar                      | nd operated exclusive  | ly to test for public safe   | ety. See                | section                                    | 509(a)(4).   |   |  |  |  |  |  |
| 12  |        | or more publi                                 | cly supported or                     | ganizations described  | ly for the benefit of, to<br>d in <b>section 509(a)(1)</b> o<br>upporting organization a | r sectio                | n 509(a)                                   | (2). See section 509(a)                            | t the purposes of one<br><b>(3).</b> Check the box on |  |  |  |  |  |
| а   |        | Type I. A sup                                 | porting organiza                     | ation operated, superview of the superview of the supervision of the s | vised, or controlled by i<br>lect a majority of the di                                   | ts suppo                | rted org                                   | anization(s), typically t                          | by giving the supported ganization. <b>You must</b>   |  |  |  |  |  |
| b   |        | management                                    |                                      | ng organization vested   | ontrolled in connection<br>d in the same persons t                                       |                         |  |  |   |  |  |  |  |  |
| С   |        | Type III funct                                | ionally integrat                     | ed. A supporting orga  | nization operated in co<br>lete Part IV, Sections /                                      | nnectior<br>A, D, and   | n with, a<br><b>I E.</b>                   | nd functionally integrat                           | ed with, its supported                                |  |  |  |  |  |
| d   |        | functionally in                               | ntegrated. The o                     | rganization generally  | organization operated<br>must satisfy a distribut<br>s A and D, and Part V.              | in conne<br>tion requ   | ction wi<br>irement                        | th its supported organi:<br>and an attentiveness r | zation(s) that is not<br>equirement (see              |  |  |  |  |  |
| e   |        | Check this bo<br>integrated, or               | x if the organiza<br>Type III non-fu | ation received a written nctionally integrated s   | en determination from t<br>supporting organization                                       |                         |  |  | -   |  |  |  |  |  |
| f   |        |   |                                      |  |  |                         |  |  |   |  |  |  |  |  |
| g   |        |   |                                      | n about the supported  |  | 1                       |  |  |   |  |  |  |  |  |
|   | (i) Na | me of supported o                             | organization                         | <b>(ii)</b> EIN  | (iii) Type of organization<br>(described on lines 1-10<br>above (see instructions))      | organizati<br>in your c | s the<br>tion listed<br>joverning<br>ment? | (v) Amount of monetary support (see instructions)  | (vi) Amount of other<br>support (see instructions)    |  |  |  |  |  |
|   |        |   |                                      |  |  | Yes                     | No   |  |   |  |  |  |  |  |
| (4)   |        |   |                                      |  |  |                         |  |  |   |  |  |  |  |  |
| (A)   |        |   |                                      |  |  |                         |  |  |   |  |  |  |  |  |
| (B)   |        |   |                                      |  |  |                         |  |  |   |  |  |  |  |  |
| (C)   |        |   |                                      |  |  |                         |  |  |   |  |  |  |  |  |
| (D)   |        |   |                                      |  |  |                         |  |  |   |  |  |  |  |  |
| / <b>F</b> `  |        |   |                                      |  |  |                         |  |  |   |  |  |  |  |  |
| (E)<br>Total  |        |   |                                      |  |  |                         |  |  |   |  |  |  |  |  |
| iuldi   |        |   |                                      |  |  |                         |  |  | 1   |  |  |  |  |  |

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

### Section A. Public Support

| Cale<br>begi | ndar year (or fiscal year<br>nning in)  | <b>(a)</b> 2020                           | <b>(b)</b> 2021                          | <b>(c)</b> 2022                          | <b>(d)</b> 2023                                | <b>(e)</b> 2024                   | (f) Total        |  |  |
|--------------|---|---|--|--|--|-----------------------------------|------------------|--|--|
| 1            | Gifts, grants, contributions, and<br>membership fees received. (Do not<br>include any "unusual grants.")  | 148,205.                                  | 169,485.                                 | 259,997.                                 | 163,024.                                       | 274,241.                          | 1,014,952.       |  |  |
|              | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  |   |  |  |  |                                   | 0.               |  |  |
| 3            | The value of services or facilities furnished by a governmental unit to the organization without charge   |   |  |  |  |                                   | 0.               |  |  |
| 4            | Total. Add lines 1 through 3  | 148,205.                                  | 169,485.                                 | 259,997.                                 | 163,024.                                       | 274,241.                          | 1,014,952.       |  |  |
| 5            | The portion of total<br>contributions by each person<br>(other than a governmental<br>unit or publicly supported<br>organization) included on line 1<br>that exceeds 2% of the amount<br>shown on line 11, column (f)   |   |  |  |  |                                   | 464,960.         |  |  |
| 6            | Public support. Subtract line 5 from line 4   |   |  |  |  |                                   | 549,992.         |  |  |
| Sec          | tion B. Total Support   |   |  |  |  |                                   |                  |  |  |
|              | ndar year (or fiscal year<br>nning in)  | <b>(a)</b> 2020                           | <b>(b)</b> 2021                          | <b>(c)</b> 2022                          | <b>(d)</b> 2023                                | <b>(e)</b> 2024                   | <b>(f)</b> Total |  |  |
| 7            | Amounts from line 4   | 148,205.                                  | 169,485.                                 | 259,997.                                 | 163,024.                                       | 274,241.                          | 1,014,952.       |  |  |
| 8            | Gross income from interest,<br>dividends, payments received<br>on securities loans, rents,<br>royalties, and income from<br>similar sources   |   | 3,792.                                   | 1,163.                                   | 4,473.   | 29,021.                           | 38,449.          |  |  |
| 9            | Net income from unrelated<br>business activities, whether or<br>not the business is regularly<br>carried on   |   | ,  | ,  |  | 17,216.                           | 17,216.          |  |  |
| 10           | Other income. Do not include<br>gain or loss from the sale of<br>capital assets (Explain in<br>Part VI.) SEE PART VI  | 8,800.                                    |  |  |  | ,                                 | 8,800.           |  |  |
| 11           | Total support. Add lines 7 through 10   |   |  |  |  |                                   | 1,079,417.       |  |  |
| 12           | Gross receipts from related activ   | ities, etc. (see ins                      | tructions)                               |  |  | 12                                | 107,694.         |  |  |
| 13           | First 5 years. If the Form 990 is a organization, check this box and  |   |  |  |  |                                   |                  |  |  |
|              | tion C. Computation of Pu   |   |  |  |  |                                   |                  |  |  |
|              | Public support percentage for 20  | -   | ••••••                                   |  |  |                                   | 50.95%           |  |  |
|              | Public support percentage from 2  |   |  |  |  | L                                 | 90.90%           |  |  |
| 16a          | <b>33-1/3% support test-2024.</b> If the and <b>stop here.</b> The organization   | ne organization die<br>qualifies as a pub | d not check the bo<br>licly supported or | ox on line 13, and ganization            | line 14 is 33-1/39                             | % or more, check                  | this box         |  |  |
| b            | <b>b</b> 33-1/3% support test-2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.   |   |  |  |  |                                   |                  |  |  |
| 17a          | a 10%-facts-and-circumstances test-2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization |   |  |  |  |                                   |                  |  |  |
|              | 10%-facts-and-circumstances te<br>or more, and if the organization r<br>organization meets the facts-and<br>Private foundation. If the organiz  | neets the facts-ar<br>-circumstances te   | id-circumstances<br>st. The organization | test, check this be<br>on qualifies as a | ox and <b>stop here.</b><br>publicly supported | Explain in Part V<br>organization | I how the        |  |  |

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Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec     | tion A. Public Support  |   |  |  |  |   |           |
|---------|---|---|--|--|--|---|-----------|
| Calen   | dar year (or fiscal year beginning in)  | (a) 2020                                | (b) 2021                                       | (c) 2022                                   | (d) 2023                                 | (e) 2024                                | (f) Total |
| 1       | Gifts, grants, contributions,<br>and membership fees<br>received. (Do not include<br>any "unusual grants.")   |   |  |  |  |   |           |
| 2       | Gross receipts from admissions,<br>merchandise sold or services<br>performed, or facilities<br>furnished in any activity that is<br>related to the organization's<br>tax-exempt purpose |   |  |  |  |   |           |
| 3       | Gross receipts from activities<br>that are not an unrelated trade<br>or business under section 513  |   |  |  |  |   |           |
| 4       | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  |   |  |  |  |   |           |
| 5       | The value of services or<br>facilities furnished by a<br>governmental unit to the<br>organization without charge  |   |  |  |  |   |           |
|         | <b>Total.</b> Add lines 1 through 5<br>Amounts included on lines 1,<br>2, and 3 received from<br>disqualified persons   |   |  |  |  |   |           |
| b       | Amounts included on lines 2<br>and 3 received from other than<br>disqualified persons that<br>exceed the greater of \$5,000 or<br>1% of the amount on line 13<br>for the year           |   |  |  |  |   |           |
| с       | Add lines 7a and 7b   |   |  |  |  |   |           |
| 8       | Public support. (Subtract line 7c from line 6.)   |   |  |  |  |   |           |
| Sec     | tion B. Total Support   |   |  |  |  |   |           |
| Calen   | dar year (or fiscal year beginning in)  | <b>(a)</b> 2020                         | <b>(b)</b> 2021                                | (c) 2022                                   | (d) 2023                                 | (e) 2024                                | (f) Total |
| 9       | Amounts from line 6   |   |  |  |  |   |           |
| 10a     | Gross income from interest, dividends,<br>payments received on securities loans,<br>rents, royalties, and income from<br>similar sources.   |   |  |  |  |   |           |
|         | Unrelated business taxable<br>income (less section 511<br>taxes) from businesses<br>acquired after June 30, 1975  |   |  |  |  |   |           |
| с<br>11 | Add lines 10a and 10b<br>Net income from unrelated business<br>activities not included on line 10b,<br>whether or not the business is   |   |  |  |  |   |           |
| 12      | regularly carried on<br>Other income. Do not include<br>gain or loss from the sale of<br>capital assets (Explain in<br>Part VI.).   |   |  |  |  |   |           |
| 13      | <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)   |   |  |  |  |   |           |
|         | First 5 years. If the Form 990 is forganization, check this box and   | stop here                               |  |  |  |   |           |
| Sec     | tion C. Computation of Pul  |   |  |  |  |   |           |
| 15      | Public support percentage for 20  |   |  |  |  |   | 0\0       |
| 16      | Public support percentage from 2  | 2023 Schedule A,                        | Part III, line 15                              | <u></u>                                    | <u>.</u>                                 | 16                                      | 010       |
| Sec     | tion D. Computation of Inv  | estment Inco                            | me Percentag                                   | e  |  |   |           |
| 17      | Investment income percentage for  | or 2024 (line 10c,                      | column (f), divide                             | ed by line 13, colu                        | mn (f))                                  | 17                                      | 0/0       |
| 18      | Investment income percentage fr   | rom 2023 Schedul                        | e A, Part III, line                            | 17   |  | 18                                      | 0\0       |
| 19a     | <b>33-1/3% support tests</b> – <b>2024.</b> If t is not more than 33-1/3%, check  |   |  |  |  |   |           |
| b       | <b>33-1/3% support tests–2023.</b> If t line 18 is not more than 33-1/3%  | he organization d<br>, check this box a | id not check a bo<br>and <b>stop here.</b> The | x on line 14 or line<br>e organization qua | e 19a, and line 16<br>lifies as a public | is more than 33-1<br>y supported organi | /3%, and  |
| 20      | Private foundation. If the organiz  | zation did not che                      | ck a box on line 1                             | 4, 19a, or 19b, ch                         | eck this box and                         | see instructions                        |           |

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Part IV Supporting Organizations (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?<br>If "No," describe in <b>Part VI</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).  | 2            |     |    |
|    |  |              |     |    |
| 3  | a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.  | 3a           |     |    |
| I  | b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and<br>satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization<br>made the determination.  | 3b           |     |    |
|    | c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.  | 3c           |     |    |
| 4  | a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.  | 4a           |     |    |
| I  | <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.  | 4b           |     |    |
|    | c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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           |     |    |
| 5  | <b>a</b> 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 <b>Part VI</b> , 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           |     |    |
| I  | <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   | 5b           |     |    |
|    | <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  | 5c           |     |    |
| 6  | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to<br>anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one<br>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            |     |    |
| 9  | <b>a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .   | 9a           |     |    |
| I  | <b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>  | 9b           |     |    |
|    | c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.   | 9c           |     |    |
| 10 | a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If "Yes,"  |              |     |    |
|    | answer line 10b below.   | 1 <b>0</b> a |     |    |
| I  | b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine<br>whether the organization had excess business holdings.)  | 10b          |     |    |

| 1   | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one<br>or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's<br>officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported</i><br><i>organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more</i><br><i>than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees</i><br><i>were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers</i><br><i>during the tax</i> 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? <i>If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization(s) that operated, supervised, or controlled the supported organization(s) that operated, supervised, or controlled the supporting organization(s) that operated, supervised, or controlled the support of th</i> | 2 |     |    |
| 500 | ction C. Type II Supporting Organizations   |   |     |    |
| Jet |   |   | V.  | N. |
|     |   |   | Yes | No |
| 1   | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the  |   |     |    |
|     | supporting organization was vested in the same persons that controlled or managed the supported organization(s).  | 1 |     |    |
| Sec | tion 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 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?  |   |     |    |
| 2   | Ware any of the arganization's officers, directors, or trustees either (i) appointed or elected by the supported  |   |     |    |

| Pa | rt IV | Suppor      | ting O   | rganiz   | ations  | s (continu   | ed)    |          |           |       |         |
|----|-------|-------------|----------|----------|---------|--------------|--------|----------|-----------|-------|---------|
|    |       |             |          |          |         |              |        |          |           |       |         |
| 11 | Has t | he organiza | ation ac | cepted a | gift or | contribution | n from | any of t | he follow | ing p | ersons? |

a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?

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**b** A family member of a person described on line 11a above?

c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

## Section B. Type I Supporting Organizations

- Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization*(s).
- 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

# Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
  - The organization satisfied the Activities Test. Complete line 2 below. а
    - The organization is the parent of each of its supported organizations. Complete line 3 below.
  - The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). С

# 2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- 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) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

11a

11b

11c

2

3

Yes

Yes

No

No

| W | ENDH | ORSE |
|---|------|------|
|   |      |      |
|   |      |      |

b

# Schedule A (Form 990) 2024 WINDHORSE EQUINE LEARNING Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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| 1  | Check here if the organization satisfied the Integral Part Test as a qualifying trust<br>instructions. All other Type III non-functionally integrated supporting organization                            | t on Nov<br>ns must | . 20, 1970 (explain in<br>complete Sections A t | Part VI). <b>See</b><br>through E. |
|----|--|---------------------|---|------------------------------------|
| ec | tion A – Adjusted Net Income   |                     | (A) Prior Year                                  | (B) Current Year<br>(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                   |   |                                    |
| ec | tion B – Minimum Asset Amount  |                     | (A) Prior Year                                  | (B) Current Year<br>(optional)     |
| 1  | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  |                     |   |                                    |
| a  | Average monthly value of securities  | 1a                  |   |                                    |
| Ł  | Average monthly cash balances  | 1b                  |   |                                    |
| C  | Fair market value of other non-exempt-use assets   | 1c                  |   |                                    |
| C  | Total (add lines 1a, 1b, and 1c)   | 1d                  |   |                                    |
| e  | 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                   |   |                                    |
| ec | tion C – Distributable Amount  |                     |   | Current Year                       |
| 1  | Adjusted net income for prior year (from Section A, line 8, column A)  | 1                   |   |                                    |
| 2  | Enter 0.85 of line 1.  | 2                   |   |                                    |
| 3  | Minimum asset amount for prior year (from Section B, line 8, column A)   | 3                   |   |                                    |
| 4  | Enter greater of line 2 or line 3.   | 4                   |   |                                    |
| 5  | Income tax imposed in prior year   | 5                   |   |                                    |
| 6  | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).  | 6                   |   |                                    |
|    |  |                     |   |                                    |

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

BAA

Schedule A (Form 990) 2024

| Par  | t V Type III Non-Functionally Integrated 509(a)(3) S  |                                |                                      |     | 1100 · «go /                              |
|------|---|--------------------------------|--------------------------------------|-----|---|
|      | tion D – Distributions  |                                | •                                    |     | Current Year                              |
| 1    | Amounts paid to supported organizations to accomplish exempt put  | rposes                         |                                      | 1   |   |
| 2    | Amounts paid to perform activity that directly furthers exempt purpoin excess of income from activity   | izations,                      | 2                                    |     |   |
| 3    | Administrative expenses paid to accomplish exempt purposes of su  |                                | 3                                    |     |   |
| 4    | Amounts paid to acquire exempt-use assets   |                                |                                      | 4   |   |
| 5    | Qualified set-aside amounts (prior IRS approval required - provide  | details in <b>Part VI</b> )    |                                      | 5   |   |
| 6    | Other distributions (describe in Part VI). See instructions.  |                                |                                      | 6   |   |
| 7    | Total annual distributions. Add lines 1 through 6.  |                                |                                      | 7   |   |
| 8    | Distributions to attentive supported organizations to which the organ in <b>Part VI</b> ). See instructions.  | nization is responsive (p      | provide details                      | 8   |   |
| 9    | Distributable amount for 2024 from Section C, line 6  |                                |                                      | 9   |   |
| 10   | Line 8 amount divided by line 9 amount  | 1                              | 1                                    | 10  |   |
| Sect | ion E – Distribution Allocations (see instructions)   | (i)<br>Excess<br>Distributions | (ii)<br>Underdistributio<br>Pre-2024 | ons | (iii)<br>Distributable<br>Amount for 2024 |
| 1    | Distributable amount for 2024 from Section C, line 6  |                                |                                      |     |   |
| 2    | Underdistributions, if any, for years prior to 2024 (reasonable cause required – <i>explain in Part VI</i> ). See instructions.   |                                |                                      |     |   |
| 3    | Excess distributions carryover, if any, to 2024   |                                |                                      |     |   |
|      | From 2019   |                                |                                      |     |   |
| b    | From 2020   |                                |                                      |     |   |
|      | From 2021   |                                |                                      |     |   |
|      | From 2022   |                                |                                      |     |   |
|      | From 2023   |                                |                                      |     |   |
|      | Total of lines 3a through 3e  |                                |                                      |     |   |
|      | Applied to underdistributions of prior years  |                                |                                      |     |   |
|      | Applied to 2024 distributable amount  |                                |                                      |     |   |
|      | Carryover from 2019 not applied (see instructions)  |                                |                                      |     |   |
|      | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                                |                                      |     |   |
| 4    | Distributions for 2024 from Section D,<br>line 7: \$  |                                |                                      |     |   |
| a    | Applied to underdistributions of prior years  |                                |                                      |     |   |
|      | Applied to 2024 distributable amount  |                                |                                      |     |   |
|      | Remainder. Subtract lines 4a and 4b from line 4.  |                                |                                      |     |   |
| 5    | Remaining underdistributions for years prior to 2024, if any.<br>Subtract lines 3g and 4a from line 2. For result greater than<br>zero, <i>explain in Part VI</i> . See instructions. |                                |                                      |     |   |
| 6    | Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.                              |                                |                                      |     |   |
| 7    | Excess distributions carryover to 2025. Add lines 3j and 4c.  |                                |                                      |     |   |
| 8    | Breakdown of line 7:  |                                |                                      |     |   |
| а    | Excess from 2020  |                                |                                      |     |   |
|      | Excess from 2021  |                                |                                      |     |   |
| С    | Excess from 2022  |                                |                                      |     |   |
| d    | Excess from 2023  |                                |                                      |     |   |
| e    | Excess from 2024  |                                |                                      |     |   |

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Schedule A (Form 990) 2024

| Schedule A (Forr | m 990) 2024                      | WIN                                   | DHORSE EQU  | JINE LEAF                          | NING                      |                                   | 45                                | 5-45877     | 36           | Page 8 |
|------------------|----------------------------------|---------------------------------------|---|------------------------------------|---------------------------|-----------------------------------|-----------------------------------|-------------|--------------|--------|
| Part VI          | B, lines 1 and<br>3a, and 3b; Pa | 2; Part IV, Sec<br>art V, line 1; Par | tion. Provide t<br>, lines 1, 2, 3b,<br>tion C, line 1; Pa<br>rt V, Section B,<br>ete this part for | art IV, Section<br>line 1e; Part V | D, lines 2<br>Section E , | and 3; Part I<br>), lines 5, 6, a | V, Section E, I<br>and 8; and Pai | ines 1c, 2a | 2b,          |        |
| PART II,         | LINE 10 - OTI                    | HER INCOM                             | E   |                                    |                           |                                   |                                   |             |              |        |
| NATURE .         | AND SOURCE                       |                                       | 2024  | 2023                               |                           | 2022                              | 2023                              | 1           | 2020         |        |
| PPP FOR          | GIVENESS                         | TOTAL <u>\$</u>                       | 0.  | \$                                 | 0.\$                      | 0.                                | \$                                | <u>0.</u>   | 8,80<br>8,80 |        |

# Schedule B (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

## PUBLIC DISCLOSURE COPY Schedule of Contributors

OMB No. 1545-0047

| Attach to Form 990, 990-EZ, or 990-PF.               |
|--|
| Go to www.irs.gov/Form990 for the latest information |

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|      |
|      |
|      |

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

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

### Special Rules

| Х | 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).

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

| Schedule B (Form 990) (Rev. 12-2024) | 1                              | 1 | Page <b>2</b> |  |
|--------------------------------------|--------------------------------|---|---------------|--|
| Name of organization                 | Employer identification number |   |               |  |
| WINDHORSE EQUINE LEARNING 45-4587736 |                                |   |               |  |

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional sp | bace is needed.            |  |
|------------|--|----------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
| <u>1</u>   |  | \$ <u>50,000</u> .         | Person     X       Payroll     Image: Complete Part II for noncash contributions.)             |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 2          |  | \$12,500.                  | Person     X       Payroll     Image: Complete Part II for noncash contributions.)             |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 3          |  | \$10,000.                  | Person     X       Payroll        Noncash        (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 4          |  | \$105,000.                 | Person     X       Payroll     Image: Complete Part II for noncash contributions.)             |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 5          |  | \$16,136.                  | Person     X       Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
|            |  | \$                         | Person       Payroll       Noncash       (Complete Part II for noncash contributions.)         |

| Schedule B (Form 990) (Rev. 12-2024) | 1                              | 1   | Page <b>3</b> |
|--------------------------------------|--------------------------------|-----|---------------|
| Name of organization                 | Employer identification number |     |               |
| WINDHORSE EQUINE LEARNING            | 45-4587                        | 736 |               |

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| art II Nond               | <b>Cash Property</b> (see instructions). Use duplicate copies of Part II if additionate | al space is needed.                             |                      |
|---------------------------|---|---|----------------------|
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given  | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
| N/A                       |   |   |                      |
|                           |   | <br>  |                      |
|                           |   |   |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given  | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                           |   |   |                      |
|                           |   | <br>\$<br>                                      |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given  | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                           |   |   |                      |
|                           |   | <br>  |                      |
|                           |   |   |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given  | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                           |   |   |                      |
|                           |   | <br>\$\$  |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given  | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                           |   |   |                      |
|                           |   | <br><br>\$\$                                    |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given  | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                           |   |   |                      |
|                           |   | <sub>\$</sub>                                   |                      |
| <br>AA                    | TEEA0703L 01/02/25  | Schedule B (Forn                                |                      |

|                           | B (Form 990) (Rev. 12-2024)  |   |                                      | 1 1 Page <b>4</b>                         |  |  |  |  |
|---------------------------|--|---|--------------------------------------|---|--|--|--|--|
| Name of orga              | nization<br>RSE EQUINE LEARNING  |   |                                      | Employer identification number 45-4587736 |  |  |  |  |
| Part III                  | <i>Exclusively</i> religious, charitable, e  | tc contributions to organ                         | izations                             |   |  |  |  |  |
|                           | or (10) that total more than \$1,000   | for the year from any one                         | contribut                            | Or. Complete columns (a) through (e) and  |  |  |  |  |
|                           | the following line entry. For organizations co   |   |                                      |   |  |  |  |  |
|                           | contributions of <b>\$1,000 or less</b> for the year. Use duplicate copies of Part III if additional s | Enter this information once. See space is needed. | Instructions                         | s.)\$N/A                                  |  |  |  |  |
| (a) No.<br>from           | (b) Purpose of gift  | (c) Use of gift                                   |                                      | (d) Description of how gift is held       |  |  |  |  |
| Part I                    | N/A  |   |                                      |   |  |  |  |  |
|                           |  |   |                                      |   |  |  |  |  |
|                           |  |   |                                      |   |  |  |  |  |
|                           |  |   |                                      |   |  |  |  |  |
|                           |  | (e) Transfer of gift                              |                                      |   |  |  |  |  |
|                           | Transferee's name, addres  | s, and ZIP + 4                                    | Rela                                 | tionship of transferor to transferee      |  |  |  |  |
|                           |  |   |                                      |   |  |  |  |  |
|                           |  |   |                                      |   |  |  |  |  |
|                           |  |   |                                      |   |  |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift  | (c) Use of gift                                   |                                      | (d) Description of how gift is held       |  |  |  |  |
|                           |  |   |                                      |   |  |  |  |  |
|                           |  |   |                                      |   |  |  |  |  |
|                           | (e) Transfer of gift   |   |                                      |   |  |  |  |  |
|                           | Transferee's name, addres  | Rela  | tionship of transferor to transferee |   |  |  |  |  |
|                           |  |   |                                      |   |  |  |  |  |
|                           |  |   |                                      |   |  |  |  |  |
|                           |  |   |                                      |   |  |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift  | (c) Use of gift                                   |                                      | (d) Description of how gift is held       |  |  |  |  |
|                           |  |   |                                      |   |  |  |  |  |
|                           |  |   |                                      |   |  |  |  |  |
|                           |  |   |                                      |   |  |  |  |  |
|                           |  | (e) Transfer of gift                              |                                      |   |  |  |  |  |
|                           | Transferee's name, addres  | s, and ZIP + 4                                    | Rela                                 | tionship of transferor to transferee      |  |  |  |  |
|                           |  |   |                                      |   |  |  |  |  |
|                           |  |   |                                      |   |  |  |  |  |
|                           |  |   |                                      |   |  |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift  | (c) Use of gift                                   |                                      | (d) Description of how gift is held       |  |  |  |  |
|                           |  |   |                                      |   |  |  |  |  |
|                           |  |   |                                      |   |  |  |  |  |
|                           |  |   |                                      |   |  |  |  |  |
|                           |  | (e) Transfer of gift                              |                                      |   |  |  |  |  |
|                           | Transferee's name, addres  | s, and ZIP + 4                                    | Rela                                 | tionship of transferor to transferee      |  |  |  |  |
|                           |  | L   |                                      |   |  |  |  |  |
|                           | L  |   |                                      |   |  |  |  |  |
|                           |  |   |                                      |   |  |  |  |  |
| BAA                       | 1  | TEEA0704L 01/02/25                                |                                      | Schedule B (Form 990) (Rev. 12-2024)      |  |  |  |  |

| <b>(Fo</b><br>(Rev. | HEDULE D<br>rm 990)<br>December 2024)                           | Complet<br>Part IV, line 6  | Supplemental Financial Statements<br>Complete if the organization answered "Yes" on Form 990,<br>Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.<br>Attach to Form 990. |                                |                                  |                            |                            |                        |  |
|---------------------|---|---|--|--------------------------------|----------------------------------|----------------------------|----------------------------|------------------------|--|
| Intern              | tment of the Treasury<br>al Revenue Service                     | Go to www.irs.  | gov/Form990 for instructions and   | the latest inf                 | ormation.                        |                            | Inspec                     |                        |  |
| Name                | of the organization   |   |  |                                |                                  | Employer id                | lentification n            | umber                  |  |
| T.7 T N             |   |   |  |                                |                                  | 45 450                     |                            |                        |  |
| Pa                  | IDHORSE EQUI  |   | nor Advised Funds or Othe  | r Similar I                    | Funds or A                       | 45-458                     |                            |                        |  |
| га                  |   | te if the organization a  | nswered "Yes" on Form 990  | . Part IV.                     | line 6.                          | ccounts                    |                            |                        |  |
|                     |   | <u> </u>  | (a) Donor advised fund   | , ,                            |                                  | unds and o                 | other accou                | unts                   |  |
| 1                   | Total number at e   | end of year   |  | -                              |                                  |                            |                            |                        |  |
| 2                   | Aggregate value of cor  | ntributions to (during year)  |  |                                |                                  |                            |                            |                        |  |
| 3                   | Aggregate value of gra  | ints from (during year)   |  |                                |                                  |                            |                            |                        |  |
| 4                   | Aggregate value a   | at end of year  |  |                                |                                  |                            |                            |                        |  |
| 5                   | Did the organizati are the organizati                           | ion inform all donors and don<br>ion's property, subject to the                                 | or advisors in writing that the asse<br>organization's exclusive legal contr   | ets held in do<br>rol?         | nor advised f                    | unds                       | Yes                        | No                     |  |
| 6                   | for charitable purp   | poses and not for the benefit   | rs, and donor advisors in writing th<br>of the donor or donor advisor, or f  | or any other                   | purpose confe                    | erring _                   | Yes                        | No                     |  |
| Pa                  |   | vation Easements  |  |                                |                                  |                            | 103                        |                        |  |
| 1 a                 |   |   | nswered "Yes" on Form 990  | , Part IV,                     | line 7.                          |                            |                            |                        |  |
| 1                   | Purpose(s) of cor   | nservation easements held by  | the organization (check all that ap  | oply).                         |                                  |                            |                            |                        |  |
|                     |   |   | ample, recreation or education)  |                                | ion of a histor                  | 5 1                        |                            | area                   |  |
|                     |   | natural habitat   |  | Preservat                      | ion of a certif                  | ied historic               | structure                  |                        |  |
| •                   |   | of open space   |  |                                |                                  |                            |                            |                        |  |
| 2                   | Complete lines 2a<br>last day of the tax                        |   | on held a qualified conservation co  | ntribution in <sup>.</sup>     |                                  | conservati                 |                            |                        |  |
|                     | Total number of c   | conservation easements  |  |                                |                                  |                            |                            |                        |  |
|                     |   |   | nents  |                                |                                  |                            |                            |                        |  |
|                     |   | 2   | ied historic structure included on li  |                                |                                  |                            |                            |                        |  |
| (                   |   |   | n line 2c acquired after July 25, 20   |                                |                                  |                            |                            |                        |  |
| 3                   | Number of conser<br>tax year                                    | rvation easements modified,   | transferred, released, extinguished  | , or terminate                 | ed by the orga                   | anization d                | luring the                 |                        |  |
| 4                   | Number of states  | where property subject to co  | nservation easement is located   |                                |                                  |                            |                            |                        |  |
| 5                   |   |   | garding the periodic monitoring, ins   | spection, har                  | ndling of viola                  | tions,                     | Yes                        | No                     |  |
| 6                   | Staff and voluntee  | er hours devoted to monitorin   | ng, inspecting, handling of violation  | s, and enfor                   | cing conserva                    | tion easen                 | nents durin                | ng the year            |  |
| 7                   | Amount of expens<br>\$  | ses incurred in monitoring, in  | specting, handling of violations, ar   | nd enforcing                   | conservation                     | easements                  | s during the               | e year                 |  |
| 8                   |   |   | n line 2d above satisfy the requirem   |                                |                                  |                            | Yes                        | No                     |  |
| 9                   | In Part XIII, descr<br>include, if applica<br>conservation ease | able, the text of the footnote t  | orts conservation easements in its o the organization's financial state  | revenue and ments that de      | l expense stat<br>escribes the c | tement and<br>organization | d balance s<br>n's accoun  | sheet, and<br>ting for |  |
| Pa                  | 1 III Organiz   | zations Maintaining Co  | Ilections of Art, Historical 1<br>nswered "Yes" on Form 990  | <b>reasures,</b><br>, Part IV, | or Other S<br>line 8.            | Similar A                  | ssets                      |                        |  |
| 1a                  |   | -   | FASB ASC 958, not to report in its   |                                |                                  | balance sh                 | eet works                  | of art.                |  |
|                     | historical treasure   | es, or other similar assets hel   | I statements that describes these if   | or research ir                 | n furtherance                    | of public s                | service, pro               | ovide in               |  |
| k                   | historical treasure<br>following amounts                        | es, or other similar assets hel<br>s relating to these items.                                   | FASB ASC 958, to report in its red<br>d for public exhibition, education, o  | or research ir                 | n furtherance                    | of public s                | works of a<br>service, pro | rt,<br>ovide the       |  |
|                     | ••  |   | line 1   |                                |                                  | •                          |                            |                        |  |
|                     | ••  |   |  |                                |                                  |                            |                            |                        |  |
|                     | amounts required  | n received or held works of an<br>to be reported under FASB /<br>d on Form 990, Part VIII, line | rt, historical treasures, or other sim<br>ASC 958 relating to these items.   | nilar assets fo                | or financial ga                  | ain, provide               | e the follow               | ving                   |  |

|  | <b>?</b> |
|--|----------|
| <b>b</b> Assets included in Form 990, Part X | \$       |

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. TEEA3301L 11/13/24 Schedule D (Form 990) (Rev. 12-2024)

| Schedule D (Form 990) (Rev. 12-2024WINDHO)   |                 |                             |                                     |                             | 45-458                       |              |            | Page 2           |
|--|-----------------|-----------------------------|-------------------------------------|-----------------------------|------------------------------|--------------|------------|------------------|
| Part III Organizations Maintaining   | Collection      | ns of Art, His              | storical Tre                        | asures, o                   | r Other Similar A            | ssets        | (conti     | nued)            |
| <b>3</b> Using the organization's acquisition, access items (check all that apply).                                  | sion, and ot    | _                           | 2                                   | 0                           | at make significant us       | e of its     | collecti   | on               |
| a Public exhibition  |                 |                             | or exchange p                       | rogram                      |                              |              |            |                  |
| <ul> <li>b Scholarly research</li> <li>c Preservation for future generations</li> </ul>                              |                 | e Other                     |                                     |                             |                              |              |            |                  |
| <ul> <li>c Preservation for future generations</li> <li>4 Provide a description of the organization's</li> </ul>     | collections :   | and explain how             | , they further t                    | he organizat                | ion's exempt purpose         | in           |            |                  |
| Part XIII.   |                 |                             |                                     |                             |                              | , 111        |            |                  |
| 5 During the year, did the organization solicit to be sold to raise funds rather than to be                          | maintained a    | as part of the or           | , historical trea<br>ganization's c | asures, or ot<br>ollection? | her similar assets           | Yes          | [          | No               |
| Part IV Escrow and Custodial Arra<br>Complete if the organization<br>Form 990, Part X, line 21.                      | n änswere       | d "Yes" on F                |                                     |                             | •                            | an am        | ount c     | n                |
| 1a Is the organization an agent, trustee, custo<br>on Form 990, Part X?  | dian, or oth    | er intermediary             | for contributio                     | ns or other a               | assets not included          | Yes          |            | No               |
| <b>b</b> If "Yes," explain the arrangement in Part X   |                 |                             |                                     |                             |                              |              | L          |                  |
| 2 ··· · · · · · · · · · · · · · · · · ·  |                 |                             |                                     |                             |                              | Amoun        | t          |                  |
| c Beginning balance  |                 |                             |                                     |                             | 1c                           |              |            |                  |
| <b>d</b> Additions during the year   |                 |                             |                                     |                             | 1d                           |              |            |                  |
| e Distributions during the year  |                 |                             |                                     |                             |                              |              |            |                  |
| f Ending balance.  |                 |                             |                                     |                             |                              |              |            | <u> </u>         |
| <ul><li>2a Did the organization include an amount on</li><li>b If "Yes," explain the arrangement in Part X</li></ul> |                 |                             |                                     |                             | -                            | Yes          |            | No               |
|  |                 |                             |                                     |                             | IIF alt All.                 |              | ···· L     |                  |
| Part V Endowment Funds   |                 |                             |                                     |                             |                              |              |            |                  |
| Complete if the organization   | n answere       | d "Yes" on F                | Form 990, F                         | Part IV, lin                | e 10.                        |              |            |                  |
| (a) Cu   | rrent year      | (b) Prior yea               | r (c) Tw                            | o years back                | (d) Three years back         | (e)          | Four years | s back           |
| 1a Beginning of year balance   |                 | (,                          | (4) ***                             | - ,                         | (,                           | (-/-         |            |                  |
| <b>b</b> Contributions   |                 |                             |                                     |                             |                              |              |            |                  |
| <b>c</b> Net investment earnings, gains,   |                 |                             |                                     |                             |                              |              |            |                  |
| and losses   |                 |                             |                                     |                             |                              |              |            |                  |
| d Grants or scholarships   |                 |                             |                                     |                             |                              |              |            |                  |
| e Other expenditures for facilities and programs   |                 |                             |                                     |                             |                              |              |            |                  |
| f Administrative expenses  |                 |                             |                                     |                             |                              |              |            |                  |
| g End of year balance  |                 |                             |                                     |                             |                              |              |            |                  |
| 2 Provide the estimated percentage of the cu   | irrent year e   |                             | e 1g, column (                      | a)) held as:                |                              |              |            |                  |
| a Board designated or quasi-endowment  |                 | 00                          |                                     |                             |                              |              |            |                  |
| b Permanent endowment  | olo             |                             |                                     |                             |                              |              |            |                  |
| •  |                 | 100%                        |                                     |                             |                              |              |            |                  |
| The percentages on lines 2a, 2b, and 2c sh   |                 |                             |                                     |                             |                              |              |            |                  |
| <b>3a</b> Are there endowment funds not in the poss organization by:   | session of th   | e organization              | that are held a                     | ind administ                | ered for the                 | Г            | Yes        | No               |
| (i) Unrelated organizations?   |                 |                             |                                     |                             |                              | 3a(i)        |            |                  |
| (ii) Related organizations?  |                 |                             |                                     |                             |                              | 3a(ii)       |            |                  |
| <b>b</b> If "Yes" on line 3a(ii), are the related organ  | nizations list  | ed as required of           | on Schedule R                       | ?                           |                              | 3b           |            |                  |
| 4 Describe in Part XIII the intended uses of t   | -               | tion's endowme              | nt funds.                           |                             |                              |              |            |                  |
| Part VI Land, Buildings, and Equip<br>Complete if the organization answer  |                 | Form 990, Part              | IV, line 11a. S                     | ee Form 990                 | ), Part X, line 10.          |              |            |                  |
| Description of property  | <b>(a)</b> Cost | or other basis<br>vestment) | (b) Cost or<br>basis (ot            | other                       | (c) Accumulated depreciation | <b>(d)</b> [ | 3ook va    | alue             |
| 1a Land  |                 |                             |                                     |                             |                              |              |            |                  |
| <b>b</b> Buildings   |                 |                             |                                     |                             |                              |              |            |                  |
| c Leasehold improvements   |                 |                             |                                     |                             |                              |              |            |                  |
| d Equipment  |                 |                             |                                     | 7,800.                      | 16,926.                      |              |            | 874.             |
| e Other<br>Total. Add lines 1a through 1e. (Column (d) mus   |                 | n aan Dart V 1              |                                     | 1,770.                      | 3,989.                       |              | 1          | 781.             |
| BAA  | i equal FOII    | т Ээ <i>о, г</i> ан А, II   |                                     | п ( <i>D))</i>              | Schedule D (For              | m 990)       |            | ,655.<br>2-2024) |
|  |                 |                             |                                     |                             |                              |              | · · · · ·  |                  |

| Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.       (b) Book value         (1)       (a) Description       (b) Book value         (2)       (a)       (b) Book value         (3)       (a)       (b) Book value         (4)       (c)       (c)         (5)       (c)       (c)         (6)       (c)       (c)         (7)       (c)       (c)         (8)       (c)       (c)         (9)       (c) Description of liability       (c) Book value         (1) Federal income taxes       (c) Description of liability       (b) Book value         (1) Federal income taxes       (c) Description of liability       (c) Book value         (7)       (c) Description of liability       (c) Book value         (1) Federal income taxes       (c) Description of liability       (c) Book value         (1) Federal income taxes       (c) Description of liability       (c) Book value         (3)       (c) Description of liability       (c) Book value         (1) Federal income taxes       (c) Description of liability       (c) Description         (3)       (c) Description of liability       (c) Description       (c) Description         (6)       (c) Description   | Part VII   | Investments – Other Securities                       | Form 000 Port IV line   | N/A<br>11b See Form 000 Part V line 12  |                      |
|---|------------|--|-------------------------|---|----------------------|
| 1) Protection derivatives       Image: Consety per led equity interests       Image: Consety per led equity interests         3) Other       3) Other       Image: Consety per led equity interests       Image: Consety per led equity interests         3) Other       5)       Image: Consety per led equity interests       Image: Consety per led equity interests         5)       Image: Consety per led equity interests       Image: Consety per led equity interests       Image: Consety per led equity interests         5)       Image: Consety per led equity interests       Image: Consety per led equity interests       Image: Consety per led equity interests         6)       Image: Consety per led equity interests       Image: Consety per led equity interests       Image: Consety per led equity interests         (a)       (b) Book value       (c) Method of valuation: Cost or end-of-year market value       Image: Cost or end-of-year market value         (b)       Image: Cost or end of Pressionent       (c) Method of valuation: Cost or end-of-year market value         (c)       Image: Cost or end of Pressionent       Image: Cost or end-of-year market value         (c)       Image: Cost or end of Pressionent       Image: Cost or end-of-year market value         (c)       Image: Cost or end of Pressionent       Image: Cost or end-of-year market value         (c)       Image: Cost or end of Pressionent       Image: Cost or end-of-year market value </td <td>(a) Doscri</td> <td></td> <td></td> <td></td> <td>voar markot valuo</td>   | (a) Doscri |  |                         |   | voar markot valuo    |
| 22 Cosely held equity interests   |            |  | (b) Dook value          | (C) Method of Valuation. Cost of end-of | -year market value   |
| 3) Other  4)  3)  4)  5)  5)  5)  5)  5)  5)  5)  5)  5   | . ,        |  |                         |   |                      |
| A)       Image: Second Se                                    | ., ,       |  |                         |   |                      |
|   | -          |  |                         |   |                      |
| Solution       Solution         Part VIII       Investments - Program Related<br>Complete if the organization answered Yes' on Form 990, Part IV, line 11c. See Form 930, Part X, line 13.         (a) Description of Investment       (b) Book value         (c)       (c) Method of valuation: Cost or end-of-year market value         (d)       (d) Method of valuation: Cost or end-of-year market value         (e)       (f) Method of valuation: Cost or end-of-year market value         (f)       (f)         (g)       (f) Method of valuation: Cost or end-of-year market value         (f)       (f)         (g)       (f)         (g) <td< td=""><td></td><td></td><td></td><td></td><td></td></td<>  |            |  |                         |   |                      |
| Part Vill       Investments — Program Related<br>Complete if the organization answered "Yes" on Form '990, Part IV, line '11c, See Form '990, Part X, line 13.         (a)       (b) Book value         (c) Method of valuation: Cost or end-of-year market value         (i)       (c) Method of valuation: Cost or end-of-year market value         (ii)       (c) Method of valuation: Cost or end-of-year market value         (iii)       (c) Method of valuation: Cost or end-of-year market value         (iii)       (c) Method of valuation: Cost or end-of-year market value         (iii)       (c) Method of valuation: Cost or end-of-year market value         (iii)       (c) Method of valuation: Cost or end-of-year market value         (iii)       (c) Method of valuation: Cost or end-of-year market value         (iii)       (c) Method of valuation: Cost or end-of-year market value         (iii)       (c) Method of valuation: Cost or end-of-year market value         (iii)       (c) Method of value </td <td></td> <td></td> <td></td> <td></td> <td></td>   |            |  |                         |   |                      |
| F5       Image: Second Se                                    |            |  |                         |   |                      |
| (r)     ( |            |  |                         |   |                      |
| Go       N/A         Part VIII       Investments - Program Related       N/A         (a) Description of investment       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (i)       (c) Method of valuation: Cost or end-of-year market value       (c) Method of valuation: Cost or end-of-year market value         (ii)       (c) Method of valuation: Cost or end-of-year market value       (c) Method of valuation: Cost or end-of-year market value         (iii)       (c) Method of valuation: Cost or end-of-year market value       (c) Method of valuation: Cost or end-of-year market value         (i)       (c)       (c) Method of valuation: Cost or end-of-year market value         (iii)       (c) Method of valuation: Cost or end-of-year market value         (iii)       (c) Method of valuation: Cost or end-of-year market value         (iii)       (c) Method of valuation: Cost or end-of-year market value         (iii)       (c) Method of valuation: Cost or end-of-year market value         (iii)       (c) Method of valuation: Cost or end-of-year market value         (iii)       (c) Method of valuation: Cost or end-of-year market value         (iii)       (c) Method of valuation: Cost or end-of-year market value         (iii)       (c) Method of valuation: Cost or end-of-year         (c)       (c) Method of valuation: Cost or end-of-year         (iii)  |            |  |                         |   |                      |
| Image: Second                           |            |  |                         |   |                      |
| Total. (Column (b) must equal Form 390, Part X, line 12, column (b))       N/A         Part YIII       Investments — Program Related:       N/A         (a) Description of investment       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (c)       (c) Method of valuation: Cost or end-of-year market value       (c) Method of valuation: Cost or end-of-year market value         (c)       (c) Method of valuation: Cost or end-of-year market value       (c) Method of valuation: Cost or end-of-year market value         (c)       (c)       (c) Method of valuation: Cost or end-of-year market value         (c)       (c)       (c) Method of valuation: Cost or end-of-year market value         (c)       (c)       (c) Method of valuation: Cost or end-of-year market value         (c)       (c)       (c)       (c)         (d)       (c)       (c)       (c)         (e)       (c)       (c)       (c)         (f)       (c)       (c)       (c)         (f)       (c) Description       (c) Book value       (c)         (f)       (c)       (c)       (c)       (c)         (f)       (c)       (c)       (c)       (c)       (c)         (f)       (c)       (c)       (c)       (c)       (c)   |            |  |                         |   |                      |
| Part VIII       Investments - Program Related       N/A         (a) Description of investment       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (1)       (a) Description of investment       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (2)       (c)       (c) Method of valuation: Cost or end-of-year market value         (2)       (c)       (c) Method of valuation: Cost or end-of-year market value         (3)       (c)       (c)         (4)       (c)       (c)         (5)       (c)       (c)         (6)       (c)       (c)         (7)       (c)       (c)         (8)       (c)       (c)         (9)       (c) must equal form 990, Part X, line 13, column (8))       (c)         (1)       (c) Description       (c) Book value         (1)       (c)       (c)       (c)         (2)       (c)       (c)       (c)         (3)       (c)       (c)       (c)         (4)       (c)       (c)       (c)         (6)       (c)       (c)       (c)         (6)       (c)       (c)       (c)         (7)       (c)       (  |            | n (h) must equal Form 990 Part Y line 12 column (B)) |                         |   |                      |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 25.         (a) Description of investment       (b) Book value         (c) Method of valuation: Cost or end-of-year market value         (1)       (c) Method of valuation: Cost or end-of-year market value         (2)       (c) Method of valuation: Cost or end-of-year market value         (3)       (c) Method of valuation: Cost or end-of-year market value         (4)       (c) Method of valuation: Cost or end-of-year market value         (6)       (c) Method of valuation: Cost or end-of-year market value         (6)       (c) Method of valuation: Cost or end-of-year market value         (7)       (c) Method of valuation: Cost or end-of-year market value         (8)       (c) Method of value         (9)       (c) Method of value         (1)       (c) Deck value         (1)       (c) Deck value         (1)       (c) Deck value         (1)       (c) Deck value         (2)       (c) Deck value         (3)       (c) Deck value         (6)       (c)         (7)       (c) Deck value         (8)       (c) Deck value         (9)       (c) Deck value         (1)       Federal income taxes         (2)       (c)   |            |  |                         | N / 7                                   |                      |
| (a) Description of investment       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (1)       (a)       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (3)       (a)       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (3)       (a)       (c) Method of valuation: Cost or end-of-year market value         (4)       (c)       (c)       (c)         (6)       (c)       (c)       (c)         (6)       (c)       (c)       (c)         (7)       (c)       (c)       (c)         (7)       (c)       (c)       (c)       (c)         (7)       (c)       (c)       (c)       (c)         (7)       (c)       (c)       (c)       (c)         (1)       (c)       (c)       (c)       (c)         (2)       (a) Description       (b) Book value       (c)         (3)       (c)       (c)       (c)       (c)         (4)       (c)       (c)       (c)       (c)         (6)       (c)       (c)       (c)       (c)         (7)       (c)       (c)       (c)       (c) <tr< td=""><td>I alt VIII</td><td>Complete if the organization answered "Yes" on</td><td>Form 990, Part IV, line</td><td>11c. See Form 990, Part X, line 13.</td><td></td></tr<>  | I alt VIII | Complete if the organization answered "Yes" on       | Form 990, Part IV, line | 11c. See Form 990, Part X, line 13.     |                      |
| (2)       (3)       (4)         (3)       (4)       (5)         (6)       (7)       (7)         (7)       (7)       (7)         (8)       (7)       (7)         (9)       (7)       (7)         (9)       (7)       (7)         (9)       (7)       (7)         (9)       (7)       (7)         (9)       (7)       (7)         (9)       (9)       (9)         (1)       (9)       (9)         (2)       (9)       (9)         (1)       (9)       (9)         (1)       (9)       (9)         (1)       (9)       (9)         (1)       (9)       (9)         (1)       (9)       (9)         (1)       (9)       (9)         (1)       (9)       (9)         (1)       (9)       (9)         (1)       (9)       (9)         (1)       (9)       (9)         (1)       (9)       (9)         (1)       (9)       (9)         (2)       (9)       (9)         (2)       (9)       (   |            |  |                         |   | of-year market value |
| (2)       (3)       (4)         (3)       (4)       (5)         (6)       (7)       (7)         (7)       (7)       (7)         (8)       (7)       (7)         (9)       (7)       (7)         (9)       (7)       (7)         (9)       (7)       (7)         (9)       (7)       (7)         (9)       (7)       (7)         (9)       (9)       (9)         (1)       (9)       (9)         (2)       (9)       (9)         (1)       (9)       (9)         (2)       (9)       (9)         (1)       (9)       (9)         (1)       (9)       (9)         (1)       (9)       (9)         (1)       (9)       (9)         (2)       (9)       (9)         (1)       (9)       (9)         (1)       (9)       (9)         (1)       (9)       (9)         (1)       (9)       (9)         (2)       (9)       (9)         (1)       (9)       (9)         (2)       PAYROLL LIABILITTES<  | (1)        |  |                         |   |                      |
| (3)       (4)       (5)         (6)       (7)       (8)         (7)       (7)       (8)         (8)       (7)       (8)         (9)       (7)       (8)         (9)       (7)       (8)         (9)       (7)       (8)         (9)       (7)       (8)         (9)       (9)       (9)         (1)       (9)       (9)         (2)       (9)       (9)         (1)       (9)       (9)         (3)       (9)       (9)         (6)       (9)       (9)         (1)       (9)       (9)         (1)       (9)       (9)         (1)       (9)       (9)         (1)       (9)       (9)         (1)       (9)       (9)         (1)       (9)       (9)         (1)       (9)       (9)         (1)       (9)       (9)         (1)       (9)       (9)         (1)       (9)       (9)         (1)       (9)       (9)         (2)       (9)       (9)         (2)       (9)       (   |            |  |                         |   |                      |
| (4)       (5)         (5)       (6)         (7)       (7)         (8)       (7)         (8)       (7)         (7)       (7)         (8)       (7)         (9)       (7)         Fortal. (Column (b) must equal Form 990, Part X, line 13, column (B))       N/A         Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.       (9)         (1)       (a)       (b) Book value         (2)       (a)       (b)         (3)       (a)       (c)         (4)       (b)       (c)         (5)       (c)       (c)         (6)       (c)       (c)         (7)       (c)       (c)         (8)       (c)       (c)         (9)       (c)       (c)         (9)       (c)       (c)         (9)       (c)       (c)         (9)       (c)       (c)         (1)       (c)       (c)         (2)       PAYROLL LIABILITIES       (c)         (1)       (c)       (c)       (c)         (2)       PAYROLL LIABILLITIES       (c)       (c)  |            |  |                         |   |                      |
| (6)       (7)       (7)         (7)       (7)       (7)         (8)       (7)       (7)         (9)       (7)       (7)         (9)       (7)       (7)         (9)       (7)       (7)         (9)       (7)       (7)         (9)       (7)       (7)         (1)       (9)       (9)         (2)       (3)       (4)         (9)       (9)       (9)         (1)       (9)       (9)         (1)       (9)       (9)         (1)       (9)       (9)         (1)       (9)       (9)         (1)       (9)       (9)         (1)       (9)       (9)         (1)       (9)       (9)         (1)       (9)       (9)         (1)       (9)       (9)         (1)       (9)       (9)         (1)       (9)       (9)         (1)       (9)       (9)         (1)       (9)       (9)         (2)       PAYROLL LIABILLITIES       (9)         (2)       PAYROLL LIABILLITIES       (2, 255.  |            |  |                         |   |                      |
| (7)       (8)       (8)         (8)       (8)       (8)         (7)       (9)       (9)         (7)       (9)       (9)         (7)       (9)       (9)         (7)       (9)       (9)         (7)       (9)       (9)         (7)       (9)       (9)         (1)       (9)       (9)         (2)       (9)       (9)         (3)       (9)       (9)         (4)       (9)       (9)         (6)       (9)       (9)         (7)       (9)       (9)         (9)       (9)       (9)         Complete if the organization answered "Yes" on Form 990, Part X, line 15, column (B)).       (9)         Part X       Other Liabilities       (9)         (1)       Federal income taxes       (9)         (6)       (9)       (9)         (9)       (9)       (9)         (9)       (9)       (9)         (9)       (9)       (9)         (9)       (9)       (9)         (9)       (9)       (9)         (9)       (9)       (9)         (9) <t< td=""><td>(5)</td><td></td><td></td><td></td><td></td></t<>  | (5)        |  |                         |   |                      |
| (8)       (9)         (9)       (9)         (9)       (1)         Part IX       Other Assets         (a) Description       (b) Book value         (1)       (a) Description         (b)       (c)         (c)       (c)         (c)       (c)         (d)       (c)         (e)       (c)         (f)       (c)         (g)       (c)         (g)       (c)         (h)       (c)         (c)       (c)   |            |  |                         |   |                      |
| (9) Total. (Column (b) must equal Form 990, Part X, line 13, column (B)) 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 (c)   | (7)        |  |                         |   |                      |
| Total. (Column (b) must equal Form 990, Part X, line 13, column (B))       N/A         Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.       (b) Book value         (1)       (a) Description       (b) Book value         (2)       (b) Book value       (c)         (3)       (c)       (c)         (4)       (c)       (c)         (5)       (c)       (c)         (6)       (c)       (c)         (7)       (c)       (c)         (8)       (c)       (c)         (9)       (c)       (c)         Other Liabilities       (c)       (c)         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.       (c)         In       (a) Description of liability       (b) Book value         (1) Federal income taxes       (c)       (c)         (2)       (a) Description of liability       (c)         (4)       (c)       (c)         (5)       (c)       (c)         (6)       (c)       (c)         (6)       (c)       (c)         (6)       (c)       (c)         (7)       (c)       (c) <td>(8)</td> <td></td> <td></td> <td></td> <td></td>  | (8)        |  |                         |   |                      |
| Part IX       Other Assets<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.       (b) Book value         (1)       (a) Description       (b) Book value         (2)       (b) Book value         (3)       (c)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         Other Liabilities       (c)         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         10.       (a) Description of liability         (1) Federal income taxes       (b) Book value         (2) PAYROLL LIABILITIES       2, 255.         (3)       (c)         (6)       (c)         (7)       (c)         (a) Description of liability       (b) Book value         (1) Federal income taxes       (c)         (2) PAYROLL LIABILITIES       2, 255.         (3)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         (10) for uncertain tax positions. In Part XII, provide the text   |            |  |                         |   |                      |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.       (b) Book value         (1)       (a) Description       (b) Book value         (2)       (a)       (b) Book value         (3)       (a)       (b) Book value         (4)       (c)       (c)         (5)       (c)       (c)         (6)       (c)       (c)         (7)       (c)       (c)         (8)       (c)       (c)         (9)       (c) Description of liability       (c) Book value         (1) Federal income taxes       (c) Description of liability       (b) Book value         (1) Federal income taxes       (c) Description of liability       (c) Book value         (1) Federal income taxes       (c) Description of liability       (c) Book value         (1) Federal income taxes       (c) Description of liability       (c) Book value         (1) Federal income taxes       (c) Description of liability       (c) Book value         (1) Federal income taxes       (c) Description of liability       (c) Description         (3)       (c) Description of liability       (c) Description         (6)       (c)       (c)       (c)         (7)       (c)       (c)       (c) </td <td></td> <td></td> <td></td> <td></td> <td></td>   |            |  |                         |   |                      |
| (a) Description       (b) Book value         (1)       (b) Book value         (2)       (c)         (3)       (c)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c) Description of 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       (b) Book value         (1) Federal income taxes       (c) Book value         (2) PAYROLL LIABILITIES       2, 255.         (3)       (c) Book value         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         (1) Foderal income taxes       (c)         (2) Lability 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 ax positions under FASB ASC 740. Check here if the text of the footnote to the organization's financial statements t   | Part IX    |  |                         |   |                      |
| (1)       (2)         (2)       (3)         (3)       (4)         (5)       (6)         (6)       (7)         (8)       (9)         Fotal. (Column (b) must equal Form 990, Part X, line 15, column (B)).       (1)         Part X       Other Liabilities<br>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         (1) Federal income taxes       (b) Book value         (2) PAYROLL LIABILITIES       2, 255.         (3)       (4)         (5)       (6)         (6)       (7)         (8)       (2)         (9)       (2)         (9)       (3)         (9)       (2)         (1) Fotal. (column (b) must equal Form 990, Part X, line 25, column (B))       2, 255.         (9)       (2)         (9)       (2)         (10)       (2)         (2)       (3)         (3)       (2)         (1)       (2)         (2)       (3)         (3)       (4)         (5)       (5)         (6)       (7)         (7)   | · ·        |  |                         | 11d. See Form 990, Part X, line 15.     | (b) Book value       |
| (2)       (3)       (4)         (4)       (5)       (6)         (6)       (7)       (7)         (8)       (7)       (7)         (9)       (7)       (7)         (9)       (7)       (7)         (9)       (7)       (7)         (9)       (7)       (7)         (9)       (7)       (7)         (9)       (7)       (7)         (1)       Federal income taxes       (9)         (1)       Federal income taxes       (9)         (2)       PAYROLL LIABILITIES       2,255.         (3)       (9)       (9)         (6)       (7)       (7)         (8)       (9)       (7)         (9)       (7)       (7)         (8)       (9)       (7)         (9)       (7)       (7)         (8)       (9)       (7)         (9)       (7)       (2), 2, 2, 5, .         (1)       Fortal. (Column (b) must equal Form 990, Part X, line 25, column (B))  | (1)        | (a) De.  | scription               |   |                      |
| (3)       (4)         (4)       (5)         (5)       (6)         (7)       (7)         (8)       (7)         (9)       (7)         Fotal. (Column (b) must equal Form 990, Part X, line 15, column (B))       (8)         (9)       (9)         Fotal. (Column (b) must equal Form 990, Part X, line 15, column (B))       (9)         (1) Federal income taxes       (9) Book value         (2) PAYROLL LIABILITIES       2, 255.         (3)       (4)         (5)       (6)         (6)       (7)         (8)       (9)         (9)       (9)         Fotal. (Column (b) must equal Form 990, Part X, line 25, column (B))       2, 255.         (2) Liability for uncertain tax positions. In Part XII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain ax positions under FASB ASC 740, Check here if the text of the footnote has been provided in Part XIII.  |            |  |                         |   |                      |
| (4)       (5)         (5)       (6)         (7)       (8)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, line 15, column (B))       (9)         Part X       Other Liabilities<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         I.       (a) Description of liability         (1) Federal income taxes       (2) PAYROLL LIABILITIES         (2) PAYROLL LIABILITIES       2, 255.         (3)       (4)         (5)       (6)         (6)       (7)         (8)       (9)         (9)       (7)         (8)       (9)         (9)       (2) Column (b) must equal Form 990, Part X, line 25, column (B)).         (2) Liability for uncertain tax positions. In Part XII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain ax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.   |            |  |                         |   |                      |
| (5)       (6)         (7)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, line 15, column (B)).       (9)         Part X       Other Liabilities<br>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         (1) Federal income taxes       (b) Book value         (2) PAYROLL LIABILITIES       2, 255.         (3)       (4)         (5)       (6)         (7)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, line 25, column (B)).       2, 255.         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 ax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.   |            |  |                         |   |                      |
| (7)       (8)         (9)       (9)         Fotal. (Column (b) must equal Form 990, Part X, line 15, column (B))       (9)         Part X       Other Liabilities<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         (a) Description of liability       (b) Book value         (1) Federal income taxes       (2) PAYROLL LIABILITIES       2, 255.         (3)       (4)       (5)         (6)       (6)       (7)         (8)       (9)       (9)         Total. (Column (b) must equal Form 990, Part X, line 25, column (B))       2, 255.         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 ax positions. In Part XIII.  |            |  |                         |   |                      |
| (8)       (9)         Fotal. (Column (b) must equal Form 990, Part X, line 15, column (B))       Other Liabilities         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.       (b) Book value         (1) Federal income taxes       (b) Book value         (2) PAYROLL LIABILITIES       2,255.         (3)       (4)         (5)       (6)         (7)       (8)         (9)       (9)         Total. (Column (b) must equal Form 990, Part X, line 25, column (B)).       2,255.         2. Liability for uncertain tax positions. In Part XII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain ax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.  | (6)        |  |                         |   |                      |
| (9)       Total. (Column (b) must equal Form 990, Part X, line 15, column (B)).         Part X       Other Liabilities<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         I.       (a) Description of liability       (b) Book value         (1) Federal income taxes       (b) Book value         (2) PAYROLL LIABILITIES       2, 255.         (3)       (4)         (5)       (6)         (7)       (8)         (9)       (9)         Total. (Column (b) must equal Form 990, Part X, line 25, column (B)).       2, 255.         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 ax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.  |            |  |                         |   |                      |
| Total. (Column (b) must equal Form 990, Part X, line 15, column (B))  |            |  |                         |   |                      |
| Part X       Other Liabilities<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         I.       (a) Description of liability       (b) Book value         (1) Federal income taxes       2,255.         (2) PAYROLL LIABILITIES       2,255.         (3)       (4)         (5)       (6)         (7)       (8)         (9)       (9)         Total. (Column (b) must equal Form 990, Part X, line 25, column (B)).       2,255.         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 ax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.  |            |  |                         |   |                      |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         I.       (a) Description of liability       (b) Book value         (1) Federal income taxes   |            |  | olumn (B))              |   |                      |
| I.       (a) Description of liability       (b) Book value         (1) Federal income taxes   | Part X     |  | Form 990 Part IV line   | 11e or 11f See Form 990 Part X line 2   | ۲ <u>۲</u>           |
| (1) Federal income taxes       2,255.         (2) PAYROLL LIABILITIES       2,255.         (3)       (4)         (4)       (5)         (5)       (6)         (7)       (8)         (9)       (7)         Total. (Column (b) must equal Form 990, Part X, line 25, column (B)).       2,255.         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 ax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.   | 1.         |  |                         |   |                      |
| (3)       (4)         (5)       (5)         (6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, line 25, column (B)).       2, 255.         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 ax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.       □   |            |  |                         |   |                      |
| (3)       (4)         (5)       (5)         (6)       (7)         (7)       (8)         (9)       (7)         Total. (Column (b) must equal Form 990, Part X, line 25, column (B))  | (2) PAYR   | ROLL LIABILITIES                                     |                         |   | 2,255.               |
| (5)       (6)         (7)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, line 25, column (B)).       2,255.         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 ax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.  |            |  |                         |   |                      |
| (6)       (7)         (7)       (8)         (9)       (9)         Total. (Column (b) must equal Form 990, Part X, line 25, column (B))       2,255.         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 ax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.   |            |  |                         |   |                      |
| (7)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, line 25, column (B))       2,255.         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 ax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.   |            |  |                         |   |                      |
| (8)       (9)         Fotal. (Column (b) must equal Form 990, Part X, line 25, column (B)).       2,255.         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 ax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.  |            |  |                         |   |                      |
| (9) Total. (Column (b) must equal Form 990, Part X, line 25, column (B))  |            |  |                         |   |                      |
| <b>Column</b> (b) must equal Form 990, Part X, line 25, column (B)).       2,255. <b>2.</b> 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 ax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.  |            |  |                         |   |                      |
| 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 ax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.   |            | mp (b) much aquick Form 000, Doubly line 05          | lump (D)                |   | 0.055                |
| ax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII  |            |  |                         |   | 2,255.               |
|   |            |  |                         |   |                      |
|   | BAA        |  | -                       |   |                      |

Schedule D (Form 990) (Rev. 12-2024)

| Schedule D (Form 990) (Rev. 12-2024)WINDHORSE EQUINE LEARNING                      | 45-4587736 Page <b>4</b> |
|--|--------------------------|
| Part XI Reconciliation of Revenue per Audited Financial Statements With Re         | evenue per Return N/A    |
| Complete if the organization answered "Yes" on Form 990, Part IV, li               | ne 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:              |                          |
| a Net unrealized gains (losses) on investments 2a                                  |                          |
| b Donated services and use of facilities 2b  |                          |
| c Recoveries of prior year grants 2c   |                          |
| d Other (Describe in Part XIII.)   |                          |
| e Add lines 2a through 2d  | 2e                       |
| 3 Subtract line 2e from line 1   |                          |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:             |                          |
| a Investment expenses not included on Form 990, Part VIII, line 7b 4a              |                          |
| b Other (Describe in Part XIII.)   |                          |
| c Add lines <b>4a</b> and <b>4b</b>  | 4c                       |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  |                          |
| Part XII Reconciliation of Expenses per Audited Financial Statements With E        | Expenses per Return N/A  |
| Complete if the organization answered "Yes" on Form 990, Part IV, li               |                          |
| 1 Total expenses and losses per audited financial statements.                      |                          |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:                | -                        |
| a Donated services and use of facilities 2a  |                          |
| b Prior year adjustments   |                          |
| c Other losses   |                          |
| d Other (Describe in Part XIII.)   |                          |
| e Add lines 2a through 2d.   |                          |
| 3 Subtract line 2e from line 1.  |                          |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:               |                          |
| a Investment expenses not included on Form 990, Part VIII, line 7b                 |                          |
| b Other (Describe in Part XIII.)   |                          |
| c Add lines <b>4a</b> and <b>4b</b>  | 4c                       |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) |                          |
| 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.

| SCHEDULE G<br>(Form 990)<br>(Rev. December 2024)       | Supplem<br>Comple                         | OMB No. 1545-0047  |             |  |  |  |  |  |  |
|--|---|--|-------------|--|--|--|--|--|--|
| Department of the Treasury<br>Internal Revenue Service | Go  | organization entered more than \$15,000 on Form 990-EZ, line 6a.<br>Attach to Form 990 or Form 990-EZ.<br>Go to www.irs.gov/Form990 for instructions and the latest information. |             |  |  |  |  |  |  |
| Name of the organization                               |   |  |             |  |  |  |  |  |  |
| Pout Fundraising                                       | Activities. Comp                          | lete if the orga   |             |  | es" on Form 990, Part                                  | 45-458773<br>IV, line 17.  | 0  |  |  |
|  | Z filers are not re<br>the organization r |  |             |  | wing activities. Check a                               | all that apply.  |  |  |  |
| a <u>X</u> Mail solicitati                             |   |  |             | e  | X Solicitation of nong                                 | -  |  |  |  |
| <b>b</b> X Internet and <b>c</b> X Phone solicit       | email solicitations                       | 5  |             | f  | Solicitation of gove                                   | -  |  |  |  |
| d X In-person sol                                      |   |  |             | g  |  | events   |  |  |  |
| 2a Did the organizat                                   | ion have a writter                        | n or oral agreen   | nent with a | any individ                              | ual (including officers, o<br>ofessional fundraising s | directors, trustees, or ke   | ey<br>XYes No  |  |  |
| <b>b</b> If "Yes," list the 1                          |   | dividuals or ent   | ities (fund |  | irsuant to agreements u                                |  |  |  |  |
| (i) Name and addres<br>or entity (fun                  | s of individual                           | (ii) Activity  | (iii) Did   | fundraiser<br>dy or control<br>ibutions? | (iv) Gross receipts<br>from activity                   | (v) Amount paid to<br>(or retained by)<br>fundraiser listed in<br>col. (i) | <b>(vi)</b> Amount paid to<br>(or retained by)<br>organization |  |  |
| THE BANNACK G  | ROUP                                      |  | Yes         | No                                       |  |  |  |  |  |
| 1 PO BOX 1823<br>BOZEMAN MT 59                         | 771                                       | CAPITAL<br>CAMPAIGN  |             | х  |  | 67,500.  |  |  |  |
|  | //1                                       | CAPITION   |             | 21                                       |  | 07,300.  |  |  |  |
| 2  |   |  |             |  |  |  |  |  |  |
| 3  |   |  |             |  |  |  |  |  |  |
| 5  |   |  |             |  |  |  |  |  |  |
| 4  |   |  |             |  |  |  |  |  |  |
| 5  |   |  |             |  |  |  |  |  |  |
| 6  |   |  |             |  |  |  |  |  |  |
| 7  |   |  |             |  |  |  |  |  |  |
| 8  |   |  |             |  |  |  |  |  |  |
| 9  |   |  |             |  |  |  |  |  |  |
| 10   |   |  |             |  |  |  |  |  |  |
|  | which the organiza                        |  |             |  | icit contributions or has                              | 67,500.<br>been notified it is exer  | 0.<br>npt from registration                                    |  |  |
|  |   |  |             |  |  |  |  |  |  |

## Schedule G (Form 990) (Rev. 12-2024) WINDHORSE EQUINE LEARNING

45-4587736 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |       | and ob. List events with gloss rec  | cipto greater than       | φ0,000.   |                          |  |
|-----------------|-------|---|--------------------------|---|--------------------------|--|
|                 |       |   | (a) Event #1<br>COWPOKES | (b) Event #2  | (c) Other events<br>NONE | (d) Total events<br>(add col. (a)<br>through col. (c)) |
| ne              |       |   | (event type)             | (event type)  | (total number)           |  |
| Revenue         | 1     | Gross receipts  | 62,674.                  |   |                          | 62,674.  |
|                 | 2     | Less: Contributions   | 29,980.                  |   |                          | 29,980.  |
|                 | 3     | Gross income (line 1 minus line 2)  | 32,694.                  |   |                          | 32,694.  |
|                 | 4     | Cash prizes   |                          |   |                          |  |
|                 | 5     | Noncash prizes  |                          |   |                          |  |
| nses            | 6     | Rent/facility costs   | 6,675.                   |   |                          | 6,675.   |
| Direct Expenses | 7     | Food and beverages  | 7,703.                   |   |                          | 7,703.   |
| rect l          | 8     | Entertainment   | 1,100.                   |   |                          | 1,100.   |
| D               | 9     | Other direct expenses   |                          |   |                          |  |
|                 | 10    | Direct expense summary. Add lines 4 thro  | ough 9 in column (d)     |   |                          | 15,478.  |
|                 | 11    | Net income summary. Subtract line 10 fro  | om line 3, column (d)    |   |                          | 17,216.  |
| Par             | t III | Gaming. Complete if the organiza than \$15,000 on Form 990-EZ, lin                      |                          | es" on Form 990, Pa                                 | art IV, line 19, or re   | eported more   |
| Revenue         |       |   | <b>(a)</b> Bingo         | (b) Pull tabs/instant<br>bingo/progressive<br>bingo | (c) Other gaming         | (d) Total gaming<br>(add col. (a)<br>through col. (c)) |
| Re              | 1     | Gross revenue   |                          |   |                          |  |
| ISES            | 2     | Cash prizes   |                          |   |                          |  |
| xper            | 3     | Noncash prizes  |                          |   |                          |  |
| Direct Expenses | 4     | Rent/facility costs   |                          |   |                          |  |
| Δ               | 5     | Other direct expenses   |                          |   |                          |  |
|                 | 6     | Volunteer labor   | Yes%                     | Yes <sup>%</sup><br>No                              | Yes%<br>No               |  |
|                 | 7     | Direct expense summary. Add lines 2 thro  | ough 5 in column (d)     |   |                          |  |
|                 | 8     | Net gaming income summary. Subtract lir   | ne 7 from line 1. colum  | n (d)   |                          |  |
|                 | -     | <u> </u>  | ,                        | .,  |                          |  |
| a               | ls th | er the state(s) in which the organization conne organization licensed to conduct gaming | activities in each of th | ese states?   |                          |  |
|                 |       | e any of the organization's gaming licenses   |                          |   |                          |  |

Schedule G (Form 990) (Rev. 12-2024)

Page 2

| Schedule G (Form 990) (Rev. 12-2024) WINDHORSE EQUINE LEARNING   | 45-4587736                                  | Page 3     |
|--|---|------------|
| 11 Does the organization conduct gaming activities with nonmembers?  | Yes   | No         |
| <b>12</b> Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other e administer charitable gaming?   |   | No         |
| <ul><li>13 Indicate the percentage of gaming activity conducted in:</li><li>a The organization's facility</li></ul>  | 13a   | 00         |
| <b>b</b> An outside facility.  |   |            |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events bool   |   | 6          |
| Name   |   |            |
| Address  |   |            |
| <ul> <li>15a Does the organization have a contract with a third party from whom the organization receives gaming relation b If "Yes," enter the amount of gaming revenue received by the organization \$</li></ul> |   | No         |
| Name   |   |            |
| Address  |   | ;<br> <br> |
| 16 Gaming manager information:   |   |            |
| Name   |   |            |
| Gaming manager compensation \$   |   |            |
| Description of services provided   |   |            |
| Director/officer Employee Independent contractor   |   |            |
| 17 Mandatory distributions:  |   |            |
| a Is the organization required under state law to make charitable distributions from the gaming proceeds<br>state gaming license?  |   | No         |
| <ul> <li><b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organization organization's own exempt activities during the tax year</li> </ul>                    |   |            |
| <b>Part IV</b> Supplemental Information. Provide the explanations required by Part I, line a and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provinformation. See instructions.         | 2b, columns (iii) and<br>ide any additional | (v);       |

(Rev. December 2024)

Department of the Treasury Internal Revenue Service Open to Public Inspection

Name of the organization

WINDHORSE EOUINE LEARNING

Employer identification number

45-4587736

### FORM 990, PART I, LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES

WINDHORSE EQUINE LEARNING PROGRAMS EMPOWER KIDS AND TEENS TO DISCOVER AND REALIZE THEIR FULL POTENTIAL THROUGH EXPERIENTIAL LEARNING WITH HORSES. WINDHORSE PROGRAMS TEACH SOCIAL EMOTIONAL SKILLS AND HORSEMANSHIP TO FACILITATE PERSONAL GROWTH, HELP YOUTH BUILD CONFIDENCE AND SELF-ESTEEM, REDUCE STRESS AND ANXIETY, AND FOSTER AWARENESS THROUGH THE EOUINE/HUMAN BOND.

### FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

WINDHORSE EQUINE LEARNING PROVIDES EQUINE-ASSISTED LEARNING PROGRAMS TO YOUTH IN GRADES 3-12. WE PROVIDE KIDS AND TEENS WITH EXPERIENTIAL AND REFLECTIVE LEARNING OPPORTUNITIES WITH HORSES, EMPOWERING THEM TO DISCOVER AND REALIZE THEIR FULL POTENTIAL THROUGH THEIR PARTNERSHIP WITH A HORSE. OUR PROGRAMS FACILITATE PERSONAL GROWTH, HELP YOUTH BUILD CONFIDENCE AND SELF-ESTEEM, ENHANCE FOCUS, REDUCE STRESS AND ANXIETY, AND FOSTER SELF-DEVELOPMENT AND AWARENESS THROUGH THE EQUINE/HUMAN BOND. BY BUILDING LIFE SKILLS, COMPETENCIES AND CONFIDENCE, WE CREATE RESILIENT YOUTH WHO CAN SUCCESSFULLY NAVIGATE THEIR TEENAGE YEARS AND BECOME LEADERS AMONG THEIR PEERS AND PRODUCTIVE AND CONTRIBUTING MEMBERS OF OUR COMMUNITY. OUR YEAR-ROUND PROGRAMMING, INCLUDING SCHOOL-YEAR PROGRAMS, SUMMER CAMPS AND SCHOOL FIELD TRIPS, GIVES YOUTH OPPORTUNITIES THROUGHOUT THE YEAR TO DEVELOP PHYSICALLY, MENTALLY, EMOTIONALLY AND SOCIALLY. OUR EIGHT LEVELS OF CURRICULUM TEACH LEADERSHIP, RELATIONSHIP/PARTNERSHIP, RESPONSIBILITY, TRUST, EMPATHY, RESILIENCE, AWARENESS AND CONNECTION BY CONSIDERING THE HORSE'S PERSPECTIVE AND NEEDS, AND THEN RELATING IT TO HUMANS. PROGRAM PARTICIPANTS PRACTICE THESE LEARNED ASSETS WITH THEIR HORSES AS WELL AS WITH THEIR PROGRAM PARTNERS, VOLUNTEERS AND INSTRUCTORS.

WINDHORSE ALSO OFFERS A CLASS FOR TEENS SUFFERING FROM ANXIETY THAT INCORPORATES <u>MINDFULNESS AND YOGA WITH HORSEMANSHIP. EIGHTY-SIX PERCENT OF TEENS IN THE PROGRAM</u> BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. TEEA4901L 12/10/24 Schedule O (Form 990) (Rev. 12-2024) (Rev. December 2024)

Open to Public Inspection

Name of the organization

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### FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

SHOWED SIGNIFICANT DECREASES IN ANXIETY THROUGHOUT THE COURSE. WINDHORSE PROGRAMS ARE ESPECIALLY BENEFICIAL FOR YOUTH WHO HAVE EXPERIENCED OR ARE EXPERIENCING TRAUMA. INTERVENTIONS LIKE EQUINE-ASSISTED LEARNING CAN PROVIDE YOUNG PEOPLE WHO HAVE EXPERIENCED TRAUMA WITH THE SUPPORT THEY NEED TO HELP THEM RECOVER FROM THE EFFECTS OF THEIR EXPERIENCES WHILE PROVIDING A SAFE, STABLE AND POSITIVE ENVIRONMENT AMONG SUPPORTIVE ADULTS. THE WINDHORSE VOLUNTEER TEAM AND STAFF INSTRUCTORS ARE TRAINED IN TRAUMA-INFORMED PRACTICES IN ORDER TO BETTER IDENTIFY AND SUPPORT THE NEEDS OF YOUTH WHO HAVE EXPERIENCED TRAUMA.

SINCE 2013, WINDHORSE HAS SERVED 703 YOUTH. EVERY YEAR, WINDHORSE CONTINUES TO EXPAND THE NUMBER OF YOUTH WE SERVE, AND TO REACH OUT TO DIVERSE POPULATIONS OF YOUTH WHO WILL BENEFIT FROM OUR PROGRAMS. MANY OF THESE YOUTH COME FROM ECONOMICALLY DISADVANTAGED FAMILIES. SINCE 2013, WINDHORSE HAS PROVIDED 285 SCHOLARSHIPS TOTALING \$45,678.

### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

A COPY OF FORM 990 AND SUPPORTING SCHEDULES WAS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING.

## FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

ANNUALLY, BOARD MEMBERS REVIEW THE POLICY AND SIGN A NEW CONFLICT OF INTEREST POLICY CONFIRMATION.

# FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE 990, GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE AVAILABLE FOR REVIEW UPON REQUEST OF AN INDIVIDUAL OR OTHER ENTITY.