

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 private foundations)

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

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

OMB No. 1545-0047

2023Open to Public
Inspection**A** For the **2023** calendar year, or tax year beginning **OCT 1, 2023** and ending **SEP 30, 2024****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**MONTGOMERY AREA NON-TRADITIONAL EQUESTRI**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

3699 WALLAHATCHIE ROAD

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

PIKE ROAD, AL 36064**F** Name and address of principal officer: **HEATHER KING****2660 EASTCHASE LN STE 100, MONTGOMERY, AL 3****D** Employer identification number**** - ***3532****E** Telephone number**334-213-0909****G** Gross receipts \$**316,375.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.MANEWEB.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1994** **M** State of legal domicile: **AL****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PROVIDE THERAPEUTIC HORSEBACK RIDING OPPORTUNITIES FOR CHILDREN AND ADULTS WITH EMOTIONAL,	
	2	Check this box <input type="checkbox"/> 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 16	
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 16	
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 3	
	6	Total number of volunteers (estimate if necessary) 6 88	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.	
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.		
Revenue	8	Contributions and grants (Part VIII, line 1h) 256,225.	247,302.
	9	Program service revenue (Part VIII, line 2g) 29,130.	30,460.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 314.	7,551.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -8,735.	-5,650.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 276,934.	279,663.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 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) 175,525.	158,826.
16a		Professional fundraising fees (Part IX, column (A), line 11e) 0.	0.
b		Total fundraising expenses (Part IX, column (D), line 25) 8,726.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 162,335.	159,266.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 337,860.	318,092.
19	Revenue less expenses. Subtract line 18 from line 12 -60,926.	-38,429.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 1,797,601.	1,803,223.
	21	Total liabilities (Part X, line 26) 10,679.	54,730.
	22	Net assets or fund balances. Subtract line 21 from line 20 1,786,922.	1,748,493.

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	Signature of officer	Date
	HEATHER KING, SECRETARY Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name JESSICA FAHEY	Preparer's signature JESSICA FAHEY
	Date 03/11/25	Check if self-employed <input type="checkbox"/> PTIN [REDACTED]
Preparer Use Only	Firm's name APRIO ADVISORY GROUP, LLC	Firm's EIN ** - ***7348
	Firm's address 2002 SUMMIT BOULEVARD, SUITE 120 ATLANTA, GA 30319	Phone no. (404) 892-9651

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

LHA For Paperwork Reduction Act Notice, see the separate instructions.

332001 12-21-23

Form **990** (2023)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**