

# Application Form

---

## *Organization Information*

---

### **Brief Project Descriptor**

Please briefly describe this organization's request.

**If you have previously applied for a Small Purchase and would like your previous request copied over to update and submit for consideration in Round Two, please contact Rose Cervantes. Due to the current inflationary environment, you will need to obtain new bids/estimates for your proposed purchases regardless of a prior submission. The new request amount must also fit within the maximum request amounts for Round Two.**

If you would like to complete this application in Word first and copy your answers over later, use the following link: [Download Application](#)

The evaluation rubric that will be used to score your request can be downloaded [here](#).

Please pay attention to character limits while working on your draft. These limits include spaces.

### **Organization Name\***

Inspire Equine Assisted Center

### **Proposal Name\***

Please choose a short name to identify this project within the grant portal:

Inspire Equine Truck

### **EIN\***

813960240

### **Incorporation Year\***

What year did your organization incorporate? This will be the year listed on your determination letter from the Internal Revenue Service.

2016

## Organizational Mission Statement\*

What is your organization's mission statement? This should be no longer than one or two sentences.

By partnering humans and horses in a healing environment, Inspire Equine Assisted Center supports individuals in conquering their physical, developmental and emotional challenges in order to achieve their full potential.

## Unique Entity ID (SAM)

Please provide your organization's Unique Entity ID number. This is a specific number used by the federal government to identify your organization. **This is different from a DUNS number, which the federal government no longer uses.**

If you do not have a Unique Entity ID number, you can create an account on SAM.gov and apply for one here (it is free and may take 3-4 days for approval): <https://sam.gov/content/home>

This field is optional as to not stop a qualifying organization from applying. **However**, a Unique Entity ID number will be required if your organization is approved for a grant. Your organization should apply for a number now if it does not yet have one.

Character Limit: 12

YZN2UK2XYMB1

## Annual Operating Budget Size\*

Please provide the amount of your annual operating budget, (expenditures only) for your entire organization.

\$410,827.41

## Parent Non-Profit/Subsidiaries\*

If your organization has a parent non-profit that has multiple subsidiaries, will multiple subsidiaries be applying in this process?

### Example

Better Tomorrow is the parent non-profit of three organizations. Two of those organizations want to apply in this process. Both would select "Yes" on this question.

No

## *Amount Requested (Annual Operating Budget Size ≤ \$500,000)*

---

### Amount Requested\*

Because your annual operating budget is \$500,000 or less, the maximum grant request for your organization is **\$100,000.**

\$78,000.00

## *Request Specifics*

---

### **Priority Areas\***

For Round 2 of this funding process, the ARPA Nonprofit Capital Project Fund is prioritizing organizations that offer programming, and whose capital purchase is related to, the following areas:

- Individuals with Disabilities
- Food Security
- Specialized Healthcare
  - Mental Health
  - Dental Care
  - Substance Use Disorders
- Housing

Not offering programming in these areas does not disqualify you from applying. However, this prioritization will result in 10 bonus points being awarded to eligible requests when scored.

**Does your organization and its proposed capital purchase fit into one of these areas?**

Yes

### **Organization Programmatic Background\***

Please describe the programming your organization offers to the community and the length of time it has been doing so. What does your organization **do** and **how long** has it been doing it?

**If you have indicated above that your programming and proposed purchase fit into the priority areas for this funding round, please be sure to describe the relevant programming.**

Inspire Equine Assisted Center offers equine assisted services to teens and adults with disabilities, disabled veterans and first responders, the aging population, and anyone with or experiencing a life challenge. Inspire Equine Assisted Center started providing services in December of 2016. Our facility is a member center of Path International and our instructors are certified through Path International and the Herd Institute. Our Adaptive Riding Program focuses on recreational horseback riding lessons for teens and adults with disabilities. Riders learn horsemanship and riding skills in an environment tailored to their individual needs and learning styles. Inspire offers instruction to riders of all skill levels. This can be a teen with a disability first contact with a horse to advanced independent riders who are preparing to show in Special Olympics Equestrian Competition. The goals for those in the adaptive riding program are riding- skill based, but participants and parents report many therapeutic benefits. These benefits include improvements in physical strength, balance, coordination, mobility, self-confidence, self-control, peer interaction, and social skills. A horse's soothing rhythm, strength, warmth, and three-dimensional movement pattern provide healthy exercise while improving circulation and muscle tone. The discipline associated with partnering with horses and the social interactions between peers benefit the mind and spirit while raising self-esteem and increasing self-sufficiency through accomplishment. A parent of a participant stated, "Horses offer a healing power. They allow a person who has a disability, whether physical or developmental, feel as if they are able to overcome

obstacles while achieving goals and making memories along the way. In general, horses may seem a bit intimidating at first, however they each have their own loving personality. Tiana and Bear formed a lasting bond of friendship that puts a smile on her face and mine."

## Community Need\*

Please describe the community need that exists for your programming. If you are able to cite quantitative, local data, that will strengthen your proposal.

Our Adaptive Riding program will help increase independent living and support integration into the physical communities in which they live. The need Inspire is filling is providing a therapeutic recreational service for teens and adults with disabilities. In 2020, there were over 89,846 individuals with a disability living in Pinellas County. In Clearwater, where we are located, 15.4 % of the population has a disability. Individuals with a disability have a hard time finding recreational therapeutic services. By offering equine assisted activities, Inspire serves individuals with disabilities, by giving them an opportunity to get out into their community and be involved in a physical, recreational activity to better their health.

## Negative Economic Impact on Organization\*

**The following question is the keystone of a strong application in this process. If your organization cannot demonstrate a negative economic impact from the pandemic, your application will not qualify for committee review. If you are uncertain about what constitutes negative economic impact or how to demonstrate it, please contact PCF staff for technical assistance.**

Describe your organization's negative economic impact arising from the COVID-19 pandemic. Examples could include:

- Inflationary pressures
- A reduction in revenue since the onset of the pandemic
- An increase in pandemic-related revenue that is restricted, or otherwise does not permit the purchase of capital assets
- The use of reserves for pandemic-related unbudgeted expenses
- Allocation of resources to meet a pandemic-related increase in demand for services, which results in a lack of resources to purchase capital assets
- A need for additional capital assets to adapt operations to accommodate health and safety guidelines by the CDC

**You have the option to upload supporting documentation regarding negative economic impact. However, please limit your upload to no more than five pages.**

The negative impact that resulted from the COVID-19 pandemic included inflationary pressures in cost of goods, a reduction in donation and program revenue, and an allocation of resources to meet a pandemic-related increase in demand for services, which resulted in a lack of resources to purchase capital assets. Due to the increase in gas prices important items that are required for the everyday operation of our programs increased. For example, the hay our horses eat went from \$13.50 per bale to \$17.00 per bale. That is an increase of \$150.00 per order of hay or an additional \$3600 per year that needs to be raised by donations. Also, delivery of the hay went from \$10 per order to \$65 per order due to gas prices. This is an increase of \$1320.00 per year in just delivery cost. Another daily operational cost that increased due to the pandemic is

our cost for garbage pickup. Due to gas prices and increase in fees at the dump, our garbage cost increased by \$7880.72 per year. These are just a few examples of increase in costs of goods due to inflation brought on by the pandemic. As a nonprofit that relies on donations to fund their operational expenses, we have seen a decrease in individual donations annually due to inflation. Also, our annual gala income, which normally funds 85% of our annual budget, has decreased by \$53,224.00 due to inflation and the pandemic. Finally, due to the demand in services due to the pandemic, we have needed to add additional staff to cover demand. With the increase in costs overall in the United States, we have also had to increase our employees' wages to compensate for the inflation. Our employment costs have rose over 90,000 dollars. Income from programming has not increased even though demand for services has increased, due to families and participants not being able to afford the services like they could before the pandemic.

## Proposal Description\*

The American Rescue Plan Act requires a request that is reasonable and proportional to the level of economic impact your organization experienced. This means the request you describe below should not be greater than the economic harm your organization has suffered.

Please describe your purchase proposal and address the following:

- What will you be purchasing with these funds?
- What is the estimated lifespan of the purchase/improvement?
- How does it address the negative economic harm you described in the previous question?

Inspire Equine Assisted Center would be purchasing a 2500 level Diesel Truck. The estimated lifespan of the purchase of truck would be over 10 years. With having our own truck, Inspire will be saving money overall because there would be a decrease in delivery expenses and truck rental expenses. Inspire would be able to save just on delivery of hay and shavings over \$3200 per year and on truck rentals over \$2500 per year. Inspire will also be able to look for lower cost options for items since delivery would not be a deciding factor on vendors.

## Guiding Principles - Client Impact\*

The American Rescue Plan Act, which provides the funding for this grant program, aims to ensure an equitable recovery from the COVID-19 pandemic. According to federal guidance, the term "equity" is defined as:

The consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.

One of the guiding principles of this fund is that it will apply a lens of equity to ensure the needs of specified priority populations are met.

**Will this purchase benefit the community members defined above that have experienced disproportionate negative impacts from the COVID-19 pandemic? If so, how?**

The purchase of a truck for Inspire would benefit the teens and adults with disabilities that partner with our horses on a daily basis. Each participant that rides or drives with Inspire has goals that they want to

accomplish. Some goals are physical improvement and others are social improvement goals. Some goals of our participants are being able to compete in equestrian competitions. These competitions can include Special Olympics, Para Olympics and regular able bodied horse shows. To be able to attend those shows, Inspire needs to be able to transport the horses to the show facility. Inspire currently only competes in one show a year, Special Olympics, due to cost of renting a truck to transport the horses. With a truck of their own, Inspire would be able to attend more horse shows with their teens and adults with disabilities. The participants would be able to meet and exceed at their goals of showing off all their hard work at numerous horse shows throughout the year.

### Number Served\*

How many people will directly benefit from this capital purchase annually?

300

### Unduplicated vs. Duplicated\*

Is the number indicated above duplicated or unduplicated?

**Duplicated:** A client is counted each time they access services

**Unduplicated:** A client is counted once, regardless of the number of times they access services

**Example:** ABC Food Bank operates two mobile food pantries, one in Clearwater and one in St. Petersburg. Taylor, a Pinellas County resident, goes to both food pantries. If ABC Food Bank counts Taylor's visit TWICE, it is **duplicated**. If ABC Food Bank counts Taylor's visit ONCE, it is **unduplicated**.

Unduplicated

### Other (Explanation Required)

If you selected "Other" in the previous question, please explain how your organization determined the number of clients that will benefit from the proposed capital purchase.

N/A

## *Geographic Impact & Priority Populations*

The ARPA Nonprofit Capital Project Fund seeks to offset the negative economic impact Pinellas nonprofits faced due to the COVID-19 pandemic. Organizations who serve disproportionately impacted communities will be considered as serving a priority population. There are several ways to determine if your clients were disproportionately impacted.

Examples of disproportionately impacted communities include those who:

- Live in a Qualified Census Tract (QCTs)
  - Defined by U.S. Department of Housing and Urban Development (HUD)
  - U.S. Treasury guidance prioritizes use of ARPA funds within QCTs

- To assess if your organization serves or is headquartered in a QCT, use the following link:  
[https://www.huduser.gov/portal/sadda/sadda\\_qct.html](https://www.huduser.gov/portal/sadda/sadda_qct.html)  
In the top right-hand corner, choose the state of Florida and Pinellas County. Then on the left-hand side of the screen, click the box next to “Color QCT Qualified Tracts.” The QCT zones are denoted in purple. You can also map your address by adding it into the address box at the top to see if your location is inside the zones.
- Low- and moderate-income household and communities
- Households that qualify for federal assistance programs, such as SNAP and TANF
- Historically marginalized communities (BIPOC communities, persons with disabilities, LGBTQ+, religious minorities, and other communities that fit in the Equity definition provided on the ARPA website and application)

## Benefits and Geography of Purchase\*

Please describe the following:

1. The communities/clients that will benefit from this capital purchase, and whether they were disproportionately impacted by the pandemic according to the examples above.
2. The geographic areas in which this capital purchase will be put into use. Be as specific as possible.

The clients that will benefit from this capital purchase include individuals with disabilities and veterans, which are historically a marginalized community. Our participants come to us from all over Pinellas County. The main areas that the participants come from are St. Petersburg, Clearwater, Largo, Dunedin, Palm Harbor, Pinellas Park, Seminole, Tarpon Springs, and Belleair Beach. The truck would be used throughout Pinellas County. It would also be used to transport horses to competitions in Hillsborough County and up to Ocala.

## Headquarters Location\*

Please provide your organization's headquarters address as it appears on your Sunbiz account. To check your Sunbiz registration, you may search here: <https://dos.myflorida.com/sunbiz/search/>

1743 Doncaster Road Clearwater, FL 33764

## QCT Determination - Headquarters\*

Is this organization headquartered in a QCT?

Further determination required

## *Community Connection*

---

PCF understands the value of authentic and diverse representation in philanthropy and in Pinellas County. To this end, we ask demographic and representation questions to gauge the human impact your organization has on the communities you serve.

PCF has generalized the demographic data questions more than it has in other processes because of the public nature of this process. PCF understands that identity disclosure can be a sensitive matter and wants to respect your organization's board and staff. If your organization feels comfortable sharing more detailed demographic information, it may do so in the "Community Representation and Connection" section.

### **Community Representation and Connection\***

Describe how your organization is representative of, or has authentic connections to, the community your proposal seeks to serve. You can list other community-based organizations that work on programming with you and/or list examples of your work within this community.

If your staff, board, executive leadership, or long-term volunteers have personal identities or experiences that allow for a meaningful connection with your clients, please feel free to describe this connection below. When possible, please use internal data or specific details to describe how your organization is representative and connected to the communities you serve.

Inspire Equine Assisted Center focuses on serving teens and adults with disabilities through the partnership with horses. We partner on a weekly basis to provide equine learning services to LYF, Inc. which is an adult day training program for individuals with disabilities. We also partner with LIFT Academy, which is a school for neurodiverse individuals, by having participants ride in our Adaptive Riding program and hosting their yearly Prom at our facility. The owner of the property that Inspire leases built the facility for her adult daughter with Down Syndrome. The property owner's daughter participates in Adaptive Riding and Carriage Driving at Inspire. A member of our Board's son also participates in our Adaptive riding program since we opened in 2016. Finally, our Founder and Executive Director, Melissa Yarbrough, is a Board-Certified Behavior Analyst, has a master's degree in special education and has been a PATH International Certified Riding Instructor for over 22 years.

### **Leadership Demographics - Board Membership\***

Do your board members consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disabled. Neurodiversity is defined as "the range of differences in individual brain function and behavioral traits, regarded as part of normal variation in the human population." Examples of neurodiversity include autism spectrum disorders, ADHD, and dyslexia.

None of the above



## Leadership Demographics - Executive Level Leadership Team\*

Does your executive leadership team consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disabled. Neurodiversity is defined as “the range of differences in individual brain function and behavioral traits, regarded as part of normal variation in the human population.” Examples of neurodiversity include autism spectrum disorders, ADHD, and dyslexia.

If your organization is volunteer-run and does not have an executive leadership team, please select "Not applicable."

None of the above

## Leadership Demographics - CEO/Executive Director\*

Does your CEO/Executive Director consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ defined as Lesbian, Gay, Bisexual, Transgender, Queer+
- Neurodiverse/physically disabled. Neurodiversity is defined as “the range of differences in individual brain function and behavioral traits, regarded as part of normal variation in the human population.” Examples of neurodiversity include autism spectrum disorders, ADHD, and dyslexia.

If your organization is volunteer-run and does not have an executive leader, please select "Not applicable."

None of the above

## Proposal Costs

Please upload current verifiable bids, estimates, or price lists [from your potential vendor(s)]. These bids must be dated within the past 60 days. *Please ensure there is a date noted on the bid or some annotation as to when you obtained these estimates/bids.*

- If your purchase is BELOW \$75,000, you must upload TWO verifiable bids or estimates for the proposed purchases.
- If your purchase is ABOVE \$75,000, you must upload THREE verifiable bids or estimates for your proposed purchases.

This can be as simple as screenshots from Amazon or Best Buy (though PCF does not endorse or recommend any

specific vendor) or may be from specialized vendors that sell your proposed purchase. If you have concerns regarding bids or estimates, please reach out to PCF staff.

**Please note if you submitted a proposal in the first round of funding for Small Capital Purchases, you will be required to submit new bids for an accurate cost estimation in the current market.**

*If you need assistance compressing files, please email Rose Cervantes at [rcervantes@pinellascf.org](mailto:rcervantes@pinellascf.org).*

### **Bid/Estimate #1\***

PDF files are accepted.

WindowStickerNew2023DodgeRam.pdf

### **Bid/Estimate #2\***

PDF files are accepted.

windowstickerRam3New.pdf

### **Bid/Estimate #3**

PDF files are accepted.

WindowStickerRam2500New#2.pdf

### **Sole Source\***

In some cases, a proposed small purchase is only available from a single vendor, and as such, only one bid/estimate can be uploaded. If this is the case for your organization, please explain in the field below, and contact Rose Cervantes at [rcervantes@pinellascf.org](mailto:rcervantes@pinellascf.org).

Otherwise, write "N/A" below.

N/A

### **Related Parties\***

Are any of the contractors/vendors that have provided bids/estimates a related party to your organization?

#### **Examples of Related Parties**

- A board member that owns the contracting company that provided a bid
- The relative of a director, officer, or executive team member owns a company that provided an estimate
- The CEO of the applying organization has a financial interest in the construction company providing a bid

**If yes**, identify the vendor and describe the relationship.

**If no**, write "No related parties below."

No related parties below

## Budget Summary\*

Please use **THIS TEMPLATE** to indicate costs and any cash match your organization may have for the proposed purchases. Note: this spreadsheet will automatically round numbers to make it easier to read for committee members.

If you submitted a proposal in the first round of funding for Small Capital Purchases, you will be required to submit a new budget for an accurate cost breakdown in the current market. Additionally, this round of funding there is less available monies, and the max award request has decreased.

Please note that indirect costs are not permitted for small purchases.

If you have additional notes to add to your budget summary, you may do so in the text box below.

Budget-Template-Small-Capital-Purchases (1).xlsx  
n/a

## Other Funding Sources\*

Please describe any other funding not already mentioned that your organization has applied for or obtained for this purchase.

This includes but is not limited to Community Block Development Grants (CBDG), local government grants (including Tourist Development Council funding), foundation grants, and private donors (you do not need to disclose donor identities but simply indicate the amount raised for this purchase). This includes any matching grants or in-kind contributions you may have obtained.

**Please be sure these other funding sources are represented in the "Applicant Match" column in the budget summary uploaded above.**

Currently no other funding has been secured for the purchase of a truck.

## Changes in Operating Costs\*

Please answer this question based on the descriptions below:

- If this project **increases** ongoing operational costs (programmatic, operating maintenance or other costs), how will you compensate for the difference?
- If this purchase **decreases** ongoing operating costs, how will it do so?
- If this purchase **does not affect** operating costs, please note so below.

The purchase of the truck will not affect the operating costs of Inspire Equine Assisted Center. The money that is saved by the decrease in shipping costs and truck rental costs will equal out the cost of gas, and insurance.

## Corrective and Investigative Action/Grant Recall

In the past three (3) years, has your organization or any affiliated parties with your organization had any of the following occur:

1. Been under legal investigation by a local, state, or federal institution?
2. Been placed on a corrective action plan by a funder?
3. Had grant funding recalled by a funder?

If yes, please describe the investigation, corrective action plan and/or grant recall, and the current status of such incidents. You may upload a PDF file to support your answer if necessary.

If no, write "N/A"

N/A

## Insurance Requirements

### Evidence of Insurance Coverage\*

Grantees of the ARPA Nonprofit Capital Project Fund will be required to maintain appropriate insurance related to your operations and this purchase. PCF will determine whether this coverage is appropriate.

Please upload evidence of insurance.

**If your organization does not have evidence of insurance coverage, please provide an explanation as to why.**

InspireGLInsurance202223.pdf

We will be acquiring automobile insurance as soon as the vehicle is purchased.

### Insurance Requirement\*

**If you are awarded a contract from the ARPA Nonprofit Capital Project Fund, you may be required to list Pinellas Community Foundation as an additional insured through your general liability insurance or other appropriate coverages for the duration of the contract. If you would like to check with your insurance carrier on how to do this, here is the information about PCF you will need:**

Pinellas Community Foundation  
17755 US Highway 19 N  
Suite 150  
Clearwater, FL 33764  
727-531-0058

**Please check the box below to indicate that you understand and will be able to comply with this requirement if you are awarded a contract.**

**PCF will not ask for a certificate naming us as additional insured until the contracting stage.**

Yes, I understand and will comply with this requirement if awarded a contract.

## *Organization Documentation*

---

**Please reach out to PCF staff if you have trouble uploading the files below. We are able to assist with file conversion and file compression.**

### **Organization Budget\***

Please upload your most recent, board-approved organizational budget for this fiscal year. PDF and Excel documents are accepted.

BudgetOverviewInspireAnnualBudget2023-FY23PL (12).pdf

### **Board of Directors List\***

Please upload your Board of Directors list.

Excel, Word, and PDF file formats are accepted.

BOD Roster23.pdf

### **IRS Form 990\***

Please upload a PDF copy of your most recently submitted IRS Form 990.

**If Form 990 from your most recent fiscal year is delayed or you have received an extension, please explain in the text space below. You may also explain if you don't have a Form 990 due to organization type.** You should still upload the most recent publicly available 990.

If you file a Form 990-EZ and do not have anything to attach, please note so below.

Only PDF files are permitted.

2021 tax return for Exempt Organizations for your records - Inspire Equine Therapy Program.pdf

### **Most Recent Financial Statements\***

Upload a PDF version of your most recent financial statements. If you have audited financial statements, please upload the most recently conducted audit. If you do not have a recent audit, please explain why.

BalanceSheet.pdf

We have not received an audit of our financials yet due to the cost of the actual audit. We currently do not have the funds to complete an audit in our budget.

## *Post-Grant Requirements*

---

### **Reporting Requirements Acknowledgment\***

Grantees will be required to submit a pre-award agreement within two weeks of receiving an award notice. In addition, grantees will be required to submit a report within 30 days after the purchase is completed.

Financial information justifying all expenditures will also need to be provided. This includes but is not limited to:

- Invoices
- Canceled checks
- Credit card statements, along with a record of paying the credit card.

If you have any questions, please contact Rose Cervantes, ARPA Program Officer at rcervantes@pinellascf.org. Yes, I agree to submit this grant agreement and impact report within the specified timeframes.

## *Additional Information*

---

### **Additional Upload**

If you have something to share, you can upload it here in PDF format.

### **Anything else to share?**

Is there anything else that you would like Pinellas Community Foundation to know or other information your organization would like to share that isn't addressed elsewhere in this application?

none

## *Agreements*

---

### **Affirmation of Application Materials\***

I hereby certify that, to the best of my knowledge, the provided information within this application is true and accurate.

Yes

### **Public Application and Grant Process\***

In order to maintain transparency for the use of public funding, PCF will publish all submitted funding requests, committee review meeting minutes, executed contracts, and reports to its website. This means your funding request in its entirety will be published. Please check the box below to indicate your understanding of this.

Yes, I understand.

### **Final Approval for Grant Award\***

The grantmaking process administered by PCF results in funding recommendations by an external committee using an objective, public rubric. Final approval of recommendations is made by the Pinellas Board of County Commissioners.

Yes, I understand.

## File Attachment Summary

---

### *Applicant File Uploads*

- WindowStickerNew2023DodgeRam.pdf
- windowstickerRam3New.pdf
- WindowStickerRam2500New#2.pdf
- Budget-Template-Small-Capital-Purchases (1).xlsx
- InspireGLInsurance202223.pdf
- BudgetOverviewInspireAnnualBudget2023-FY23PL (12).pdf
- BOD Roster23.pdf
- 2021 tax return for Exempt Organizations for your records - Inspire Equine Therapy Program.pdf
- BalanceSheet.pdf





2023 MODEL YEAR  
**RAM 2500 BIG HORN CREW CAB 4X4**

For more information visit: [www.ramtrucks.com](http://www.ramtrucks.com)  
or call 1-866-RAMINFO

FCA US LLC

THIS VEHICLE IS MANUFACTURED TO MEET SPECIFIC UNITED STATES REQUIREMENTS. THIS VEHICLE IS NOT MANUFACTURED FOR SALE OR REGISTRATION OUTSIDE OF THE UNITED STATES.

MANUFACTURER'S SUGGESTED RETAIL PRICE OF THIS MODEL INCLUDING DEALER PREPARATION

**Base Price: \$56,665**

**RAM 2500 BIG HORN CREW CAB 4X4**

Exterior Color: Billet Silver Metallic Clear-Coat Exterior Paint

Interior Color: Black Interior Color

Interior: Premium Cloth Bucket Seats

Engine: 6.7L I6 Cummins Turbo Diesel Engine

Transmission: 6-Speed Automatic 68RFE Transmission

STANDARD EQUIPMENT (UNLESS REPLACED BY OPTIONAL EQUIPMENT)

FUNCTIONAL/SAFETY FEATURES

- Advanced Multistage Front Air Bags
- Supplemental Front Seat-Mounted Side Air Bags
- Supplemental Side-Curtain Front and Rear Air Bags
- ParkView® Rear Back-Up Camera
- Electronic Shift-On-The-Fly Transfer Case
- 3.73 Axle Ratio
- Electronic Stability Control
- Electronic Roll Mitigation
- Hill-Start Assist
- Traction Control
- Trailer Sway Damping
- Trailer Brake Controller
- Sentry Key® Theft Deterrent System
- Remote Keyless-Entry
- Tire Pressure Monitoring Display

INTERIOR FEATURES

- Uconnect® 3 with 5-Inch Touch Screen Display
- Integrated Voice Command
- Full Function Media Hub with 2-USB Plus Aux Port
- Remote Charge-Only USB Port
- 40/20/40 Split Bench Seat
- Tilt Steering Column
- Power Front Windows with 1-Touch Up / Down
- Front and Rear Floor Mats
- Driver / Passenger Assist Handles

EXTERIOR FEATURES

- 18-Inch x 8.0-Inch Polished Aluminum Wheels
- LT275/70R18E BSW All-Season Tires
- Pwr Adj Heated TT Mirrors w/ Manual Fold/Telescope
- 31-Gallon Fuel Tank
- Full-Size Spare Tire
- Locking Tailgate
- Class V Receiver-Hitch
- 7-Pin Wiring Harness
- Trailer-Tow with 4-Pin Connector Wiring
- Exterior Mirrors with Supplemental Signals
- Exterior Mirrors Courtesy Lamps
- LED Hitch Lamp in Tailgate Handle
- Automatic Headlamps
- Halogen Quad Headlamps

OPTIONAL EQUIPMENT (May Replace Standard Equipment)

- Billet Silver Metallic Clear-Coat Exterior Paint \$250
- Premium Cloth Bucket Seats \$295
- Customer Preferred Package 2HZ
- Sport Appearance Package \$1,295

- Painted Front Bumper
- Painted Rear Bumper
- ParkSense® Front and Rear Park-Assist System
- Black Interior Accents
- Level 1 Equipment Group \$2,215
- Glove Box Lamp
- Ram Connect (Connected Services) with Trial
- Selectable Tire-Fill Alert
- 2nd-Row In-Floor Storage Bins
- Power Heat/Fold/Telescoping Mirrors
- 8-Way Power Adjustable Driver Seat
- Power Telescoping Mirrors
- Automatic Power-Folding Mirrors
- Forward and Reverse Utility Lights
- Front Fog Lamps
- Steering-Wheel-Mounted Audio Controls
- Google Android Auto™
- Apple CarPlay®
- 4G LTE Wi-Fi Hot Spot with Trial Included
- Front and Rear Rubber Floor Mats by Mopar® \$150
- Anti-Spin Differential Rear Axle \$495
- 6.7L I6 Cummins Turbo Diesel Engine \$9,695
- Tow Hooks
- Rear Wheelhouse Liners \$195
- Uconnect® 5 Nav with 8.4-Inch Touch Screen Display \$820
- Trailer Tow Pages
- A/C with Dual-Zone Auto Temperature Control
- SiriusXM® 360L with 6-Month Sub Call 800-643-2112
- Blind-Spot with Tag Trailer & Cross-Path Detection \$695
- Remote-Start System \$295

Destination Charge \$1,895

**TOTAL PRICE: \* \$74,960**

WARRANTY COVERAGE

5-year or 100,000-mile Powertrain Limited Warranty  
3-year or 36,000-mile Basic Limited Warranty.  
Ask Dealer for a copy of the limited warranties or see your owner's manual for details.

**5 YEAR / 100,000 MILE  
POWERTRAIN WARRANTY**

Assembly Point/Port of Entry: SALTILLO, MEXICO

S.L.

SHIP TO:

SOLD TO:

VIN: 3C6-UR5DL2PG-562214

L4-VON: 5003

0309-0



THIS LABEL IS ADDED TO THIS VEHICLE TO COMPLY WITH FEDERAL LAW. THE LABEL CANNOT BE REMOVED OR ALTERED PRIOR TO DELIVERY TO THE ULTIMATE PURCHASER.

\* STATE AND/OR LOCAL TAXES IF ANY, LICENSE AND TITLE FEES AND DEALER SUPPLIED AND INSTALLED OPTIONS AND ACCESSORIES ARE NOT INCLUDED IN THIS PRICE. DISCOUNT, IF ANY, IS BASED ON PRICE OF OPTIONS IF PURCHASED SEPARATELY.

California Air Resources Board

Diesel Vehicle

**Environmental Performance**

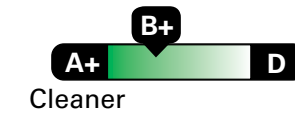
These ratings are not directly comparable to the U.S. EPA/DOT light-duty vehicle label ratings. For information on how to compare, please see [www.arb.ca.gov/ep\\_label](http://www.arb.ca.gov/ep_label)

Protect the environment. Choose vehicles with higher ratings:

**Greenhouse Gas Rating** (tailpipe only)



**Smog Rating** (tailpipe only)



Vehicle emissions are a primary contributor to climate change and smog. Ratings are determined by the California Air Resources Board based on this vehicles measured emissions.



**GOVERNMENT 5-STAR SAFETY RATINGS**

Overall Vehicle Score

★★★★★

Based on the combined ratings of frontal, side and rollover. Should ONLY be compared to other vehicles of similar size and weight.

Frontal  
Crash

Driver  
Passenger

★★★★★  
★★★★★

Based on the risk of injury in a frontal impact. Should ONLY be compared to other vehicles of similar size and weight.

Side  
Crash

Front seat  
Rear seat

★★★★★  
★★★★★

Based on the risk of injury in a side impact.

Rollover

★★★

Based on the risk of rollover in a single-vehicle crash.

Star ratings range from 1 to 5 stars (★★★★★) with 5 being the highest. Source: National Highway Traffic Safety Administration (NHTSA) [www.safercar.gov](http://www.safercar.gov) or 1-888-327-4236



**VEHICLE PROTECTION**  
A PRODUCT OF FCA US LLC

Ask for Mopar Vehicle Protection for your vehicle. We Built It. We Back It.

The safety ratings above are based on Federal Government tests of particular vehicles equipped with certain features and options. The performance of this vehicle may differ.



2022 MODEL YEAR

# RAM 2500 BIG HORN CREW CAB 4X4

For more information visit: [www.ramtrucks.com](http://www.ramtrucks.com)  
or call 1-866-RAMINFO

FCA US LLC

THIS VEHICLE IS MANUFACTURED TO MEET SPECIFIC UNITED STATES REQUIREMENTS. THIS VEHICLE IS NOT MANUFACTURED FOR SALE OR REGISTRATION OUTSIDE OF THE UNITED STATES.

MANUFACTURER'S SUGGESTED RETAIL PRICE OF THIS MODEL INCLUDING DEALER PREPARATION

Base Price: **\$54,255**

### RAM 2500 BIG HORN CREW CAB 4X4

Exterior Color: Billet Silver Metallic Clear-Coat Exterior Paint

Interior Color: Black / Diesel Gray Interior Colors

Interior: Premium Cloth Bucket Seats

Engine: 6.7L I6 Cummins Turbo Diesel Engine

Transmission: 6-Speed Automatic 68RFE Transmission

STANDARD EQUIPMENT (UNLESS REPLACED BY OPTIONAL EQUIPMENT)

#### FUNCTIONAL/SAFETY FEATURES

- Advanced Multistage Front Air Bags
- Supplemental Front Seat-Mounted Side Air Bags
- Supplemental Side-Curtain Front and Rear Air Bags
- ParkView® Rear Back-Up Camera
- Electronic Shift-On-The-Fly Transfer Case
- 3.73 Axle Ratio
- Electronic Stability Control
- Electronic Roll Mitigation
- Hill-Start Assist
- Traction Control
- Trailer Sway Damping
- Trailer Brake Controller
- Sentry Key® Theft Deterrent System
- Remote Keyless-Entry
- Trailer Light Check
- Tire Pressure Monitoring Display
- Selectable Tire-Fill Alert

#### INTERIOR FEATURES

- Uconnect® 5 with 8.4-Inch Touch Screen Display
- SiriusXM® with 6-Month Radio Sub Call 800-643-2112
- Ram Connect (Connected Services) with Trial
- Apple CarPlay®
- Google Android Auto™
- Handsfree Phone and Audio
- Integrated Voice Command
- Full Function Media Hub with 2-USB Plus Aux Port
- Remote Charge-Only USB Port
- 40/20/40 Split Bench Seat
- Tilt Steering Column
- Power Front Windows with 1-Touch Up / Down
- Front and Rear Floor Mats
- Driver / Passenger Assist Handles

#### EXTERIOR FEATURES

- 18-Inch x 8.0-Inch Steel Chrome Clad Wheels
- LT275/70R18E BSW All-Season Tires
- 31-Gallon Fuel Tank
- Full-Size Spare Tire
- Locking Tailgate
- Class V Receiver-Hitch
- 7-Pin Wiring Harness
- Trailer-Tow with 4-Pin Connector Wiring

- Power Black Trailer-Tow Mirrors w/ Manual Fold-Away
- Exterior Mirrors with Supplemental Signals
- Exterior Mirrors Courtesy Lamps
- LED Hitch Lamp in Tailgate Handle
- Automatic Headlamps
- Halogen Quad Headlamps

#### OPTIONAL EQUIPMENT (May Replace Standard Equipment)

- Billet Silver Metallic Clear-Coat Exterior Paint \$200
- Premium Cloth Bucket Seats \$295
- Customer Preferred Package 2HZ**
- 5th Wheel / Gooseneck Towing Prep Group \$545
- Level A Equipment Group \$2,115
- 2nd-Row In-Floor Storage Bins
- 8-Way Power Adjustable Driver Seat
- Front Fog Lamps
- Steering-Wheel-Mounted Audio Controls
- 220-Amp Alternator \$145
- Anti-Spin Differential Rear Axle \$495
- 6.7L I6 Cummins Turbo Diesel Engine \$9,595
- Tow Hooks
- 7.0-Inch TFT Color Display-Cluster \$75
- Center Stop Lamp with Cargo-View Camera \$345
- 20-Inch x 8.0-Inch Polished Aluminum Wheels \$1,695
- Connected Services Delete Credit -\$250

Destination Charge **\$1,795**

**TOTAL PRICE: \* \$71,305**

#### WARRANTY COVERAGE

- 5-year or 100,000-mile Powertrain Limited Warranty
- 3-year or 36,000-mile Basic Limited Warranty.
- Ask Dealer for a copy of the limited warranties or see your owner's manual for details.

**5 YEAR / 100,000 MILE  
POWERTRAIN WARRANTY**

Assembly Point/Port of Entry: SALTILLO, MEXICO

S.L.

SHIP TO:

SOLD TO:

VIN: 3C6-UR5DLXNG-327959

L4-VON: 8003

0625-0



THIS LABEL IS ADDED TO THIS VEHICLE TO COMPLY WITH FEDERAL LAW. THE LABEL CANNOT BE REMOVED OR ALTERED PRIOR TO DELIVERY TO THE ULTIMATE PURCHASER.

\* STATE AND/OR LOCAL TAXES IF ANY, LICENSE AND TITLE FEES AND DEALER SUPPLIED AND INSTALLED OPTIONS AND ACCESSORIES ARE NOT INCLUDED IN THIS PRICE. DISCOUNT, IF ANY, IS BASED ON PRICE OF OPTIONS IF PURCHASED SEPARATELY.

## California Air Resources Board

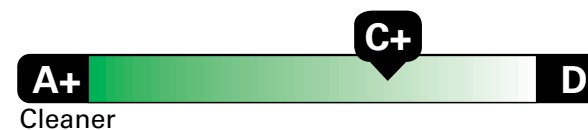
Diesel Vehicle

# Environmental Performance

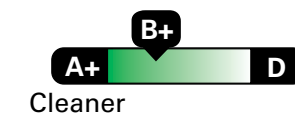
These ratings are not directly comparable to the U.S. EPA/DOT light-duty vehicle label ratings. For information on how to compare, please see [www.arb.ca.gov/ep\\_label](http://www.arb.ca.gov/ep_label)

Protect the environment. Choose vehicles with higher ratings:

**Greenhouse Gas Rating** (tailpipe only)



**Smog Rating** (tailpipe only)



Vehicle emissions are a primary contributor to climate change and smog. Ratings are determined by the California Air Resources Board based on this vehicles measured emissions.



## GOVERNMENT 5-STAR SAFETY RATINGS

### Overall Vehicle Score

★★★★★

Based on the combined ratings of frontal, side and rollover. Should ONLY be compared to other vehicles of similar size and weight.

### Frontal Crash

Driver Passenger

★★★★★  
★★★★★

Based on the risk of injury in a frontal impact. Should ONLY be compared to other vehicles of similar size and weight.

### Side Crash

Front seat Rear seat

★★★★★  
★★★★★

Based on the risk of injury in a side impact.

### Rollover

★★★

Based on the risk of rollover in a single-vehicle crash.

Star ratings range from 1 to 5 stars (★★★★★) with 5 being the highest. Source: National Highway Traffic Safety Administration (NHTSA) [www.safercar.gov](http://www.safercar.gov) or 1-888-327-4236

The safety ratings above are based on Federal Government tests of particular vehicles equipped with certain features and options. The performance of this vehicle may differ.



**VEHICLE PROTECTION**  
A PRODUCT OF FCA US LLC

Ask for Mopar Vehicle Protection for your vehicle. We Built It. We Back It.



2023 MODEL YEAR

# RAM 2500 LONE STAR CREW CAB 4X4

For more information visit: [www.ramtrucks.com](http://www.ramtrucks.com)  
or call 1-866-RAMINFO

FCA US LLC

THIS VEHICLE IS MANUFACTURED TO MEET SPECIFIC UNITED STATES REQUIREMENTS. THIS VEHICLE IS NOT MANUFACTURED FOR SALE OR REGISTRATION OUTSIDE OF THE UNITED STATES.

MANUFACTURER'S SUGGESTED RETAIL PRICE OF THIS MODEL INCLUDING DEALER PREPARATION

**Base Price: \$56,665**

**RAM 2500 BIG HORN CREW CAB 4X4**  
Exterior Color: Granite Crystal Metallic Clear-Coat Exterior Paint  
Interior Color: Black Interior Color  
Interior: Premium Cloth Bucket Seats  
Engine: 6.7L I6 Cummins Turbo Diesel Engine  
Transmission: 6-Speed Automatic 68RFE Transmission

STANDARD EQUIPMENT (UNLESS REPLACED BY OPTIONAL EQUIPMENT)

FUNCTIONAL/SAFETY FEATURES

Advanced Multistage Front Air Bags  
Supplemental Front Seat-Mounted Side Air Bags  
Supplemental Side-Curtain Front and Rear Air Bags  
ParkView® Rear Back-Up Camera  
Electronic Shift-On-The-Fly Transfer Case  
3.73 Axle Ratio  
Electronic Stability Control  
Electronic Roll Mitigation  
Hill-Start Assist  
Traction Control  
Trailer Sway Damping  
Trailer Brake Controller  
Sentry Key® Theft Deterrent System  
Remote Keyless-Entry  
Tire Pressure Monitoring Display

INTERIOR FEATURES  
Uconnect® 3 with 5-Inch Touch Screen Display  
Integrated Voice Command  
Full Function Media Hub with 2-USB Plus Aux Port  
Remote Charge-Only USB Port  
40/20/40 Split Bench Seat  
Tilt Steering Column  
Power Front Windows with 1-Touch Up / Down  
Front and Rear Floor Mats  
Driver / Passenger Assist Handles

EXTERIOR FEATURES  
18-Inch x 8.0-Inch Polished Aluminum Wheels  
LT275/70R18E BSW All-Season Tires  
Pwr Adj Heated TT Mirrors w/ Manual Fold/Telescope  
31-Gallon Fuel Tank  
Full-Size Spare Tire  
Locking Tailgate  
Class V Receiver-Hitch  
7-Pin Wiring Harness  
Trailer-Tow with 4-Pin Connector Wiring  
Exterior Mirrors with Supplemental Signals

OPTIONAL EQUIPMENT (May Replace Standard Equipment)

Granite Crystal Metallic Clear-Coat Exterior Paint \$250  
Premium Cloth Bucket Seats \$295  
**Customer Preferred Package 2HY**  
Protection Group \$95  
Transfer Case Skid-Plate Shield  
5th Wheel / Gooseneck Towing Prep Group \$545  
Night Edition \$3,345  
Painted Front Bumper  
Painted Rear Bumper  
20-Inch x 8.0-Inch Black Painted Aluminum Wheels  
ParkSense® Front and Rear Park-Assist System

Black Interior Accents  
Level 1 Equipment Group \$2,215  
Glove Box Lamp  
Ram Connect (Connected Services) with Trial  
Selectable Tire-Fill Alert  
2nd-Row In-Floor Storage Bins  
Power Heat/Fold/Telescoping Mirrors  
8-Way Power Adjustable Driver Seat  
Power Telescoping Mirrors  
Automatic Power-Folding Mirrors  
Forward and Reverse Utility Lights  
Front Fog Lamps  
Steering-Wheel-Mounted Audio Controls  
Google Android Auto™  
Apple CarPlay®  
4G LTE Wi-Fi Hot Spot with Trial Included  
Front and Rear Rubber Floor Mats by Mopar® \$150  
Anti-Spin Differential Rear Axle \$495  
6.7L I6 Cummins Turbo Diesel Engine \$9,695  
Tow Hooks  
Uconnect® 5 Nav with 8.4-Inch Touch Screen Display \$820  
Trailer Tow Pages  
A/C with Dual-Zone Auto Temperature Control  
SiriusXM® 360L with 6-Month Sub Call 800-643-2112  
Spray-In Bedliner by Mopar® \$600

Destination Charge \$1,895

**TOTAL PRICE: \* \$77,065**

WARRANTY COVERAGE

5-year or 100,000-mile Powertrain Limited Warranty  
3-year or 36,000-mile Basic Limited Warranty.  
Ask Dealer for a copy of the limited warranties or see your owner's manual for details.

**5 YEAR / 100,000 MILE  
POWERTRAIN WARRANTY**

Assembly Point/Port of Entry: SALTILLO, MEXICO

S.L.

SHIP TO:

SOLD TO:

VIN: 3C6-UR5DLXPG-516887

L4-VON: 3135

0205-0



THIS LABEL IS ADDED TO THIS VEHICLE TO COMPLY WITH FEDERAL LAW. THE LABEL CANNOT BE REMOVED OR ALTERED PRIOR TO DELIVERY TO THE ULTIMATE PURCHASER.

\* STATE AND/OR LOCAL TAXES IF ANY, LICENSE AND TITLE FEES AND DEALER SUPPLIED AND INSTALLED OPTIONS AND ACCESSORIES ARE NOT INCLUDED IN THIS PRICE. DISCOUNT, IF ANY, IS BASED ON PRICE OF OPTIONS IF PURCHASED SEPARATELY.

California Air Resources Board

Diesel Vehicle

## Environmental Performance

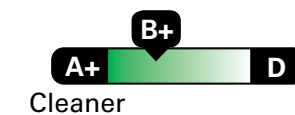
These ratings are not directly comparable to the U.S. EPA/DOT light-duty vehicle label ratings. For information on how to compare, please see [www.arb.ca.gov/ep\\_label](http://www.arb.ca.gov/ep_label)

Protect the environment. Choose vehicles with higher ratings:

Greenhouse Gas Rating (tailpipe only)



Smog Rating (tailpipe only)



Vehicle emissions are a primary contributor to climate change and smog. Ratings are determined by the California Air Resources Board based on this vehicles measured emissions.



## GOVERNMENT 5-STAR SAFETY RATINGS

Overall Vehicle Score

★★★★★

Based on the combined ratings of frontal, side and rollover. Should ONLY be compared to other vehicles of similar size and weight.

Frontal  
Crash

Driver  
Passenger

★★★★★  
★★★★★

Based on the risk of injury in a frontal impact. Should ONLY be compared to other vehicles of similar size and weight.

Side  
Crash

Front seat  
Rear seat

★★★★★  
★★★★★

Based on the risk of injury in a side impact.

Rollover

★★★

Based on the risk of rollover in a single-vehicle crash.

Star ratings range from 1 to 5 stars (★★★★★) with 5 being the highest. Source: National Highway Traffic Safety Administration (NHTSA) [www.safercar.gov](http://www.safercar.gov) or 1-888-327-4236



VEHICLE PROTECTION  
A PRODUCT OF FCA US LLC

Ask for Mopar Vehicle Protection for your vehicle. We Built It. We Back It.

The safety ratings above are based on Federal Government tests of particular vehicles equipped with certain features and options. The performance of this vehicle may differ.





**ALLIANCE OF  
NONPROFITS FOR  
INSURANCE**

*A Head for Insurance. A Heart for Nonprofits.*

**ALLIANCE OF NONPROFITS FOR INSURANCE  
RISK RETENTION GROUP (ANI)**

[www.insurancefornonprofits.org](http://www.insurancefornonprofits.org)

**COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS**

**PRODUCER:**  
The Cothron Group, Inc. (TCG)  
1540 International Parkway, Suite 2000  
Lake Mary, FL 32746

**POLICY NUMBER: 2022-60057**

**RENEWAL OF NUMBER: 2021-60057**

**NAME OF INSURED AND MAILING ADDRESS:**  
Inspire Equine Therapy Program  
1743 Doncaster Rd.  
Clearwater, FL 33764

**POLICY PERIOD:** FROM 06/01/2022 TO 06/01/2023  
AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

**BUSINESS DESCRIPTION:** Equine Therapy Program for teens and adults with disabilities and disabled Veterans.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS  
POLICY, WE AGREE WITH YOU TO PROVIDE THE COVERAGE AS STATED IN THIS POLICY.

**LIMITS OF COVERAGE:**

GENERAL AGGREGATE LIMIT (OTHER THAN PRODUCTS - COMPLETED OPERATIONS)	\$1,000,000
PRODUCTS - COMPLETED OPERATIONS AGGREGATE LIMIT .....	\$1,000,000
PERSONAL AND ADVERTISING INJURY LIMIT .....	\$1,000,000
EACH OCCURRENCE LIMIT .....	\$1,000,000
DAMAGE TO PREMISES RENTED TO YOU .....	\$500,000 <sup>any one premises</sup>
MEDICAL EXPENSE LIMIT .....	\$20,000 <sup>any one person</sup>

**ADDITIONAL COVERAGES:**

**PREMIUM**

**\$674**

FORMS AND ENDORSEMENTS APPLICABLE TO THIS POLICY ARE INCLUDED IN COMMERCIAL LINES COMMON POLICY DECLARATIONS

05/04/2022

BY

*Samuel E. D.*

(AUTHORIZED REPRESENTATIVE)

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

**"NOTICE : This Policy is issued by your risk retention group. Your risk retention group may not be subject to all the insurance laws and regulations of your State. State insurance insolvency guaranty funds are not available for your risk retention group."**

**ANI-RRG-GL**

# Inspire Equine Assisted Center

## Budget Overview: Inspire Annual Budget 2023 - FY23 P&L

January - December 2023

	TOTAL
Income	
Income	
20000 Direct Public Support	
20010 Unrestricted Donations	
20011 Donation	36,500.00
20012 Gagnon Gift Fund	80,000.00
<b>Total 20010 Unrestricted Donations</b>	<b>116,500.00</b>
20020 Restricted Donations	
20021 Donation ED Pay	60,000.00
<b>Total 20020 Restricted Donations</b>	<b>60,000.00</b>
<b>Total 20000 Direct Public Support</b>	<b>176,500.00</b>
20100 Grants	
20110 Grant	10,008.00
<b>Total 20100 Grants</b>	<b>10,008.00</b>
20500 Program Income	
20510 Adaptive Driving	1,500.00
20525 EFL Lessons	900.00
20530 EFL Groups	9,450.00
20550 Adaptive Riding Lessons	23,150.00
20570 Volunteer Dues and Tshirt	300.00
20580 Stable Memories	270.00
<b>Total 20500 Program Income</b>	<b>35,570.00</b>
20600 Event Income	
20605 Barn Dance Sponsor	45,000.00
20610 Barn Dance Give from the Heart	65,000.00
20615 Barn Dance Ticket Sales	22,500.00
20620 Barn Dance Auction Sales	50,000.00
20630 Property Use Events Fees	1,000.00
20640 Other Fundraising Event Income	10,000.00
<b>Total 20600 Event Income</b>	<b>193,500.00</b>
20700 Interest Income	14.27
<b>Total Income</b>	<b>415,592.27</b>
<b>Total Income</b>	<b>\$415,592.27</b>
GROSS PROFIT	<b>\$415,592.27</b>
Expenses	
40000 Fundraising Expenses	
40100 Event Expenses	
40101 Barn Dance Expenses	51,582.07
40102 Other Fundraising Events	2,850.00
<b>Total 40100 Event Expenses</b>	<b>54,432.07</b>
<b>Total 40000 Fundraising Expenses</b>	<b>54,432.07</b>
50000 Program & Operating Expenses	

# Inspire Equine Assisted Center

Budget Overview: Inspire Annual Budget 2023 - FY23 P&L

January - December 2023

	TOTAL
50100 Horse Care Expenses	
50101 Acupuncture/Chiro DVM Services	1,500.00
50102 Horse Bedding	7,500.00
50103 Horse Supplements	9,996.00
50104 Horse Supplies	2,700.00
50105 Horse Farrier	7,620.00
50106 Veterinary Services	6,000.00
50108 Horse Medications	10,929.12
50110 Horse Feed and Hay	
50111 Horse Feed	2,400.00
50112 Horse Hay	18,000.00
<b>Total 50110 Horse Feed and Hay</b>	<b>20,400.00</b>
<b>Total 50100 Horse Care Expenses</b>	<b>66,645.12</b>
50200 Facilities Expenses	
50210 Utilities	
50214 Electric	3,753.48
50215 Garbage	10,817.64
50216 Water	825.96
50217 Cell Phone	1,200.00
50218 Gate Service	150.00
<b>Total 50210 Utilities</b>	<b>16,747.08</b>
50211 Barn Supplies	900.00
50212 Other Animal Supplies	240.00
50213 Repairs & Maintenance	1,800.00
50219 Other Grounds Maintenance	6,960.00
50220 Pasture Maintenance	150.00
50221 Pest Control Grounds	780.00
50225 Pest Control System	14,812.00
50230 Vehicle Expense	
50231 Gas	800.04
50232 Trailer Expense	688.15
50233 Truck rental	800.00
<b>Total 50230 Vehicle Expense</b>	<b>2,288.19</b>
50235 Property Supplies	1,200.00
50240 Insurance - Property & Liabilit	20,700.00
50245 Property Rent	4,800.00
50250 Property Taxes	12,000.00
<b>Total 50200 Facilities Expenses</b>	<b>83,377.27</b>
50300 Operating Expenses	
50310 Advertising & Marketing	600.00
50315 Office Supplies & Software	8,100.00
50320 Staff Meals and Meetings	105.00
<b>Total 50300 Operating Expenses</b>	<b>8,805.00</b>

# Inspire Equine Assisted Center

Budget Overview: Inspire Annual Budget 2023 - FY23 P&L

January - December 2023

	TOTAL
50400 Program Expenses	
50412 Special Olympics Expense	550.00
50420 Volunteer Expenses	180.00
50425 Uniforms	300.00
50430 Dues and Subscriptions	1,995.00
50435 Program Insurance	2,315.00
<b>Total 50400 Program Expenses</b>	<b>5,340.00</b>
50500 Payroll and taxes	
50510 Executive Director Salary	62,500.00
50511 Barn Manager	33,745.92
50513 Barn Assistant	11,700.00
50514 Development Coordinator	16,224.00
50517 Payroll Taxes	12,500.04
50518 Payroll Services	9,194.99
50519 Workmans Compensation Insurance	6,000.00
50520 Volunteer Coordinator	32,448.00
<b>Total 50500 Payroll and taxes</b>	<b>184,312.95</b>
<b>Total 50000 Program &amp; Operating Expenses</b>	<b>348,480.34</b>
60000 Management and Admin Expenses	
60100 Bank Charges & Fees	1,100.00
60101 Taxes & Licenses	150.00
60102 Legal & Professional Services	6,315.00
60115 D&O Insurance	350.00
<b>Total 60000 Management and Admin Expenses</b>	<b>7,915.00</b>
<b>Total Expenses</b>	<b>\$410,827.41</b>
NET OPERATING INCOME	<b>\$4,764.86</b>
NET INCOME	<b>\$4,764.86</b>





# INSPIRE EQUINE ASSISTED CENTER

Making a difference one hoofbeat at a time

## Chair

Phil DiBlasi Occupation: Consultant

Expertise: Finance, Banking, Sales Management, Executive Consulting, Board Leadership, Organizational Skills  
2090 Swan Circle, Dunedin, FL 34698 904-347-1428 philipdiblasi@yahoo.com term 1/23 -1/26

## Secretary

Nicole Cleland Occupation: Attorney

Expertise: Planned Giving, Strategic Planning, Board Leadership, Organizational Skills  
100 – 2nd Avenue South Suite 900 St. Petersburg, FL 33701 863-286-9650 (C)  
727-471-5868 (W) nbell@legacyprotectionlawyers.com term 7/19- 7/22, and 7/25

## Treasurer

Ryan Haden Occupation: Certified Public Accountant, Certified Valuation Analyst

Expertise: Tax Planning, Tax Compliance, Tax Consulting, Business Valuation Services, Estate and Trust Tax  
600 Cleveland Street Suite 1000 Clearwater, FL 33755 727-324-1214  
rhayden@CRICpa.com term 9/21-9/24

## Vice President

Linda Metzkwok Occupation: Social Security Claimant Representative

Expertise: Fundraising, Strategic Planning, Organizational Skills  
9925 Ulmerton Road, #86 Largo, FL 33771 321-693-0744  
lindametzkwok@tampabay.rr.com term 8/20-8/23

## Parent Liaison

Betty Bunnell Occupation: Community Rehab Associates, Inc.

Expertise: Event Planning/Marketing, Organizational Skills, Participant/Parent Coordination  
39650 US Highway 19 North Apt. 114 Tarpon Springs, FL 34689 727-992-0602 (C)  
Betty\_bunnell@yahoo.com term 10/20-10/23

## Veteran Liaison

Dan Jensen Occupation: Business Owner

Expertise: Recruitment and Retention, Consulting, Contract Negotiation, Organization Skills  
3614 Enterprise Road East Safety Harbor, FL 34695 727-244-9226 (C)  
djensen727@gmail.com term 12/21- 12/24

Sincerely yours,

**Melissa Yarbrough**

**Founder and Executive Director**

Inspire Equine Assisted Center

1743 Doncaster Road  
Clearwater, FL 33764  
(727) 348-7104



info@inspireequinetherapyprogram.org  
www.inspireequinetherapyprogram.org

# IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning \_\_\_\_\_, 2021, and ending \_\_\_\_\_, 20\_\_

# 2021

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer

**INSPIRE EQUINE THERAPY PROGRAM**

EIN or SSN

**\*\* - \*\*\* 0240**

Name and title of officer or person subject to tax **MELISSA YARBROUGH  
EXECUTIVE DIRECTOR**

### Part I Type of Return and Return Information

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

<b>1a</b> Form 990 check here	<input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> <u>788,825.</u>
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22)	<b>3b</b> _____
<b>4a</b> Form 990-PF check here	<input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5)	<b>4b</b> _____
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c)	<b>5b</b> _____
<b>6a</b> Form 990-T check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4)	<b>6b</b> _____
<b>7a</b> Form 4720 check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1)	<b>7b</b> _____
<b>8a</b> Form 5227 check here	<input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D)	<b>8b</b> _____
<b>9a</b> Form 5330 check here	<input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19)	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here	<input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22)	<b>10b</b> _____

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

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

#### PIN: check one box only

I authorize CARR, RIGGS & INGRAM, LLC to enter my PIN 74895  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

### Part III Certification and Authentication

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

61989636331

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ CARR, RIGGS & INGRAM, LLC

Date ▶ 11/02/22

**ERO Must Retain This Form - See Instructions**

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

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2021**

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the **2021** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>INSPIRE EQUINE THERAPY PROGRAM</b>		<b>D</b> Employer identification number <b>** - *** 0240</b>
	Doing business as		<b>E</b> Telephone number <b>727-348-7104</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>1743 DONCASTER ROAD</b>		<b>G</b> Gross receipts \$ <b>862,240.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>CLEARWATER, FL 33764</b>		
<b>F</b> Name and address of principal officer: <b>MELISSA YARBROUGH</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶	

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **HTTPS://INSPIREEQUINETHERAPYPROGRAM.ORG/**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **2016** **M** State of legal domicile: **FL**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>IMPROVE THE LIVES OF INDIVIDUALS WITH DISABILITIES AND DISABLED VETERANS THROUGH THERAPEUTIC RIDING</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>6</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>6</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>9</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>32</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 255,988.	<b>Current Year</b> 700,632.
	<b>9</b> Program service revenue (Part VIII, line 2g)	18,865.	25,009.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	90.	4,628.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	30,431.	58,556.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	305,374.	788,825.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		108,782.	163,947.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		137,907.	221,293.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	246,689.	385,240.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	58,685.	403,585.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 162,057.	<b>End of Year</b> 566,424.
	<b>21</b> Total liabilities (Part X, line 26)	736.	3,826.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	161,321.	562,598.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer	Date			
	<b>MELISSA YARBROUGH, EXECUTIVE DIRECTOR</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>CATHERINE HAUG</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN <b>P01395474</b>
	Firm's name ▶ <b>CARR, RIGGS &amp; INGRAM, LLC</b>	Firm's EIN ▶ <b>** - *** 6621</b>	Phone no. <b>727.446.0504</b>		
Firm's address ▶ <b>600 CLEVELAND STREET, SUITE 1000</b>		<b>CLEARWATER, FL 33755</b>			

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: IMPROVE THE LIVES OF INDIVIDUALS WITH DISABILITIES AND DISABLED VETERANS THROUGH THERAPEUTIC RIDING AND OTHER EQUINE RELATED PROGRAMS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 366,393. including grants of \$ ) (Revenue \$ 23,503. ) ADAPTIVE RIDING IS RECREATIONAL HORSEBACK RIDING LESSONS FOR INDIVIDUALS WITH SPECIAL NEEDS. RIDERS LEARN HORSEMANSHIP AND RIDING SKILLS IN AN ENVIRONMENT TAILORED TO THEIR INDIVIDUAL NEEDS AND LEARNING STYLES. WE OFFER INSTRUCTION TO RIDERS OF ALL SKILL LEVELS, FROM PROVIDING SOMEONE'S FIRST CONTACT WITH A HORSE TO ADVANCED INDEPENDENT RIDERS. THE GOALS FOR THOSE IN THE ADAPTIVE RIDING PROGRAM ARE RIDING-SKILL BASED, BUT INDIVIDUALS AND PARENTS OFTEN REPORT MANY THERAPEUTIC BENEFITS OF PARTICIPATION. THESE BENEFITS INCLUDE IMPROVEMENTS IN PHYSICAL STRENGTH, BALANCE, COORDINATION, MOBILITY, SELF-CONFIDENCE, SELF-CONTROL, PEER INTERACTION, AND SOCIAL SKILLS. ADAPTIVE RIDING LESSONS ARE TAUGHT BY PATH INTERNATIONAL CERTIFIED INSTRUCTORS WHO CREATE A WIDE VARIETY OF GAMES AND EXERCISES DESIGNED

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 366,393.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

Part 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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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?		X
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>10b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done		X
<b>13</b>	Did the organization have a written whistleblower policy?		X
<b>14</b>	Did the organization have a written document retention and destruction policy?		X
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official		X
<b>15b</b>	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</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?		

**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.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **MELISSA YARBROUGH - 727-348-7104**  
**1743 DONCASTER ROAD, CLEARWATER, FL 33764**



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**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, 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.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MELISSA YARBROUGH EXECUTIVE DIRECTOR	50.00			X				63,375.	0.	0.
(2) GAIL WHITE PRESIDENT	2.00	X		X				0.	0.	0.
(3) NICOLE CLELAND SECRETARY	2.00	X		X				0.	0.	0.
(4) RYAN HAYDEN TREASURER	2.00	X		X				0.	0.	0.
(5) CHRISTINE GAGNON VICE PRESIDENT	2.00	X						0.	0.	0.
(6) LINDA METZKOW VOLUNTEER LIASON	2.00	X						0.	0.	0.
(7) BETTY BUNNELL PARENT LIASON	2.00	X						0.	0.	0.
(8) DAN JENSEN VETERAN LIASON	2.00	X						0.	0.	0.



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	106,329.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	47,392.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	546,911.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f			700,632.			
Program Service Revenue	<b>2 a</b> PROGRAM INCOME: ADAPTI	Business Code	611600	13,339.	13,339.		
	<b>b</b> PROGRAM INCOME: EFL LE		611600	9,610.	9,610.		
	<b>c</b> PROGRAM INCOME: ADAPTI		611600	970.	970.		
	<b>d</b> PROGRAM INCOME: VOLUNT		611600	670.	670.		
	<b>e</b> DISCOUNTS/REFUNDS GIVE		611600	420.	420.		
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			25,009.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			3,632.		3,632.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real					
		(ii) Personal					
	<b>b</b> Less: rental expenses						
	<b>c</b> Rental income or (loss)						
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities		21,518.	8,000.		
		(ii) Other					
	<b>b</b> Less: cost or other basis and sales expenses			19,016.	9,506.		
	<b>c</b> Gain or (loss)			2,502.	-1,506.		
	<b>d</b> Net gain or (loss)			996.	-1,506.	2,502.	
<b>8 a</b> Gross income from fundraising events (not including \$ 106,329. of contributions reported on line 1c). See Part IV, line 18			103,449.				
	<b>b</b> Less: direct expenses		44,893.				
<b>c</b> Net income or (loss) from fundraising events			58,556.		58,556.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19							
	<b>b</b> Less: direct expenses						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances							
	<b>b</b> Less: cost of goods sold						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions			788,825.	23,503.	0.	64,690.	

**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).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	63,375.	63,375.		
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	88,496.	88,496.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits .....				
10 Payroll taxes .....	12,076.	12,076.		
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....				
c Accounting .....	5,987.		5,987.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	6,643.	6,382.	261.	
12 Advertising and promotion .....	549.	549.		
13 Office expenses .....	11,658.		11,658.	
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	85,369.	85,369.		
17 Travel .....	1,137.	1,137.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....	591.		591.	
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	1,739.	1,739.		
23 Insurance .....	21,191.	20,841.	350.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>HORSE SUPPLIES AND EXPE</b>	81,499.	81,499.		
b <b>EDUCATION AND TRAINING</b>	2,529.	2,529.		
c <b>OTHER EXPENSES</b>	1,210.	1,210.		
d <b>TRAILER EXPENSE</b>	1,191.	1,191.		
e All other expenses _____				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	385,240.	366,393.	18,847.	0.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	38,431.	<b>1</b>	36,672.
	<b>2</b> Savings and temporary cash investments .....	112,742.	<b>2</b>	211,710.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 15,165.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 361.	10,884.	<b>10c</b> 14,804.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	303,238.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....		162,057.	<b>16</b>	566,424.
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....		<b>17</b>	
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	736.	<b>25</b>	3,826.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	736.	<b>26</b>	3,826.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....		<b>27</b>	
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....	0.	<b>29</b>	0.
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....	0.	<b>30</b>	0.
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....	161,321.	<b>31</b>	562,598.
	<b>32</b> Total net assets or fund balances .....	161,321.	<b>32</b>	562,598.
<b>33</b> Total liabilities and net assets/fund balances .....	162,057.	<b>33</b>	566,424.	

**Part 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	788,825.
2	Total expenses (must equal Part IX, column (A), line 25)	2	385,240.
3	Revenue less expenses. Subtract line 2 from line 1	3	403,585.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	161,321.
5	Net unrealized gains (losses) on investments	5	-2,308.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	562,598.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  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? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

Form 990 (2021)



**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**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	45,101.	80,294.	157,105.	255,988.	700,632.	1239120.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	45,101.	80,294.	157,105.	255,988.	700,632.	1239120.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						743,915.
<b>6 Public support.</b> Subtract line 5 from line 4.						495,205.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	45,101.	80,294.	157,105.	255,988.	700,632.	1239120.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....			93.	90.	3,632.	3,815.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						1242935.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	387,466.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	39.84 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	57.18 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ►

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

**b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ..... ►

**Part IV Supporting Organizations**

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 2: 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). **See instructions.**  
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (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	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2021</b>	<b>(iii) Distributable Amount for 2021</b>
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

Schedule A (Form 990) 2021

**Part VI**

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

Horizontal lines for supplemental information input.



**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

**INSPIRE EQUINE THERAPY PROGRAM**

Employer identification number

**\*\* - \*\*\* 0240**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

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**

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).



Name of organization  <b>INSPIRE EQUINE THERAPY PROGRAM</b>	Employer identification number  <b>** - *** 0240</b>
---	--

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>ELLMAR FOUNDATION</u>  <u>P.O. BOX 1291</u>  <u>TARPON SPRINGS, FL 34688</u>	\$ <u>420,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<u>GAGNON FOUNDATION</u>  <u>618 BELLE ISLE AVE</u>  <u>BELLEAIR BEACH, FL 33786</u>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<u>CHRISTINE GAGNON</u>  <u>618 BELLE ISLE AVE</u>  <u>BELLEAIR BEACH, FL 33786</u>	\$ <u>18,120.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<u>CREEK UNDER THE SON, DAF</u>  <u>1 NEW YORK PLAZA, 12TH FLOOR</u>  <u>NEW YORK, NY 10004</u>	\$ <u>80,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>INSPIRE EQUINE THERAPY PROGRAM</b>	Employer identification number  <b>** - *** 0240</b>
---	--

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization  <b>INSPIRE EQUINE THERAPY PROGRAM</b>	Employer identification number  <b>** - *** 0240</b>
---	--

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: INSPIRE EQUINE THERAPY PROGRAM
Employer identification number: \*\* - \*\*\* 0240

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, details of easements held at end of tax year (2a-2d), and monitoring/expense questions.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art/historical treasures and required amounts for revenue and assets.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c 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 current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes    | No |
|---|--------|----|
| (i) Unrelated organizations   | 3a(i)  |    |
| (ii) Related organizations  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		15,165.	361.	14,804.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				14,804.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CREDIT CARD	3,826.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,826.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Multiple horizontal lines provided for entering supplemental information.





**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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		BARN DANCE (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	208,778.		208,778.
	2	Less: Contributions	106,329.		106,329.
	3	Gross income (line 1 minus line 2)	102,449.		102,449.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	67,107.		67,107.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			67,107.
11	Net income summary. Subtract line 10 from line 3, column (d)			35,342.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_



**Part IV** Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

INSPIRE EQUINE THERAPY PROGRAM

Employer identification number

\*\*-\*\*\*0240

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND OTHER EQUINE RELATED PROGRAMS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

TO MEET EACH STUDENT'S NEEDS. LESSON PLANS CONSIDER THE RIDER'S  
PHYSICAL, EMOTIONAL, AND MENTAL STRENGTHS AND LIMITATIONS. CLASSES  
INCLUDE ARENA RIDING, TRAIL RIDES, AND GROUP ACTIVITIES. WITH THE  
COMBINATION OF A TRUSTED HORSE, INSTRUCTOR, AND GROUP OF VOLUNTEERS,  
RIDERS BECOME MORE WILLING TO TRY NEW THINGS AND ATTAIN NEW GOALS. A  
HORSE'S SOOTHING RHYTHM, STRENGTH, WARMTH, AND THREE-DIMENSIONAL  
MOVEMENT PATTERN PROVIDE HEALTHY EXERCISE WHILE IMPROVING CIRCULATION  
AND MUSCLE TONE. THE DISCIPLINE ASSOCIATED WITH WORKING WITH HORSES AND  
THE SOCIAL INTERACTIONS BETWEEN PEERS BENEFIT THE MIND AND SPIRIT WHILE  
RAISING SELF-ESTEEM AND INCREASING SELF-SUFFICIENCY THROUGH  
ACCOMPLISHMENT. THE UNCONDITIONAL LOVE OF THE HORSES HAS BEEN PROVED TO  
REDUCE ANXIETY, ENCOURAGE INTERACTION, AND OFFER A HAVEN WHERE RIDERS  
CAN FEEL A SENSE OF EMPOWERMENT.

CARRIAGE DRIVING IS A CHALLENGING EQUINE ACTIVITY THAT IS AVAILABLE TO  
INDIVIDUALS WHO MAY NOT WANT TO OR ARE UNABLE TO RIDE. CARRIAGE DRIVING  
IS AN OPPORTUNITY TO CREATE A WORKING RELATIONSHIP AND DIALOGUE WITH A  
HORSE. SOME DISABILITIES AFFECT AN INDIVIDUAL'S ABILITY TO SIT ASTRIDE  
A HORSE, SO THE SECURITY OF THE SEAT IN THE CARRIAGE ALLOWS FOR EQUINE  
SKILLS TO BE DEVELOPED. SOME INDIVIDUALS HAVE GRAVITATIONAL  
INSECURITIES THAT LIMIT THEIR DESIRE TO RIDE A HORSE. OTHER INDIVIDUALS  
ENJOY THE CHALLENGE OF MANEUVERING THE HORSE AND CARRIAGE THROUGH A

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

Name of the organization

INSPIRE EQUINE THERAPY PROGRAM

Employer identification number

\*\*-\*\*\*0240

VARIETY OF DIFFERENT OBSTACLES. ALL THESE CHALLENGES CAN BE OVERCOME IN A CARRIAGE DRIVING LESSON. THE BENEFITS OF CARRIAGE DRIVING INCLUDE IMPROVEMENTS IN BALANCE, POSTURE, COORDINATION, AND EMOTIONAL WELL-BEING. CARRIAGE DRIVING PROVIDES A RECREATIONAL AND SPORTING EXPERIENCE WITH A HORSE AS WELL AS A MENTAL CHALLENGE LIKE THAT OF RIDING. DRIVING YIELDS THE CHALLENGE OF WORKING IN HARMONY WITH A HORSE AND LEARNING AN EQUINE SKILL STEP BY STEP. IN ADDITION, THERE ARE PHYSICAL BENEFITS FROM CARRIAGE DRIVING, SUCH AS: INCREASED CORE STRENGTH, IMPROVEMENTS IN BALANCE, AND FINE AND GROSS MOTOR COORDINATION. CARRIAGE DRIVING ENCOURAGES THE DEVELOPMENT OF SELF-CONFIDENCE AND EMPOWERS INDIVIDUALS TO MAKE CHOICES AND DEMONSTRATE A RELATIONSHIP WITH THE HORSE AS VARIOUS MANEUVERS ARE LEARNED. IT CAN IMPROVE THE COGNITIVE SKILLS OF SEQUENCING, FOLLOWING DIRECTIONS AND DIFFERENTIATING BETWEEN LEFT AND RIGHT, ETC. DRIVING IS ANOTHER VENUE FOR SOCIALIZING WITH OTHER PARTICIPANTS, THE VOLUNTEERS, AND INSTRUCTORS, AND OF COURSE, THE HORSE. IT OFFERS ANOTHER OPPORTUNITY FOR DEVELOPING RELATIONSHIPS, EQUINE AND HUMAN, OF MUTUAL RESPECT AND TRUST. CARRIAGE DRIVING SERVES A VARIETY OF PEOPLE WITH VARYING DEGREES OF DISABILITIES AND CHALLENGES.

EQUINE-FACILITATED LEARNING IS AN EXPERIENTIAL LEARNING APPROACH THAT PROMOTES THE DEVELOPMENT OF LIFE SKILLS FOR EDUCATIONAL, PROFESSIONAL, AND PERSONAL GOALS THROUGH EQUINE-ASSISTED ACTIVITIES. THIS EXPERIENTIAL APPROACH INTEGRATES HORSE-HUMAN INTERACTION THAT IS GUIDED BY A PLANNED LEARNING EXPERIENCE TO MEET THE IDENTIFIED GOALS OR DESIRES OF THE PARTICIPANT(S). SIMPLY PUT, EFL IS WHERE WE TAKE INDIVIDUALS WHO WANT TO HELP IMPROVE THEIR LIFE SKILLS OUT TO WORK WITH THE HORSES. THROUGH WORKING WITH HORSES AND THROUGH THIS PROCESS OF

Name of the organization INSPIRE EQUINE THERAPY PROGRAM	Employer identification number **-***0240
--	--

BUILDING RELATIONSHIPS AND CONNECTIONS THEY CAN BETTER LEARN HOW THEY RELATE TO THEMSELVES, EACH OTHER, AND THEIR ENVIRONMENT. STUDIES HAVE SHOWN THAT INTERACTING WITH HORSES CAN POSITIVELY IMPACT:

- DECISION-MAKING AND PROBLEM-SOLVING SKILLS
- CREATIVE THINKING AND CRITICAL THINKING SKILLS
- COMMUNICATION AND INTERPERSONAL SKILLS
- SELF-AWARENESS AND EMPATHY
- ABILITY TO COPE WITH EMOTIONS AND COPE WITH STRESS
- FEELING OF EMPOWERMENT
- ABILITY TO DEVELOP HEALTHY CONNECTIONS WITH OTHERS

WHY HORSES? HORSES LIVE IN THE PRESENT MOMENT AND BRING THEMSELVES INTO RELATIONSHIP AUTHENTICALLY. HORSES ARE HIGHLY ATTUNED TO HUMAN EMOTIONS AND CHALLENGE US TO STAY CONGRUENT WITH OUR FEELINGS WHEN RELATING WITH THEM. IN RETURN, THEY OFFER US NON-JUDGMENTAL AND HONEST FEEDBACK, AND TEACH US TO BE MORE AWARE OF THE CONNECTIONS BETWEEN OUR MIND, BODY, AND EMOTIONS THROUGH OUR BREATH AND BODY SENSATIONS. THIS ALLOWS US THE OPPORTUNITY TO CONNECT OURSELVES AND OUR ENVIRONMENT AND RELATE TO OTHERS IN A DIFFERENT WAY.

INSPIRE EQUINE ASSISTED CENTER PARTNERS WITH SENIOR LIVING COMMUNITIES TO PROVIDE EQUINE ASSISTED ACTIVITIES TO ADDRESS THE UNIQUE NEEDS OF OUR COUNTY'S SENIOR CITIZENS WHO MAY OR MAY NOT BE IN RESIDENTIAL CARE, REHAB FACILITIES, OR OTHER LONG-TERM CARE SETTINGS. EQUINE ASSISTED ACTIVITIES CAN HELP SENIORS RECONNECT WITH MEMORIES, IMPROVE FINE MOTOR FUNCTION, AND PROVIDES A FUN NEW OPPORTUNITY FOR SOCIAL INTERACTION!

INSPIRE EQUINE ASSISTED CENTER IS PLEASED TO HAVE AN ADAPTIVE

Name of the organization INSPIRE EQUINE THERAPY PROGRAM	Employer identification number **-***0240
--	--

EQUESTRIAN SPORTS TEAM THAT REPRESENTS PINELLAS COUNTY EVERY YEAR AT SPECIAL OLYMPICS FLORIDA AREA AND STATE GAMES. WE FOCUS OUR ADAPTIVE SPORTS ON BOTH RIDING AND DRIVING COMPETITIONS. THIS INCLUDES WORKING WITH NOT ONLY SPECIAL OLYMPICS, BUT ALSO WITH THE PARA OLYMPICS.

FREEDOM HEROES AND EQUINES PROGRAMS THIS IS OUR FREE VETERANS PROGRAMMING. WE OFFER THREE SEPARATE OPPORTUNITIES FOR OUR VETERANS TO PARTICIPATE IN. THE FIRST OPTION IS OUR CARRIAGE DRIVING. I CAN OFFER INDIVIDUAL OR SMALL GROUP LESSONS. WITH CARRIAGE DRIVING, THE VETERANS CAN EXPERIENCE FREEDOM OF BEING ABLE TO GO "FAST" RIGHT AWAY WITH NO NEEDED EXTRA SUPPORT. OUR HORSEMANSHIP PROGRAM IS AN 8-WEEK PROGRAM WHERE THE VETERAN PICKS AN INDIVIDUAL HORSE THAT THEY GET TO WORK WITH EVERY WEEK. THEY LEARN GROOMING, LEADING, AND COMPLETE OTHER PARTNERSHIP ACTIVITIES THROUGHOUT THEIR JOURNEY. FINALLY, OUR EQUINE FACILITATED LEARNING IN PERSONAL GROWTH AND DEVELOPMENT IS A PARTICIPANT LED PROGRAM THAT FOCUSES ON SOCIAL OR EMOTIONAL GOALS THE INDIVIDUAL WANTS TO WORK ON WITH THE PARTNERSHIP OF THE HORSE.

FORM 990, PART VI, SECTION B, LINE 11B:  
A COPY OF THE FORM 990 WAS PROVIDED TO THE BOARD BEFORE FILING THE RETURN.

FORM 990, PART VI, SECTION C, LINE 19:  
AVAILABLE UPON WRITTEN REQUEST.





# Inspire Equine Assisted Center

Balance Sheet  
As of March 23, 2023

	TOTAL
<b>ASSETS</b>	
Current Assets	
Bank Accounts	
10000 Checking/Savings	272.00
10010 Checking	13,969.86
10020 Savings	56,745.12
10030 Wells Fargo Investment Account	282,189.65
<b>Total 10000 Checking/Savings</b>	<b>353,176.63</b>
<b>Total Bank Accounts</b>	<b>\$353,176.63</b>
Accounts Receivable	
Accounts Receivable (A/R)	1,625.00
Pledge Receivable	200,000.00
<b>Total Accounts Receivable (A/R)</b>	<b>201,625.00</b>
<b>Total Accounts Receivable</b>	<b>\$201,625.00</b>
Other Current Assets	
12000 Undeposited Funds	0.00
<b>Total Other Current Assets</b>	<b>\$0.00</b>
<b>Total Current Assets</b>	<b>\$554,801.63</b>
Fixed Assets	
14000 Fixed Assets	
14001 Capitalized Horses	11,500.00
<b>Total 14000 Fixed Assets</b>	<b>11,500.00</b>
15000 Accumulated Depreciation	-1,505.95
<b>Total Fixed Assets</b>	<b>\$9,994.05</b>
<b>TOTAL ASSETS</b>	<b>\$564,795.68</b>
<b>LIABILITIES AND EQUITY</b>	
Liabilities	
Current Liabilities	
Accounts Payable	
Bills	0.00
<b>Total Accounts Payable</b>	<b>\$0.00</b>
Credit Cards	
10050 Credit Cards	5,262.36
10051 Credit Card	-5,262.36
<b>Total 10050 Credit Cards</b>	<b>0.00</b>
<b>Total Credit Cards</b>	<b>\$0.00</b>
Other Current Liabilities	
Florida Department of Revenue Payable	0.00
<b>Total Other Current Liabilities</b>	<b>\$0.00</b>

# Inspire Equine Assisted Center

Balance Sheet  
As of March 23, 2023

	TOTAL
<b>Total Current Liabilities</b>	<b>\$0.00</b>
<b>Total Liabilities</b>	<b>\$0.00</b>
Equity	
30000 Opening Balance Equity	0.00
32000 Retained Earnings	582,374.33
999 PY Adjustment	-6,210.92
Net Income	-11,367.73
<b>Total Equity</b>	<b>\$564,795.68</b>
<b>TOTAL LIABILITIES AND EQUITY</b>	<b>\$564,795.68</b>