EXTENDED TO AUGUST 17, 2026

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

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning OCT 1, 2024 **and ending** SEP 30, 2025

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

D Employer identification number: **-***3532

E Telephone number: 334-213-0909

G Gross receipts $ 586,769.

F Name and address of principal officer: HEATHER KING
2660 EASTCHASE LN STE 100, MONTGOMERY, AL 3

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

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

J Website: WWW.MANEWEB.ORG

H(c) Group exemption number

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 ☐ 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 2024 (Part V, line 2a)	5	3
6	Total number of volunteers (estimate if necessary)	6	93
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	247,302.	522,059.
	9	Program service revenue (Part VIII, line 2g)	30,460.	33,804.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,551.	247.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-5,650.	-72,024.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	279,663.	484,086.
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)	158,826.	175,268.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) 11,352.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	159,266.	178,742.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	318,092.	354,010.
	19	Revenue less expenses. Subtract line 18 from line 12	-38,429.	130,076.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,803,223.	1,904,587.
	21	Total liabilities (Part X, line 26)	54,730.	26,017.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,748,493.	1,878,570.

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

Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JESSICA FAHEY	JESSICA FAHEY	07/08/26		[redacted]

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.** 432001 12-10-24 Form **990** (2024)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION