MCKINNEY COMMUNITY DEVELOPMENT CORPORATION
Grant Application
Fiscal Year 2013

IMPORTANT:

- Please read the McKinney Community Development Corporation Grant Guidelines prior to completing this application.
- Application is available at www.mckinneycdc.org; by calling 214.544.0296 or by emailing cgibson@mckinneycdc.org
- Please call to discuss your plans for submitting an application in advance of completing the form provided. Completed application and all supporting documents are required to be submitted electronically or on a CD for consideration by the MCDC board. Please submit the application to:

  McKinney Community Development Corporation
  5900 S. Lake Forest Blvd., Suite 110
  McKinney, TX 75070

- *If you are interested in a preliminary review of your project proposal or idea, please complete and submit the **Letter of Inquiry** form, available at www.mckinneycdc.org, by calling 214.544.0296 or emailing cgibson@mckinneycdc.org.*

Applications must be completed in full, using this form, and received by MCDC, electronically or on a CD, by 5:00 p.m. on the date indicated in schedule below.

Please indicate the type of funding you are requesting:

X **Project Grant**
Quality of Life projects that advance the mission of MCDC and are eligible for funding in accordance with the Type B sales tax statute (refer to examples in Grant Guidelines).

☐ **Promotional Activity or Community Event Grant (maximum $15,000)**
Initiatives, activities and events that promote the City of McKinney for the purpose of developing new or expanded business opportunities and/or tourism – and enhance quality of life for McKinney residents.

Promotional Activity and/or Community Event Grants:

Application Deadline	Presentation to MCDC Board	Board Vote and Award Notification
Cycle I: December 20, 2012	January 2013	February 2013
Cycle II: June 28, 2013	July 2013	August 2013

Project Grants:

Application Deadline	Presentation to MCDC Board	Board Vote and Award Notification
Cycle I: January 31, 2013	February 2013	March 2013
Cycle II: April 30, 2013	May 2013	June 2013
Cycle III: July 31, 2013	August 2013	September 2013

APPLICATION

ORGANIZATION INFORMATION

Name: ManeGait Therapeutic Horsemanship

Federal Tax I.D.: 26-1525268

Incorporation Date: 11/08/07

Mailing Address: 3160 N. Custer Rd.

City McKinney ST: TX Zip: 75071

Phone: 469.742.9611 Fax: 469.742.9611 Email: tnelson@manegait.org

Website: www.manegait.org

Check One:

X Nonprofit – 501(c) Attach a copy of IRS Determination Letter
☐ Governmental entity
☐ For profit corporation
☐ Other

Professional affiliations and organizations to which your organization belongs:

McKinney Chamber of Commerce

Professional Association of Therapeutic Horsemanship (PATH) International

Center for Nonprofit Management

American Quarter Horse Association

REPRESENTATIVE COMPLETING APPLICATION:

Name: Patricia Nelson

Title: Executive Director

Mailing Address: 3160 N. Custer Rd

City: McKinney ST: TX Zip: 75071

Phone: 469.742.9611 Fax: 469.742.9677 Email: tnelson@manegait.org

CONTACT FOR COMMUNICATIONS BETWEEN MCDC AND ORGANIZATION:

Name: Patricia Nelson

Title: Executive Director

Mailing Address: 3160 N. Custer Rd

City: McKinney ST: TX Zip: 75071

Phone: 469.742.9611 Fax: 469.742.9677 Email: tnelson@manegait.org

FUNDING
Total amount requested: $50,000

PROJECT/PROMOTIONAL ACTIVITY/COMMUNITY EVENT
Start Date: 7/15/2013 Completion Date: 7/15/2014

BOARD OF DIRECTORS (*may be included as an attachment*)
Please see attachment.

LEADERSHIP STAFF (*may be included as an attachment*)
Please see attachment.

Using the outline below, provide a written narrative no longer than 7 pages in length:

I. Applying Organization

Describe the mission, strategic goals and objectives, scope of services, day to day operations and number of paid staff and volunteers.

Mission

At ManeGait Therapeutic Horsemanship, children and adults with disabilities move beyond their boundaries through the healing power of the horse and the dedication of a professional and caring community.

Vision

ManeGait Therapeutic Horsemanship's vision is to provide a world class experience for its clients by delivering the best in equine facilitated therapy and rehabilitation for people with disabilities. ManeGait will be a dynamic center for healing, strengthening of body, self esteem, competition and research while providing opportunities for volunteerism and equine professionals. ManeGait looks to be an outstanding community partner by meeting an underserved marketplace and do so in a warm, inviting and caring environment for clients and volunteers in Collin County and parts of Dallas, Denton and Grayson counties.

Current Programs

ManeGait offers Therapeutic Sports Riding which teaches equestrian skills while encouraging independence and providing substantial physical, behavioral, social and emotional growth. **Our clients are achieving milestones they once thought impossible**. They are learning how to walk, to move, and to connect which is resulting in measurable improvements, not just in the arena but throughout their daily activities, strengthening their interactions with family and in the community and improving their quality of life.

Who We Serve

ManeGait riders span all ages and come from five North Texas counties: Dallas, Denton, Collin, Grayson and Rockwall. From children to adults, ages 2 – 60+, they come to us with disabilities ranging from physical, emotional, cognitive, sensory, behavioral and/or learning. Currently, ManeGait is serving 115 riders each week, 78% of whom are children. In order to serve 115 riders each week, ManeGait enlists the help of over 350 volunteers from the community to support the program that come from over 58 different cities.

Our Employees and Volunteers

ManeGait currently employees 9 full-time and 9 part-time employees and has over 1,500 active volunteers. All of our riding instructors are PATH, INTL. certified and have strong backgrounds in disability awareness, horsemanship, and equine management. ManeGait volunteers pair with individual riders throughout therapy sessions. Under the supervision of ManeGait staff, approximately 350 volunteers serve ManeGait's riders each week, filling the roles of horse leader or side walker. Volunteers also assist with general maintenance of the property, as well as providing support for professional needs and event planning/implementation.

Disclose and summarize any significant, planned organizational changes and describe their potential impact on the Project/Promotional Activity/Community Event for which funds are requested.

There are no organizational changes planned at the time.

II. Project or Promotional Activity/Community Event (whichever is applicable)

- Outline details of the Project/Promotional Activity/Community Event for which funds are requested. Include information regarding scope, goals, objectives, target audience.

  To better serve our clients, ManeGait is in need of funding for a Rider Accessibility Project. Improvements are necessary for the roadways on the property, ground surfaces, rider waiting area, and signage around the barn area. This project will greatly enhance the safety for ManeGait clients, their families and hundreds of volunteers, as well as the visitors that attend ManeGait events yearly. The project focuses on the following areas:

  - Resurfacing the gravel roads on the property to increase the ease of movement for riders with physical disabilities and improve safety of our visitors. By fully paving the driveway, ManeGait will provide a consistent, ADA compliant area for clients with disabilities to safely move between their vehicle, the barn, and the riding arena and/or mounting areas. In addition, many of our riders have medical conditions such as asthma or cystic fibrosis that make them especially sensitive to dust, and resurfacing will reduce the dust and debris in the air.
  - Providing a covered rider waiting area that is a safe space for the riders and their families to wait for their lessons. This space will be protected from the elements and away from the arena to eliminate distractions for the riders that are taking a lesson in the arena.
  - Removing the old and broken asphalt from between the grooming areas and the arena will allow our wheelchair bound clients to more easily assist in grooming and tacking their horses which is important in promoting independence. This area is also heavily utilized during family and fundraising events and the uneven footing can be a safety hazard in poor lighting.
  - Adding signage that is modified for the visually impaired and resolving reach range issues for wheelchair bound clients in and around the barn are necessary for ADA compliance and the safety of our clients.
  - Rehabilitate the existing ramp in the arena which will allow our wheelchair-bound riders to ascend up to the level of the motorized lift, mount the therapy horse, and ride. The ramp is five years old and in need of repair.

  A portion of this project has already been funded which includes:

  - A motorized rider lift to increase the safety and comfort of our wheelchair-bound riders during mounting and dismounting of their horses for their lessons.
  - Paving for the parking areas on the property.
  - Sealant for the exit driveway to reduce the dust and debris while waiting for the final solution of pavement.
  - A ramp access to the Gait House where our riders go before their lessons for therapy sessions with a Licensed Speech Therapist.
  - An expanded tack room to allow riders and their volunteers to access the horse related equipment that is needed for their lessons.

- **For Promotional Grants/Community Events** – describe how this initiative will promote the City of McKinney for the purpose of business development and/or tourism.

- Describe how the proposed Project/Promotional Activity/Community Event fulfills strategic goals and objectives for the organization.

- Please also include planned activities, time frame/schedule, and estimated attendance and admission fees if applicable.

- What is the venue/location for Project/Promotional Activity/Community Event?

- Provide a timeline for the Project/Promotional Activity/Community Event.

- Detail goals for growth/expansion in future years.

Project Grants – please complete the section below:

• An expansion/improvement?	X Yes	☐ No
• A replacement/repair?	X Yes	☐ No
• A multi-phase project?	☐ Yes	X No
• A new project?	☐ Yes	X No

Has a feasibility study or market analysis been completed for this proposed project? *If so, please attach a copy of the Executive Summary.*

A feasibility study or market analysis has not been completed for the project; however, an architectural ADA compliance study was done for the property and will be supplied upon request.

Provide specific information to illustrate how this Project/Promotional Activity/Event will enhance quality of life and further business development in the City of McKinney, and support one or more of MCDC's goals:

- Develop and strengthen community amenities to improve quality of life

This project will greatly enhance the safety for ManeGait clients, their families and the hundreds of volunteers that come to ManeGait on a weekly basis. In addition, these improvements will enhance the property by making it more accessible for community events in general and improve the experience for the visitors that attend ManeGait events yearly.

- Support projects eligible for Type B support under state law
- Contribute to economic development within McKinney
- Strengthen relationships with our partners
- Maintain financial sustainability

Has a request for funding, for this Project/Promotional Activity/Community Event, been submitted to MCDC in the past?

☐ Yes X No

III. Financial

- Provide an overview of the organization's financial status including the impact of this grant request.

Since ManeGait was founded in 2007, our Board of Directors along with the Facilities and Finance committees has provided the direction that prioritizes and manages the program and facility spending. The direction set forth by this committee has resulted in:

- Funding for the *Provide the Ride* scholarship and subsidy, which helps to ensure that the maximum amount clients pay equals less than 15% of the $5,469 annual rider cost.
- Funding for a motorized wheelchair lift in the covered arena, making ManeGait the only facility in North Texas with this degree of rider accessibility.
- Community funding for a capital campaign that resulted in a covered "High Five" Arena

- Ownership of its 14 acres, which were previously leased.
- Leveraged support to replace/retire 72% of our heard (12 horses), which results in the reduction of the cost of care for our therapy horses (from over $100K/year to under $80K/year), as well as allowing for a 25 - 30% increase in ridership by 2014.

Currently, our organization is focused meeting the operational funding requirements and limiting capital expenditures to the necessary maintenance and improvements needed to support the program such as those outlined in this request.

- Please attach your budget for the current year and audited financial statements for the preceding two years. If financials are not available, please indicate why.

Please find the current year budget, the audited financial statements and 990 for 2011 attached. The 2012 audit and 990 preparations are currently underway and will be available by September 1, 2013.

What is the estimated total cost for this Project/Promotional Activity/Community Event?

$95,050

(Please include a budget for the proposed Project/Promotional Activity/Community Event.)

ManeGait Therapeutic Horsemanship
Rider Accessibility Project
Budget

Pavement / Resurfacing:		
Parking Areas	$20,000	Completed
Entrance Drive	$20,000	
Exit Drive	$16,000	
Area between Gait House and Barn	$10,500	
Sealant (temporary solution)	$1,200	Completed
Asphalt removal / Granite	$3,350	
Tack Room Expansion	$4,000	Completed
Rider Waiting Area	$6,000	
Rider Lift	$8,455	Completed
Mounting Ramp	$1,545	
ADA Compliant Signage / Removal of Reach Issues	$2,000	
Gait House Ramp	$2,000	Completed
Total	**$95,050**	

What percentage of Project/Promotional Activity/Community Event funding will be provided by the Applicant? 20%

Are Matching Funds available? ☐ Yes X No

Cash $	Source	% of Total
In-Kind $	Source	% of Total

Are other sources of funding available? *If so, please list source and amount.*

FCS Construction – donated $1200 in services and materials to seal the exit driveway.
City of McKinney (Community Support Group) – provided $8100 of the required funds to purchase the rider lift.
Darling Homes – provided $4000 in services and materials required to complete the expanded tack room.
McKinney Kiwanis's Club – provided $2000 in materials and built the ramp for the Gait House.

Have any other federal, state, or municipal entities or foundations been approached for funding? *If so, please list entity, date of request and amount requested.*

The Hillcrest Foundation has also been requested to provide $50,000 in funding to support this project on July 31, 2013.

IV. Marketing and Outreach

Describe marketing plans and outreach strategies for your organization and for the Project/Promotional Activity/Community Event for which you are requesting funding – and how they are designed to help you achieve current and future goals.

ManeGait has a marketing plan in place to raise awareness for the program that we are offering, providing a valuable opportunity for community members to get engaged through volunteering and donating monetarily. There are currently seven outlets that ManeGait is using for their marketing efforts. Each one of these outlets allows us to reach a slightly different demographic, in the end capturing a wide diversity of individuals and companies. Those outlets include:

1. Newsletter- The newsletter goes out three times a year to all of ManeGait constituents (Riders, donors, volunteers, interested community members) to keep them up to date on current activities
2. Website Management- Our website is a valuable tool that is highly regarded in the therapeutic riding industry.
3. Marketing Materials
4. Facebook and Social Media Outlets- Social media allows us to provide a wide range of information to those interested in the organization. We posts updates on riders, videos, volunteers, staff, donors, etc in real time at free of charge.
5. Public Relations- It is ManeGait's goal to be in 3 different publications each year, with one of them being the Dallas Morning News.
6. Fundraising events- Our annual fundraising events bring three different groups of individuals/ companies/ and family foundations to ManeGait and our property. These events are used to assist in bringing our mission to life through video, rider testimonials, rider attendance, etc. Two of our three of our fundraising events are held on site to maximize the impact of the event.
7. Community Outreach Committee- This group was recently created to reach a demographic in the community that had not yet been engaged in the ManeGait mission.

V. Metrics to Evaluate Success

Outline the metrics that will be used to evaluate success of the proposed Project/Promotional Activity/Community Event. If funding is awarded, a final report will be required summarizing success in achieving objectives outlined for the event.

Results will be measured or monitored with the following reporting methods:

- Safety reports (accident or incident reports) per PATH, Inc. standards
- Rider/family/volunteer surveys and feedback
- Number of facility and maintenance requests on the roadways and surfaces

Acknowledgements

If funding is approved by the MCDC board of directors, Applicant will assure:

- The Project/Promotional Activity/Community Event for which financial assistance is sought will be administered by or under the supervision of the applying organization;
- All funds awarded will be used exclusively for the purpose described in this application;

Acknowledgements - *continued*

- MCDC will be recognized in all marketing, outreach, advertising and public relations as a funder of the Project/Promotional Activity/Community Event. Specifics to be agreed upon by applicant and MCDC and included in an executed Performance Agreement;
- Organization's officials who have signed the application are authorized by the organization to submit the application;
- Applicant will comply with the MCDC Grant Guidelines in executing the Project/Promotional Activity/Community Event for which funds were received.
- A final report detailing the success of the Project/Promotional Activity/Community event, as measured against identified metrics, will be provided to MCDC no later than 30 days following the completion of the Project/Promotional Activity/Community Event.
- Up to 80% of the approved grant may be provided, on a reimbursement basis, prior to conclusion of the Project/Promotional Activity/Community Event with submission of invoices/receipts to MCDC. The final 20% will be forwarded upon MCDC's receipt of unpaid invoices/receipts; documentation of fulfillment of obligations to MCDC; and final report on the Project/Promotional Activity/Community Event.
- The required performance agreement will contain a provision certifying that the applicant does not and will not knowingly employ an undocumented worker in accordance with Chapter 2264 of the Texas Government Code, as amended. Further, should the applicant be convicted of a violation under 8 U.S.C. § 1324a(f), the applicant will be required to repay the amount of the public subsidy provided under the agreement plus interest, at an agreed to interest rate, not later than the 120th day after the date the MCDC notifies the applicant of the violation.

ManeGait agrees to the above listed requirements.

We certify that all figures, facts and representations made in this application, including attachments, are true and correct to the best of our knowledge.

Chief Executive Officer

Patricia R Nelson

Signature

Patricia R. Nelson
Printed Name

7/31/13
Date

Representative Completing Application

Patricia R Nelson

Signature

Patricia R. Nelson
Printed Name

7/31/13
Date

INCOMPLETE APPLICATIONS, OR THOSE RECEIVED AFTER THE DEADLINE, WILL NOT BE CONSIDERED.

CHECKLIST:

Completed Application:

- [x] Use the form/format provided
- [x] Organization Description
- [x] Outline of Project/Promotional Activity/Community Event; description, goals and objectives
- [x] Project/Promotional Activity/Community Event timeline
- [x] Plans for marketing and outreach
- [x] Evaluation metrics
- [x] List of board of directors and staff

Attachments:

- [x] Financials: organization's budget for current fiscal year; Project/Promotional Activity/Community Event budget; audited financial statements
- [x] Feasibility Study or Market Analysis if completed (Executive Summary)
- [x] IRS Determination Letter (if applicable)

A FINAL REPORT IS TO BE PROVIDED TO MCDC WITHIN 30 DAYS OF THE EVENT/COMPLETION OF THE PROJECT/PROMOTIONAL ACTIVITY/COMMUNITY EVENT.

PLEASE USE THE FORM/FORMAT OUTLINED ON THE NEXT PAGE.

McKINNEY
M C D C
Unique by nature.

McKINNEY COMMUNITY DEVELOPMENT CORPORATION

Final Report

Organization:

Funding Amount:

Project/Promotional Activty/Community Event:

Start Date: **Completion Date:**

Location of Project/Promotional Activity/Community Event:

Please include the following in your report:

- Narrative report on the Project/Promotional Activity/Community Event
- Identify goals and objectives achieved
- Financial report – budget as proposed and actual expenditures, with explanations for any variance
- Samples of printed marketing and outreach materials
- Screen shots of online promotions
- Photographs, slides, videotapes, etc.
- Evaluation against metrics outlined in application

Please submit Final Report no later than 30 days following the completion of the Project/Promotional Activity/Community Event to:

McKinney Community Development Corporation
5900 S. Lake Forest Blvd., Suite 110
McKinney, TX 75070

Attn: Cindy Schneible
cschneible@mckinneycdc.org

ManeGait Therapeutic Horsemanship
Profit and Loss Statement
Budgeted 2013 vs 2012 Actuals

			Budgeted 2013	Actual 2012
Income				
Donations			$ 300,000	323,893
Grants			125,000	35,000
Fundraising Event Income			640,000	602,775
Program Income			140,000	121,580
Total Income			$ 1,205,000	$ 1,083,248
Operating Expenses				
Employee Payroll and Benefits			$ 533,000	$ 429,535
2013 Program Allocation	*$*	*373,100*		
2013 Marketing & Development Allocation		*133,250*		
2013 G & A Allocation		*26,650*		
Development and Marketing			74,000	60,471
Fundraising Event Expenses			187,000	183,157
Program Mangement			205,000	198,323
General & Administrative			81,000	52,355
Depreciation			50,000	50,000
Total Operating Expenses			$ 1,130,000	$ 973,841
Less Interest on Line of Credit				$ 14,247
Net Projected Operating Income			$ 75,000	$ 95,160

Note: Statements do not include one time donation from founder of approx $1,165,000

MANEGAIT

McKinney, Texas

FINANCIAL STATEMENTS

As of

DECEMBER 31, 2011

TOGETHER WITH

INDEPENDENT AUDITORS' REPORT

Schnaufer & Walker, P.C.
Certified Public Accountants
Dallas, Texas

Schnaufer & Walker, P.C.
Certified Public Accountants
2695 Villa Creek Drive, Suite 268
Dallas, Texas 75234
www.TheNonprofitCPA.org
Office: (972) 798-2046 Fax: (866) 334-1362

INDEPENDENT AUDITORS' REPORT

To the Board of Directors of
ManeGait
McKinney, Texas

We have audited the accompanying statement of financial position of **ManeGait** (a Texas not-for-profit corporation) as of December 31, 2011, and the related statements of activities, functional expenses and cash flows for the year then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted the audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of **ManeGait** as of December 31, 2011, and the changes in its activities and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Dallas, Texas
November 14, 2012

MANEGAIT
STATEMENT OF FINANCIAL POSITION
December 31, 2011

ASSETS	
Current assets:	
Cash and cash equivalents	$ 59,853
Accounts receivable	3,128
Prepaid expenses	9,756
Total current assets	72,737
Long-term assets:	
Property and equipment - net of accumulated depreciation	532,010
Total long-term assets	532,010
Other assets:	
Loan origination costs - net of accumulated amortization	655
TOTAL ASSETS	$ 605,402
LIABILITIES	
Current liabilities:	
Accounts payable	$ 24,140
Deferred revenue	2,500
Line of credit	149,500
Total current liabilities	176,140
TOTAL LIABILITIES	176,140
Commitments and contingencies	-
NET ASSETS	
Unrestricted	429,262
Temporarily restricted	-
TOTAL NET ASSETS	429,262
TOTAL LIABILITES AND NET ASSETS	$ 605,402

The accompanying notes are an integral part of these financial statements.

MANEGAIT
STATEMENT OF ACTIVITIES
For the Year Ended December 31, 2011

CHANGES IN UNRESTRICTED NET ASSETS	
Revenue and other support:	
Gala at the Gait	$ 401,458
Lucky U Home Raffle	258,367
Donations	213,520
Rider fees	108,722
Gaitapalooza	81,212
Foundation and grant income	62,120
Filly's Fashion	38,219
Other program income	34,711
Net assets released from restrictions	2,757
Total revenue and other support	1,201,086
Expenses:	
Program services:	
Therapeutic horsemanship	673,195
Total program services expenses	673,195
Supporting services:	
Management and general	91,145
Fundraising	361,290
Total supporting services expenses	452,435
Total operating expenses	1,125,630
Increase in unrestricted net assets	75,456
CHANGES IN TEMPORARILY RESTRICTED NET ASSETS	
Temporarily restricted contributions	-
Net assets released from restrictions	(2,757)
Decrease in temporarily restricted net assets	(2,757)
INCREASE IN NET ASSETS	72,699
NET ASSETS AT BEGINNING OF YEAR	356,563
NET ASSETS AT END OF YEAR	$ 429,262

The accompanying notes are an integral part of these financial statements.

m services	Supporting services			
apeutic manship	Management and General	Fundraising	Total	Totals
-	$ 446	$ -	$ 446	$ 446
-	4,357	-	4,357	4,357
-	16,227	-	16,227	16,227
277,134	34,642	34,642	69,284	346,418
35,751	11,917	-	11,917	47,668
12,883	123	-	123	13,006
-	-	31,625	31,625	31,625
5,300	-	131,494	131,494	136,794
7,041	-	7,042	7,042	14,083
102,221	-	-	-	102,221
9,135	-	-	-	9,135
3,591	449	449	898	4,489
1,322	165	165	330	1,652
3,459	-	-	-	3,459
7,319	915	915	1,830	9,149
12,533	1,567	1,567	3,134	15,667
9,233	-	-	-	9,233
32,240	-	147,386	147,386	179,626
45,400	-	-	-	45,400
-	11,335	892	12,227	12,227
1,987	249	249	498	2,485
19,420	2,427	2,427	4,854	24,274
2,313	289	289	578	2,891
12,313	-	-	-	12,313
32,474	3,889	-	3,889	36,363
13,757	-	-	-	13,757
17,188	2,148	2,148	4,296	21,484
9,181	-	-	-	9,181
673,195	$ 91,145	$ 361,290	$ 452,435	$ 1,125,630

hese financial statements.

MANEGAIT
STATEMENT OF CASH FLOWS
For the Year Ended December 31, 2011

CASH FLOWS FROM OPERATING ACTIVITIES:		
Increase in net assets	$	72,699
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Depreciation		47,668
Amortization		446
Changes in operating assets and liabilities:		
Increase in accounts receivable		(3,128)
Decrease in prepaid expenses		21,947
Decrease in accounts payable		(4,705)
Increase in deferred revenue		2,500
NET CASH PROVIDED BY OPERATING ACTIVITIES		137,427
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of property and equipment		(59,896)
NET CASH USED IN INVESTING ACTIVITIES		(59,896)
CASH FLOWS FROM FINANCING ACTIVITIES:		
Principal repayments on line of credit		(100,000)
NET CASH USED IN FINANCING ACTIVITIES		(100,000)
DECREASE IN CASH AND CASH EQUIVALENTS		(22,469)
CASH AND CASH EQUIVALENTS - BEGINNING OF YEAR		82,322
CASH AND CASH EQUIVALENTS - END OF YEAR	$	59,853
SUPPLEMENTAL CASH FLOW DISCLOSURE:		
Cash paid for interest	$	15,667

The accompanying notes are an integral part of these financial statements.

NOTE A – ORGANIZATION AND NATURE OF ACTIVITIES

ManeGait (the Organization) is incorporated under the laws of the State of Texas as a not-for-profit corporation. The Organization is located in McKinney, Texas. **ManeGait** is a therapeutic horsemanship center offering therapeutic equestrian activities and therapy in a caring, high-integrity environment. The Organization serves children and adults with disabilities so that they may move beyond their boundaries through the healing power of the horse and the dedication of a professional, caring community. The focus of therapeutic riding lessons is skill development and progression while improving the rider's physical, cognitive, emotional and social skills. **ManeGait** derives most of their revenue from fundraising events, rider fees and free-will donations.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Organization have been prepared on the accrual basis of accounting and accordingly reflect all significant receivables, prepaids, payables and accrued expenses, other assets and other liabilities. Under the accrual method of accounting, revenues are recorded when earned and expenses are recorded when incurred. The significant accounting policies are described below to enhance the usefulness of the financial statements to the reader.

Income Taxes

The Organization is a not-for-profit Organization that is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code and classified by the Internal Revenue Service as other than a private foundation. The Organization is required to file annual reports with the Internal Revenue Service, form 990, Return of Organizations Exempt from Federal Income Tax. **ManeGait** is in compliance with all federal tax filings.

Basis of Presentation

Financial statement presentation follows the recommendations of FASB ASC 958, *Revenue Recognition – Contributions Received,* where the Organization is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets and permanently restricted net assets.

Fair Value of Financial Instruments

The Organization's financial instruments consist of cash and cash equivalents, accounts receivable, prepaid expenses, accounts payables, deferred revenue and line of credit. Accounts receivable, prepaid expenses, accounts payables, deferred revenue and line of credit are stated at cost which approximates fair value. Cash and cash equivalents are stated at fair value.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, continued

Cash and Cash Equivalents

The Organization considers all highly liquid investments with an original maturity of three months or less, when purchased, to be cash equivalents.

Property and Equipment

It is the Organization's policy to capitalize property and equipment over $1,000. Lesser amounts are expensed. Purchased property and equipment are capitalized at cost. Donations of property and equipment are recorded as donations at their estimated fair value. Such donations are reported as unrestricted donations unless the donor has restricted the donated asset to a specific purpose. Property and equipment are depreciated using the straight-line method, ranging from five to twenty years. Expenditures for repairs and maintenance are charged to operating expense as incurred.

Net Assets

The Organization's net assets, revenues and gains, and expenses are classified as temporarily restricted and unrestricted net assets based on the existence or absence of donor imposed restrictions. Temporarily restricted net assets contain donor imposed restrictions that permit the Organization to use or expend the donated assets as specified and are satisfied by either the passage of time or the actions of the Organization, depending upon the stipulation of the donor. Unrestricted net assets are not restricted by donors, or the donor imposed restrictions have expired.

Recognition of Revenue

Rider fees are recognized when earned. Donations received are recorded as unrestricted, temporarily restricted or permanently restricted net assets depending on the existence or nature of any donor restrictions. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose of the donation is accomplished, temporarily restricted net assets are classified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

Noncash Donations

Donated material, fixed assets and certain services are reflected as donations at their estimated fair values on the date of receipt and are recorded in the appropriate asset or expense account. Services are recorded if they create or enhance nonfinancial assets or require special skills, are provided by individuals possessing those skills and would typically need to be purchased if not provided by donation.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, continued

Classification of Revenue and Expense

Operating activities include items which are directly related to the Organization or are essential support elements of those programs. The cost of providing the various programs and other activities has been summarized on a functional basis in the statement of activities. Accordingly, certain costs have been allocated among program activities and supporting services as shown in the statement of functional expenses. Depreciation, amortization and interest expense have been allocated to related operating activities.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Advertising and Marketing Costs

The Organization charges advertising and marketing costs to operations in the year the expense is incurred. During the year ended December 31, 2011, advertising and marketing expenses incurred were $45,400.

NOTE C – PROPERTY AND EQUIPMENT

Property and equipment consists of the following at December 31, 2011:

Arena	$ 259,209
Leasehold improvements	271,510
Machinery and equipment	53,018
Horses	20,990
Vehicles	28,493
Total property and equipment	633,220
Accumulated depreciation	(101,210)
Total property, net of accumulated depreciation	$ 532,010

The Organization expensed $47,668 to depreciation expense for the year ended December 31, 2011.

NOTE D – LINE OF CREDIT

In May of 2009, the Organization took out a $249,500 line of credit with a financial institution. The line of credit matures in May of 2013, but is callable on demand by the financial institution at anytime for any reason. Monthly interest payments are required and the interest rate is 6.5% fixed. The line of credit is secured by property from a third party and personally guaranteed by a board member. At December 31, 2011, the Organization owed $149,500 on the line of credit. As of the date of this report, the Organization owed $153,241 on the line of credit.

NOTE E – LEASE

On February 1, 2008, the Organization entered into a lease agreement with a limited liability corporation owned by a family limited partnership of two board members to occupy the premises at 3160 North Custer Road in McKinney, Texas. The property consists of approximately 14 acres, main house, barn, outdoor riding arena and pasture. The lease rental is $1 per year and expires January 31, 2018.

NOTE F – NET ASSETS RELEASED FROM RESTRICTIONS

Temporarily restricted net assets of $2,757 were released from donor restrictions by incurring expenses satisfying the restricted purpose for the year ended December 31, 2011. The restricted contributions were used for the purchase of saddles.

NOTE G – SUBSEQUENT EVENTS

FASB ASC 855-10 requires the disclosure of the date through which an entity has evaluated subsequent events and the basis for that date. That is, whether that date represents the date the financial statements were issued or were available to be issued. The Organization has evaluated subsequent events for potential recognition and/or disclosure in these financial statements through November 14, 2012, the date that the financial statements were available to be issued.

ManeGait

3160 N. Custer Rd.
McKinney, TX 75071
469-742-9611

ManeGait Staff List		
Patricia Nelson Executive Director, PATH Intl. Registered Instructor, Special Olympics Equestrian Coach (Full Time)	**Jennifer Wisler** Marketing and Development Manager (Full Time)	**Lindsey Wyatt** Office Manager (Full Time)
Alison Cooper Stable Manager, Instructor (Full Time)	**Landon Schneider** Donor Relations Manager (Part Time)	**Eileen Leek** Lead Instructor, PATH Intl. Advanced Instructor, Special Olympics Equestrian Coach (Full Time)
Kathy Martin Volunteer Coordinator (Part Time)	**Sarah Dobbins** Program Volunteer Coordinator, Instructor (Part Time)	**Stephanie Centofonti** Facilities Coordinator, Instructor, Stable Hand (Full Time)
Reagan Hobson Marketing and Development Coordinator (Full Time)	**Jennifer Gardenhire** Assistant Stable Manager, Instructor (Full Time)	**Erin Cook** Horse Show Coordinator, PATH Intl. Registered Instructor, Stable Hand (Full Time)
Jaclyn Hyde PATH Intl. Registered Instructor, Special Olympics Equestrian Coach (Part Time)	**Meredith Mendenhall** PATH Intl. Registered Instructor (Part Time)	**Randy Hurt** PATH Intl. Registered Instructor, Special Olympics Equestrian Coach (Part Time)
Jason Bolton Barn Staff (Part Time)	**Abbey Valentine** Barn Staff (Part Time)	**Kaley Millender** Instructor (Part Time)

ManeGait
therapeutic horsemanship

3160 N. Custer Rd.
McKinney, TX 75071
469-742-9611

ManeGait Board of Directors

Rich Allen Board Member since 2010 Action COACH, Owner 2401 Internet Blvd, Suite 230 Frisco, TX 75034 214-758-7581 richallen@actioncoach.com	**Bill Benton** Board Member since 2007 Benton-Lutrell Company, Owner/Partner 807 W. Van Alstyne Parkway, Suite 100 Van Alstyne, TX 75495 903-482-1111 billbenton@blretx.com	**Bill Darling** Co-Founder, Board President Darling Homes, Original Partner 2500 Legacy Dr., Ste 100 Frisco, TX 75034 469-252-2200 bill@darlinghomes.com
Pris Darling Co-Founder 3160 North Custer Road McKinney, TX 75071 (469) 742-9611 prislewisdarling@gmail.com	**Dawnda Daniel** Board Member since 2013 PlainsCapital Corporation, VP/Internal Auditor 2500 Legacy Drive Suite 150 Frisco, TX 75034 972.731.3919 dawnda.daniel@plainscapital.com	**Vicki Dennis** Board Member since 2007 Children's Medical Center, Director of Ambulatory Services 7601 Preston Road Plano, TX 75024 972-655-0680 vicki.dennis@childrens.com
Elizabeth Denton Board Member Since 2013 Baylor Healthcare System Foundation, Director 3600 Gaston Ave, Barnett Tower, Suite 100 Dallas, TX 75246 214-820-4070 Elizabeth.Denton@baylorhealth.edu	**Ward Eastman** Board Member since 2012 PPI Marketing, VP Strategic Alliances 15660 Dallas Pkwy, Suite 1250 Dallas, TX 75248 972-388-5305 ward.eastman@ppi-staubach.com	**Ryan Griffin** Board Member since 2013 FCS Construction, President 6991 Main St. Frisco, TX 75034 214-975-0842 ryan@gbtdc.com
Bill Heard Board Member since 2007 KVIL CBS Radio – Dallas, Retired 214-415-8171 bheardkvil@hotmail.com	**Craig Moen** Board Member since 2010 Wells Fargo, Financial Advisor 2500 Legacy Drive, Suite 200 Frisco, TX 75034 214-564-3690 craig.moen@wellsfargoadvisors.com	**Mike Reeves** Board Member since 2007 Reeves Consulting New York Life - Retired 972-346-2983 mwreeves@sbcglobal.net
Tom Reidy ManeGait Board Treasurer since 2007 Avalon Consulting, President 5600 Tennyson Parkway, Suite 230 Plano, TX 75024 469-424-3449 reidyt@avalonconsult.com	**Cheryl Turner** Board Secretary since 2007 Darling Homes, VP Sales and Marketing 2500 Legacy Drive, Suite 100 Frisco, TX 75034 469-252-2284 cturner@darlinghomes.com	

Form **990** Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047 **2011** **Open to Public Inspection**

A For the 2011 calendar year, or tax year beginning , and ending

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Terminated [ ] Amended return [ ] Application pending

C Name of organization: MANE GAIT
Doing Business As
Number and street (or P O box if mail is not delivered to street address): 3160 N CUSTER RD Room/suite
City or town, state or country, and ZIP + 4: MCKINNEY TX 75071-3051

D Employer identification number: 26-1525268
E Telephone number: (469) 742-9611
G Gross receipts $ 1,198,331

F Name and address of principal officer: BILL DARLING 3160 N CUSTER RD, MCKINNEY, TX 75071-3051

H(a) Is this a group return for affiliates? [ ] Yes [X] No
H(b) Are all affiliates included? [ ] Yes [ ] No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶ N/A

I Tax-exempt status [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ www.ManeGait.org

K Form of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ▶
L Year of formation 2007
M State of legal domicile TX

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
MANE GAIT PROVIDES THERAPEUTIC HORSEBACK RIDING TO CHILDREN AND ADULTS WITH A WIDE RANGE OF DEVELOPMENTAL DIFFICULTIES, ENABLING THEM TO GAIN STRENGTH, CONFIDENCE, AND A SENSE OF BELONGING.

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	27
6	Total number of volunteers (estimate if necessary)	6	576
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	510,392	356,854
	9	Program service revenue (Part VIII, line 2g)	86,614	131,139
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	205,320	362,293
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	802,326	850,286
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	340,896	370,692
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 50,785		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	314,758	406,895
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	655,654	777,587
	19	Revenue less expenses Subtract line 18 from line 12	146,672	72,699

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	634,908	605,402
	21	Total liabilities (Part X, line 26)	278,345	176,140
	22	Net assets or fund balances. Subtract line 21 from line 20	356,563	429,262

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

Sign Here
Priscilla L. Darling — 11-15-12
Signature of officer — Date
Priscilla L. Darling Co-Founder/Exec. Dir
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
DAVID SCHNAUFER, CPA		11/14/2012		P00736433

Firm's name ▶ SCHNAUFER AND WALKER, P.C. — Firm's EIN ▶ 26-3294331
Firm's address ▶ 2695 VILLA CREEK #268, DALLAS, TX 75234 — Phone no (972) 798-2046

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

SCANNED DEC 28 2012

RECEIVED

10 61D

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . ☐

1 Briefly describe the organization's mission:
MANE GAIT PROVIDES THERAPEUTIC HORSEBACK RIDING TO CHILDREN AND ADULTS WITH A WIDE RANGE OF DEVELOPMENTAL DIFFICULTIES, ENABLING THEM TO GAIN STRENGTH, CONFIDENCE, AND A SENSE OF BELONGING.

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 ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code:) (Expenses $ 635,655 including grants of $ 0) (Revenue $ 0)
MANE GAIT PROVIDES THERAPEUTIC HORSEBACK RIDING TO CHILDREN AND ADULTS WITH A WIDE RANGE OF DEVELOPMENTAL DIFFICULTIES, ENABLING THEM TO GAIN STRENGTH, CONFIDENCE, AND A SENSE OF BELONGING.

4b (Code:) (Expenses $ 0 including grants of $ 0) (Revenue $ 0)

4c (Code:) (Expenses $ 0 including grants of $ 0) (Revenue $ 0)

4d Other program services. (Describe in Schedule O.)
(Expenses $ 0 including grants of $ 0) (Revenue $ 0)

4e **Total program service expenses** ▶ 635,655

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19	X	
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	X	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 10			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 27			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file.* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		X
b	*If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?*		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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 in Schedule O. See instructions.*

Check if Schedule O contains a response to any question in this Part VI . . . [X]

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . **1a** 10. 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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . . . **1b** 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8	*Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:*			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official.	15a	X	
b	Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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 [X] Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ MANE GAIT (469) 252-2274
3160 N CUSTER RD, MCKINNEY, TX 75071

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

Check if Schedule O contains a response to any question 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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ 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 (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) BILL DARLING PRESIDENT	15.00	X		X				0	0	0
(2) PRISCILLA DARLING CO-FOUNDER	24.00	X		X				0	0	0
(3) CHERYL TURNER SECRETARY	2.00	X		X				0	0	0
(4) THOMAS REIDY TREASURER	4.00	X		X				0	0	0
(5) RICH ALLEN DIRECTOR	1.00	X						0	0	0
(6) BILL BENTON DIRECTOR	1.00	X						0	0	0
(7) VICKI DENNIS DIRECTOR	1.00	X						0	0	0
(8) BILL HEARD DIRECTOR	1.00	X						0	0	0
(9) CRAIG MOEN DIRECTOR	1.00	X						0	0	0
(10) MIKE REEVES DIRECTOR	1.00	X						0	0	0
(11) ELIZABETH KELLOGG EXECUTIVE DIRECTOR	40.00	X						82,400	0	0
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total ▶								82,400	0	0
c Total from continuation sheets to Part VII, Section A ▶								0	0	0
d Total (add lines 1b and 1c) ▶								82,400	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts						
1a Federated campaigns	1a	0				
b Membership dues	1b	0				
c Fundraising events	1c	0				
d Related organizations	1d	0				
e Government grants (contributions)	1e	0				
f All other contributions, gifts, grants, and similar amounts not included above	1f	356,854				
g Noncash contributions included in lines 1a-1f:	$	0				
h **Total.** Add lines 1a–1f ▶			356,854			
Program Service Revenue		Business Code				
2a RIDER FEES		900099	108,722	108,722	0	0
b HORSE SHOW INCOME		900099	13,662	13,662	0	0
c NARHA/PATH CERTIFICATION		900099	8,755	8,755	0	0
d			0	0	0	0
e			0	0	0	0
f All other program service revenue			0	0	0	0
g **Total.** Add lines 2a–2f ▶			131,139			
Other Revenue						
3 Investment income (including dividends, interest, and other similar amounts) ▶			0	0	0	0
4 Income from investment of tax-exempt bond proceeds ▶			0	0	0	0
5 Royalties ▶			0	0	0	0
	(i) Real	(ii) Personal				
6a Gross rents	0	0				
b Less. rental expenses	0	0				
c Rental income or (loss)	0	0				
d Net rental income or (loss) ▶			0	0	0	0
7a Gross amount from sales of assets other than inventory	(i) Securities 0	(ii) Other 0				
b Less. cost or other basis and sales expenses	0	0				
c Gain or (loss)	0	0				
d Net gain or (loss) ▶			0	0	0	0
8a Gross income from fundraising events (not including $ 0 of contributions reported on line 1c). See Part IV, line 18	a	447,737				
b Less: direct expenses	b	168,419				
c Net income or (loss) from fundraising events ▶			279,318		0	0
9a Gross income from gaming activities. See Part IV, line 19	a	258,367				
b Less: direct expenses	b	179,626				
c Net income or (loss) from gaming activities ▶			78,741	0	0	0
10a Gross sales of inventory, less returns and allowances	a	4,234				
b Less: cost of goods sold	b	0				
c Net income or (loss) from sales of inventory ▶			4,234	0	0	0
Miscellaneous Revenue		Business Code				
11a			0	0	0	0
b			0	0	0	0
c			0	0	0	0
d All other revenue			0	0	0	0
e **Total.** Add lines 11a–11d ▶			0			
12 **Total revenue.** See instructions ▶			850,286	131,139	0	0

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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question 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 governments and organizations in the United States See Part IV, line 21	0	0		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0	0		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	82,400	65,920	8,240	8,240
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	244,059	195,247	24,406	24,406
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	0
9 Other employee benefits	19,959	15,967	1,996	1,996
10 Payroll taxes	24,274	19,420	2,427	2,427
11 Fees for services (non-employees):				
a Management	0	0	0	0
b Legal	0	0	0	0
c Accounting	0	0	0	0
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other	46,694	46,196	249	249
12 Advertising and promotion	18,633	18,633	0	0
13 Office expenses	29,654	28,953	412	289
14 Information technology	0	0	0	0
15 Royalties	0	0	0	0
16 Occupancy	57,847	49,662	6,037	2,148
17 Travel	856	856	0	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	6,111	0	6,111	0
20 Interest	15,667	12,533	1,567	1,567
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	48,114	35,751	12,363	0
23 Insurance	18,749	15,691	1,529	1,529
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a HORSE CARE	102,221	102,221	0	0
b HORSE SHOW	9,135	9,135	0	0
c VOLUNTEER EXPENSES	9,181	9,181	0	0
d GAITAPALOOZA	14,083	7,041	0	7,042
e All other expenses	29,950	3,248	25,810	892
25 **Total functional expenses.** Add lines 1 through 24e	777,587	635,655	91,147	50,785
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Section	Line	Description		(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		82,322	1	59,853
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		0	4	3,128
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		31,703	9	9,756
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 633,219			
	b	Less. accumulated depreciation	10b 101,209	519,783	10c	532,010
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		1,100	14	655
	15	Other assets See Part IV, line 11		0	15	0
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		634,908	16	605,402
Liabilities	17	Accounts payable and accrued expenses		28,845	17	24,140
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	2,500
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		249,500	23	149,500
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	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		0	25	0
	26	**Total liabilities.** Add lines 17 through 25		278,345	26	176,140
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		356,563	27	429,262
	28	Temporarily restricted net assets		0	28	
	29	Permanently restricted net assets		0	29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		0	30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		0	31	
	32	Retained earnings, endowment, accumulated income, or other funds		0	32	
	33	Total net assets or fund balances		356,563	33	429,262
	34	Total liabilities and net assets/fund balances		634,908	34	605,402

Part XI **Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	850,286
2	Total expenses (must equal Part IX, column (A), line 25)	2	777,587
3	Revenue less expenses. Subtract line 2 from line 1	3	72,699
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	356,563
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	429,262

Part XII **Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII . . . ☐

			Yes	No
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 in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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?	3a		X
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 in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization	Employer identification number
MANE GAIT	26-1525268

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state·

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III–Functionally integrated d ☐ Type III–Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

			Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii)	A family member of a person described in (i) above?	11g(ii)		
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									0
(B)									0
(C)									0
(D)									0
(E)									0
Total									0

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						0
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	**Total.** Add lines 1 through 3	0	0	0	0	0	0
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	**Public support.** Subtract line 5 from line 4.						0

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	0	0	0	0	0	0
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
11	**Total support.** Add lines 7 through 10						0

12 Gross receipts from related activities, etc (see instructions) 12

13 **First five 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

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 14 0 00%

15 Public support percentage from 2010 Schedule A, Part II, line 14 15 0 00%

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2010.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2010.** 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 **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	0	380,359	316,919	510,392	356,854	1,564,524
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	0	9,467	64,214	91,184	131,139	296,004
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 **Total.** Add lines 1 through 5	0	389,826	381,133	601,576	487,993	1,860,528
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . .	0	0	0	0	0	0
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	0	320,000	20,000	111,484	69,491	520,975
c Add lines 7a and 7b	0	320,000	20,000	111,484	69,491	520,975
8 **Public support** (Subtract line 7c from line 6.)						1,339,553

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	0	389,826	381,133	601,576	487,993	1,860,528
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	0	0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . .	0	0	0	0	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	103,323	103,002	200,750	362,293	769,368
13 **Total support.** (Add lines 9, 10c, 11, and 12)	0	493,149	484,135	802,326	850,286	2,629,896

14 **First five 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** . ▶ [X]

Section C. Computation of Public Support Percentage

15	Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	0 00%
16	Public support percentage from 2010 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2011** (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18	Investment income percentage from **2010** Schedule A, Part III, line 17	18	0.00%

19a **33 1/3% support tests—2011.** 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—2010.** 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 **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Part III Line 12 : Other income is revenue received at fundraising events.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization: MANE GAIT

Employer identification number: 26-1525268

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ ____________

4 Number of states where property subject to conservation easement is located ▶ ____________

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ ____________

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ ____________

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ ____________

(ii) Assets included in Form 990, Part X ▶ $ ____________

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ____________

b Assets included in Form 990, Part X ▶ $ ____________

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 are a 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 programs
e ☐ Other ____________

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

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" to 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 XIV and complete the following table:

			Amount
c	Beginning balance	1c	0
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	0

2a Did the organization include an amount on Form 990, Part X, line 21? . . . ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	0	0			
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	0	0	0	0	

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 Temporarily restricted endowment ▶ ________%

The percentages in 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" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. 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	0	0		0
b	Buildings	0	259,209	0	259,209
c	Leasehold improvements	0	271,509	65,626	205,883
d	Equipment	0	53,018	25,678	27,340
e	Other	0	49,483	9,905	39,578
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶					532,010

Part VII Investments—Other Securities. 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	0	
(2) Closely-held equity interests	0	
(3) Other	0	
(A)	0	
(B)	0	
(C)	0	
(D)	0	
(E)	0	
(F)	0	
(G)	0	
(H)	0	
(I)	0	
Total *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	0	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)	0	
(2)	0	
(3)	0	
(4)	0	
(5)	0	
(6)	0	
(7)	0	
(8)	0	
(9)	0	
(10)	0	
Total *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	0	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	0
(2)	0
(3)	0
(4)	0
(5)	0
(6)	0
(7)	0
(8)	0
(9)	0
(10)	0
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	0

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2)	0
(3)	0
(4)	0
(5)	0
(6)	0
(7)	0
(8)	0
(9)	0
(10)	0
(11)	0
Total *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	0

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	850,286
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	777,587
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	72,699
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net) Add lines 4 through 8	9	0
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	72,699

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	850,286
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	850,286
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	850,286

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	777,587
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	777,587
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	777,587

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete this part to provide any additional information.

Part XIV **Supplemental Information** *(continued)*

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization: MANE GAIT

Employer identification number: 26-1525268

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1					0	0	0
2					0	0	0
3					0	0	0
4					0	0	0
5					0	0	0
6					0	0	0
7					0	0	0
8					0	0	0
9					0	0	0
10					0	0	0
Total ▶					0	0	0

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to 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 GALA AT THE GAIT (event type)	(b) Event #2 FILLY'S FASHION (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	409,518	38,219	0	447,737
	2 Less: Charitable contributions	0	0	0	0
	3 Gross income (line 1 minus line 2)	409,518	38,219	0	447,737
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	29,917	0	0	29,917
	6 Rent/facility costs	28,228	6,384	0	34,612
	7 Food and beverages	30,961	9,800	0	40,761
	8 Entertainment	6,900	6,810	0	13,710
	9 Other direct expenses	40,788	8,631	0	49,419
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(168,419)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				279,318

Part III **Gaming.** Complete if the organization answered "Yes" to 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			258,367	258,367
Direct Expenses	2 Cash prizes			51,146	51,146
	3 Noncash prizes				0
	4 Rent/facility costs				0
	5 Other direct expenses			128,480	128,480
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☒ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				(179,626)
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				78,741

9 Enter the state(s) in which the organization operates gaming activities: TX

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

b If "No," explain: The raffle activity did not require a license per inquiries made to the state

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

b If "Yes," explain:

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☒ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No

13 Indicate the percentage of gaming activity operated in:

a	The organization's facility	13a	%
b	An outside facility	13b	100.00%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ THOMAS REIDY

Address ▶ 3160 N CUSTER RD MCKINNEY, TX 75071

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ 0 and the amount of gaming revenue retained by the third party ▶ $ 0 .

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶ MANE GAIT

Gaming manager compensation ▶ $ 0

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☒ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $ 0

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.

OMB No 1545-0047
2011
Open to Public Inspection

Name of the organization	Employer identification number
MANE GAIT	26-1525268

Form 990 Part VI Section A Line 2 : The President and Co-Founder are married.

Form 990 Part VI Section B Line 11b . The return is reviewed by an officer prior to it being signed and submitted to the IRS.

Form 990 Part VI Section B Line 12c : During meetings of the board of directors, officers and directors are required to disclose interests, if any, that would give rise to conflicts.

Form 990 Part VI Section B Line 15 : The board of directors approves compensation, with any officer being voted upon abstaining from the vote

Form 990 Part VI Section C Line 19 The organization's governing documents, conflict of interest policy, and Form 990 containing financial statement information are available by request.

Name of the organization	Employer identification number
MANE GAIT	26-1525268