

FORM 990-EZ

Department of Treasury
Internal Revenue Service

**Short Form
Return of Organization Exempt
From Income Tax**

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

OMB No. 1545-1150

2021

Open To Public Inspection

A For the <u>2021</u> calendar year, or tax year beginning <u>01/01/2021</u> , and ending <u>12/31/2021</u>							
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">C Name of Organization <u>DIVINE EQUINE THERAPEUTIC RIDING CENTER</u></td> <td style="width:30%;">D Employer ID number <u>45-4429001</u></td> </tr> <tr> <td>Number and Street (or P.O. box, if mail is not delivered to street address) <u>2822 LUELLA RD</u></td> <td>E Telephone number <u>8176808346</u></td> </tr> <tr> <td>City or town, state or country, and Zip + 4 <u>SHERMAN , TX 75090-5149</u></td> <td>F Group Exemption Number <u>&nbsp;</u></td> </tr> </table>	C Name of Organization <u>DIVINE EQUINE THERAPEUTIC RIDING CENTER</u>	D Employer ID number <u>45-4429001</u>	Number and Street (or P.O. box, if mail is not delivered to street address) <u>2822 LUELLA RD</u>	E Telephone number <u>8176808346</u>	City or town, state or country, and Zip + 4 <u>SHERMAN , TX 75090-5149</u>	F Group Exemption Number <u>&nbsp;</u>
C Name of Organization <u>DIVINE EQUINE THERAPEUTIC RIDING CENTER</u>	D Employer ID number <u>45-4429001</u>						
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City or town, state or country, and Zip + 4 <u>SHERMAN , TX 75090-5149</u>	F Group Exemption Number <u>&nbsp;</u>						
G Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other:							
I Website: <u>Divineequinetr@gmail.com</u>							
J Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) <input type="checkbox"/> 4947(a)(1) <input type="checkbox"/> 527							
<input type="checkbox"/> Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).							

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Check if the organization used Schedule O to respond to any question in this Part I.

1	Contributions, gifts, grants, and similar amounts received.	\$	130491
2	Program service revenue including government fees and contracts	\$	36865
3	Membership dues and assessments	\$	0
4	Investment income	\$	0
5a	Gross amount from sale of assets other than inventory	\$	0
5b	Less: cost or other basis and sales expenses	\$	0
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	\$	0
6	Gaming and fundraising events		
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	\$	0
6b	Gross income from fundraising events (Not including 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	\$	27043
6c	Less: direct expenses from gaming and fundraising events	\$	22441
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	\$	4602
7a	Gross sales of inventory, less returns and allowances	\$	0
7b	Less: cost of goods sold	\$	0
7c	Gross profit or (loss) from sales of inventory	\$	0
8	Other revenue	\$	0
9	Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	\$	171958
10	Grants and similar amounts paid (list in Schedule O)	\$	0
11	Benefits paid to or for members	\$	0
12	Salaries, other compensation, and employee benefits	\$	12364
13	Professional fees and other payments to independent contractors	\$	56758
14	Occupancy, rent, utilities, and maintenance	\$	8880
15	Printing, publications, postage, and shipping	\$	1089
16	Other expenses (describe in Schedule O)	\$	43186
17	Total expenses Add lines 10 through 16	\$	122277
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	\$	49681
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior years return)	\$	59751
20	Other changes in net assets or fund balances (explain in Schedule O)	\$	0
21	Net assets or fund balances at end of year. Combine lines 18 through 20	\$	109432

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II.

22	Cash, savings, and investments	\$	35254	\$	
23	Land and buildings	\$	29142	\$	93229
24	Other assets (describe in Schedule O)	\$	18474	\$	4577
25	Total assets	\$	82870	\$	155887
26	Total liabilities (describe in Schedule O)	\$	23300	\$	46455
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	\$	59570	\$	109432

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III.

What is the organizations primary exempt purpose?

Provide equine assisted therapy to disadvantaged clients

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations;
28 Description: (Grants: \$) <input type="checkbox"/> If this amount includes foreign grants, check here	28a \$
29 Description: (Grants: \$) <input type="checkbox"/> If this amount includes foreign grants, check here	29a \$
30 Description: (Grants: \$) <input type="checkbox"/> If this amount includes foreign grants, check here	30a \$
31 Other program services (describe in Schedule O) (Grants: \$) <input type="checkbox"/> Check if this amount includes foreign grants	31a
32 Total program service expenses (add lines 28a through 31a)	\$ 0

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Tawny Schaffer, Chairman of the Board	4	\$ 0	\$ 0	\$ 0
Linda Criswell, Treasurer	10	\$ 0	\$ 0	\$ 0
Lauralee Hauser, Secretary	8	\$ 0	\$ 0	\$ 0
Sharon Karger, Board Member	2	\$ 0	\$ 0	\$ 0
Bethany Schaffer, Board Member	2	\$ 0	\$ 0	\$ 0
William Ward, Board member	8	\$ 0	\$ 0	\$ 0
Nell Ward, Executive Director	40	\$ 11095	\$ 0	\$ 0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V.

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34	Were any significant changes made to the organizing or governing documents? If Yes, attach a conformed copy of the amended documents if they reflect a change to the organization name. Otherwise, explain the change on Schedule O. See instructions	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	year? If "Yes," complete applicable parts of Schedule N.		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	\$	0
37b	Did the organization file Form 1120-POL for this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved.	\$	
39	Section 501(c)(7) organizations. Enter:		
39a	Initiation fees and capital contributions included on line 9	\$	
39b	Gross receipts, included on line 9, for public use of club facilities	\$	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: Section 4911: Section 4912: 0 section 4955: 0		
40b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part 1.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers of disqualified persons during the year under sections 4192, 4955, and 4958.		
40d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.		
40e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed: TX		
42a	The organization books are in care of Linda Mae Criswell, Telephone no. 8176808346 Located at 1716 Ridgelake Dr, Metairie , LA, 70001		
42b	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)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
42c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041: Enter the amount of tax-exempt interest received or accrued during the tax year.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44c	Did the organization receive any payments for indoor tanning services during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part V.

		Yes	No
47	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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a	Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49b	If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
50	Complete this table for the organizations five highest compensated employees (other than officers, directors, trustees, and key		

employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

-- none --

50f	Total number of other employees paid over \$100,000	
51	Complete this table for the organizations five highest compensated independent contractors who received more than \$100,000 of compensation from the organization. If there is none, enter "None."	
	-- none --	
51d	Total number of other independent contractors each receiving over \$100,000	
52	Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A.	<input checked="" type="checkbox"/> <input type="checkbox"/>