### Spiril file copy with documentation

Form **990** 

#### **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

▶ Do not enter Social Security numbers on this form as it may be made public.

Depa	artment of	the Treasury	Nefermation shout Form	90 and its instructions is at	www.irs.g	ov/form990.		mspec	1011
Internal Revenue Service					, 20				
			dar year, or tax year beginning	QUESTRIAN PROGRAM, IN	ind ending IC		D Employer	r identification n	umber
В	Check if	applicable:		QUESTRIANTROCKING				20-8492941	
	Address	change	Doing Business As  Number and street (or P.O. box if mail is not	delivered to street address)	Room/suite	1	E Telephone	e number	
	Name ch	nange		delitered to the same	1			703/600-9667	
	Initial ret	urn	P. O. BOX 1342  City or town, state or province, country, and	ZIP or foreign postal code	<u> </u>				
	Terminat	ted				1.	G Gross rec	ceipts \$	189,234
	Amende	d return	GREAT FALLS, VIRGINIA 220	66		H(a) Is this a gro	up return for si	ubordinates? Yes	No No
	Applicati	ion pending	Name and address of principal officer:	LN Docton VA 20191		H(h) Are all s	ubordinates	included? L Yes	i ∐ No
			DAVORKA SUVAK- 2173 White Corr		527	If "No	," attach a	list. (see instruction	ins)
1	Tax-exe	mpt status:	✓ 501(c)(3)	◆ (insert no.)	<u> </u>	H(c) Group	exemption r	number 🕨	
J	Website	: ► sp	ritequestrian.org	I. Voi	ar of formation			of legal domicile:	VA
ĸ	Form of	organization:	Corporation Trust Association	Other L Yes	al of lonnace	711. 1997	1		
	art i				COLDIT	provides inc	lividuals !	with physical,	cognitive
	1	Briefly de	ary scribe the organization's mission or	most significant activities:	SPIRIT	provides in	tivities	SPIRIT provide	s
بو									
Activities & Governance		education	nal disabilities, and diseases, sate ar personal growth and therapy using h	orses for children and adul	ts with all	types or au	25% of i	ts net assets.	
E.	2	A	- Lay 🛌 Liftha organization discoi	Illinged its operations of a			3		8
Š	3		restant members of the governing	hody (Part VI, IIIIe Ia) · ·			4		8
8	4	Alumbar	findependent voting members of the	ie governing body (Part Vi	, mie ib)		5		1
es	5	Total nur	ber of individuals employed in cale	ndar year 2013 (Part V, IIIR	e 2a) .		6		211
V.TE	6	Total nur	her of volunteers (estimate if neces	sary)			<u> </u>		0
Ç	7a	Total upr	lated business revenue from Part V	III, column (C), line 12			7a		0
•	b	Met unrel	ated business taxable income from	Form 990-T, line 34	<del></del>	<del></del>	7b	Current Y	
	<del>                                     </del>	Net dino			L	Prior Ye		- Oditetti t	
		Contribu	ons and grants (Part VIII, line 1h) .				109,673		88,982
ne	8	Organia	service revenue (Part VIII, line 2g)				85,025		97,415
Revenue	9	Investme	nt income (Part VIII, column (A), line	s 3, 4, and 7d)					
Re	10	Otherro	enue (Part VIII, column (A), lines 5, 6	d. 8c, 9c, 10c, and 11e) .	<u>L</u>				2,837
	111	Total row	nue-add lines 8 through 11 (must e	qual Part VIII, column (A), li	ine 12)		194,698		189,234
	12	Ouerte e	d similar amounts paid (Part IX, col	umn (A), lines 1-3)					
	13	Grants a	paid to or for members (Part IX, colu	mn (A), line 4)					
	14	Benefits	other compensation, employee benefi	ts (Part IX, column (A), lines	5–10)		51,418		55,620
es	15	Salaries,	nal fundraising fees (Part IX, column	(A) line 11e)					
Expenses	16a	Profession	nai fundraising fees (Fart IX, column (	D), line 25) ▶					
Š	. b	Total fun	draising expenses (Part IX, column (	a_11d_11f_24e)			91,258		110,881
ш	117	Other ex	penses (Part IX, column (A), lines 11	Part IX column (A) line 2	5)		142,676		166,501
	18	Total exp	enses. Add lines 13-17 (must equal	n line 12	"		52,022		22,733
	19	Revenue	less expenses. Subtract line 18 fror	nine iz		Beginning of Cu		End of Y	ear
ō	S				-		113,712		114,519
Net Assets or	20	Total ass	ets (Part X, line 16)		· · ·		554		7,248
AS.	21	Total lial	ilities (Part X, line 26)		· · ·  -		113,158		107,271
ž	₹ 22		ts or fund balances. Subtract line 2	from line 20	·				
P	art II	Signa	ure Block			masts and to t	he hest of r	my knowledge ar	nd belief, it is
U	nder pen	alties of perj	ry, I declare that I have examined this return, etc. Declaration of prepare (other than officer	including accompanying schedule	es and stater nich preparer	has any know	ledge.	,	
tr	ue, corre	ct, and comp	ete. Declaration of prepared tother than officer	) is based on an internal			11/2/14	<i>i</i>	
			1.14 /			 Da	ile <del>at i l</del>		
Si	ign	1819	ature of officer						
H	ere								
		Тур	or print name and title	· · · · · · · · · · · · · · · · · · ·	l ne	ite ,	T	PTIN	
_		Print/T	pe preparer's name	rer's signature		6/29//y	Check self-em		493517
	aid	MICI	AEL P. SMITH	malan amar				F-5,5-1 FUI:	100011
	repar	C.	ame MICHAEL P. SMITH, CPA				n's EIN 🕨	702/470 2	295
	se Or	II y	desce > 11400 WASHINGTON PLA	A- RESTON, VA 20190	<del></del>	Ph	one no.	703/478-3	
M	av the	IRS discu	s this return with the preparer show	n above? (see instructions	s)	<u> </u>	· · · · · ·		990 (2013
14.0					O-4 N	1- 11292V		rom	1 220 12012

Form 990 (2013)

## Spirit Open Equestrian Program, Inc

20-8492941

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Part	Statement of Program Service Accomplishments	ny line in this Part III							
1	Briefly describe the organization's mission.	s, and healing of the body, mind and spirit, using							
	SPIRIT'S mission is to provide learning, improvement of								
	equine assisted activities.								
	***************************************								
	Did the organization undertake any significant program service	es during the year which were not listed on the							
2	Did the organization undertake any significant program service prior Form 990 or 990-EZ?	Yes Vo							
	· · · · · · · · · · · · · · · · · · ·								
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significan	t changes in how it conducts, any program							
3	services?	Yes V No							
	Describe the organization's program service accomplishment	s for each of its three largest program services, as measured by							
4	Costion 501(c)(3) and 5(11(c)(4) organizations are is	squired to report the amount of							
	the total expenses, and revenue, if any, for each program serv	ice reported.							
4-	(Code: ) (Expenses \$ 135,520 including gra	nts of \$ 0) (Revenue \$ 97,413)							
4a	Code. CODET activities included therapeutic riding (FCPA and in	ndividual), educational program (FCPA and individual),							
	tu NOVA and procentations and c	mill films, marvidad icoson, included							
	A - Common Deale	312							
	Camp lessons (Educational program)  Workshops and training individual hours with volunteer team 1,500  Total individual service hours 3,144  Total individual service hours								
	and a second a second and a second a second and a second a second and a second and a second and	e as well as clients with cerebral palsy, congenitor							
	Chefits for the appeal of the ADHD autism disorders, muscular dystrophy	nts of \$ (Revenue \$ )							
4b	1 \( \subset \ \subset \subset \ \subset \subset \ \subset \ \subset \ \subset \su	1115 01 0							
40	(Code: ) (Expenses \$ including gra	ants of \$) (Revenue \$)							
40	(0000								
	***************************************								
	,								
4d	Other program services (Describe in Schedule 0.)								
-14	(Expenses \$ including grants of \$	) (Revenue \$							
40	Total program service expenses > 135,520	6 000 (001							

art I	Checklist of Required Schedules		Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	]		
		1	<u> </u>	
	complete Schedule A.  Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
2	Is the organization required to complete Schedule B, Schedule O Communicios (see metabolic) and its the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			,
3	Did the organization engage in direct of indirect of i	3		<u> </u>
	and the appropriation and and in including delivered to the second of th			
4	Section 501(c)(3) organizations. Did the organization engage in lossymp and lo	4		<b>✓</b>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that reconstruction as the organization as section 501(c)(4), 501(c)(5), or 501(c)(6) organization that reconstruction as the organization as the or	_		1
	assessments, or similar amounts as defined in the second s	5		
_	Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors Did the organization maintain any donor advised funds or any similar funds or accounts? If			İ
6	Did the organization maintain any donor advised funds or any similar runds of accounts? If have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	6		1
	"Yes," complete Schedule D, Part I			
7	the appropriate accompany inclining easements to process to the	7		1
•	Did the organization receive or hold a conservation easement, including the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II the environment, historic land areas, or historic structures? If "Yes,"			
8	Did the organization maintain collections of works of art, historical treasures, or street	8		1
	complete Schedule D, Part III			
9	complete Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a Did the organization report an amount in Part X, or provide credit counseling, debt management, credit repair, or custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or custodian for amounts not listed in Part X; or provide credit counseling in the counseling counseling in the counseling counseling in the counseling			
		9		<b>✓</b>
10	Did the organization, directly or through a related organization, floid assets in the balance of	10		<del>                                     </del>
	endowments, permanent endowments, or quasi-endowments, in Yes, then complete Schedule D, Parts VI, If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
11				
_	the second on amount for land buildings, and equipment in Fait A, into 1911.	11a	1	
а	complete Schedule D, Part VI	1 la	-	+
b	thor cocurities in Pari A, life 12 that is 070 or	11b		1
		11c		1
	of its total assets reported in Part X, line 10? if 7es, complete 5 bits 15 that is 5% or more of its total assets  Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		-	
	LUBLAV KAN 169 It "Voe " complete Scheduig D. Lattin	11d	ļ	1
	the little is Dorf V line 357 if TVPS COMDIECE CONCOUNT IN THE	11e		-
	Did the organization report an amount for other liabilities in Part X, integer in Part X, integer in Part X, integer in Part X, integer in Part X			
f		11f	┼	<del>                                     </del>
19 a	the organization's liability for uncertain tax positions and of the variable of the tax year? If "Yes," complete Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a		1
, <u>.</u> . a		.20	+	+
b	" I be a send and an additional statements for the lax year: " 100, and "	12b		✓
	the americation engaged "No" to line 12a, then completing Scriedule D, Paris XI and XII to Spinore	13		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		1
14 a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, Did the organization have aggregate revenues or expenses agricultural aggregate.			
ь	Did the organization have aggregate revenues or expenses of more than the united States, or aggregate fundraising, business, investment, and program service activities outside the United States, or aggregate fundraising, business, investment, and program service activities outside the United States, or aggregate fundraising, business, investment, and program service activities of the united States, or aggregate fundraising, business, investment, and program service activities outside the United States, or aggregate			1
	at early and at early for more / it was complete concerns in	14b	4	+
45	/A\ iima 2 more than \$6 (iii) Of Office assistance to	45		1
15		15	+	+
16	m + IV ==1 mn (A) line 3 more than 30,000 of addressed 5	16		1
		10	+-	+
17	the state of more than \$15,000 of expenses for professional full distriction in	17		1
	Part IX, column (A), lines 6 and 11e? If "Yes," complete scriedate d, 1 art 1 (855 months) and contributions on			1
18		18		<b>✓</b>
	Part VIII, lines 1c and 8a? If "Yes, complete scriedule 3,7 archive."  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
19		19		1
00	the analysis and or more hospital facilities? If "Yes," complete achieudie 11.	208		<del>                                     </del>
20 a	Did the organization operate one of more hospital identities and the organization of this return?  If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	201		<b>90</b> (2013)
u	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	174	,,,,, ·	1-0.0)

# Spiril Open Equestrian Program, Inc

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Form 990	(2013) Spill (2013)		<del>V</del> T	No
Part I	V Checklist of Required Schedules (continued)		Yes	NO
21		21	. *	<u> </u>
22	Did the organization report more than \$5,000 or grants of other assistance.	22		<b>√</b>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, 67 of about organization's current and former officers, directors, trustees, key employees, and highest compensated organization's current and former officers, directors, trustees, key employees, and highest compensated	23		<b>✓</b>
24a	employees? If "Yes," complete Scriedule 9.  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 \$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 25a through 24d and complete Schedule K. If "No," go to line 25a	24a 24b		1
С	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary permanent of the organization maintain an escrow account other than a refunding escrow at any time during the year Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c 24d		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time behalf of behalf of bonds outstanding at any time behalf of behalf of bonds outstanding at any time behalf of behalf of bonds outstanding at any time behalf of	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a society of the organization with a society of the organization 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		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from 5 payables from 5 paya	26		/
27	Did the organization provide a grant or other assistance to an officer, director, tradice, and the organization provide a grant or other assistance to an officer, director, tradice, and the organization provide a grant or other assistance to an officer, director, tradice, and the organization provide a grant or other assistance to an officer, director, tradice, and the organization provide a grant or other assistance to an officer, director, tradice, and the organization provide a grant or other assistance to an officer, director, tradice, and the organization provide a grant or other assistance to an officer, director, tradice, and the organization provide a grant or other assistance to an officer, director, tradice, and the organization provide a grant or other assistance to an officer, director, tradice, and the organization provide a grant or other assistance to an officer, director, tradice, and the organization provide a grant selection committee member, or to a 35% controlled substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled substantial contributor or employee thereof, a grant selection committee and the organization of	27		/
28	Was the organization a party to a business transaction with one of the following passes.	28a		1
a b	A current or former officer, director, trustee, or key employee? If "res, "complete of a current or former officer, director, trustee, or key employee? If "Yes," complete A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a tarmy hard IV).  was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.  **The contributions of the contribution of the contribu	28c 29	1	1
29 30	was an officer, director, trustee, or direct of indirect owner. If "Yes," complete Schedule M Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If res, complete states	31	+-	1
32	Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		1
33	sections 301.7701-2 and 301.7701-3? If Yes, complete Schedule R, Part II, III,	33		1
34	or IV, and Part V, line I	34 35a		1
35a b	of If "Yes" to line 35a, did the organization receive any payment months. Supplied R. Part V, line 2.	351	2	1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an extension related organization? If "Yes," complete Schedule R, Part V, line 2 related organization?	36	+-	+
37	related organization? If "Yes," complete Schedule II, I art vy me a partial organization or a related organization bid the organization conduct more than 5% of its activities through an entity that is not a related organization bid the organization conduct more than 5% of its activities through an entity that is not a related organization bid the organization organization bid the organization conduct more than 5% of its activities through an entity that is not a related organization bid the organization organization bid the organization conduct more than 5% of its activities through an entity that is not a related organization bid the organization organization organization bid the organization organization bid the organization organization organization organization bid the organization o	37	,	1
38	Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38		<b>90</b> (2013

Spirit Open Equestrian Program, Inc 20-8472941 Page 5 Form 990 (2013) Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V . No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 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 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) Did the organization have unrelated business gross income of \$1,000 or more during the year? За If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . 3b 3a 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 4a 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. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the C organization solicit any contributions that were not tax deductible as charitable contributions? . . . . . If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7 and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7**f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? **7**g f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h g Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting h organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring 8 organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9 9a Did the organization make a distribution to a donor, donor advisor, or related person? 9b а Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 . . . . . . . . 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities а 10b b Section 501(c)(12) organizations. Enter: 11 Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 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 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . 14a

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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20-8492941

Spirit Open Equestrian Program, Inc

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Form 990 (2013) response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Part VI Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes 1a Enter the number of voting members of the governing body at the end of the tax year. 1a 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. Enter the number of voting members included in line 1a, above, who are independent . 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? 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 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 4 Did the organization have members or stockholders? 5 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 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following: 8a The governing body? 8b Each committee with authority to act on behalf of the governing body? 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. . . . . . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code., No 10a 10a Did the organization have local chapters, branches, or affiliates? 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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11a 11a 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12a 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," b 12c 13 Did the organization have a written whistleblower policy? 14 13 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by 14 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 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 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ VIRGINIA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 17 available for public inspection. Indicate how you made these available. Check all that apply. 18 Other (explain in Schedule O) ✓ Upon request ☐ Another's website 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 during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the

DAVORKA SUVAK- 2173 White Cornus LN- Reston, VA

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#### 20-8492941

Spirit Open Equestrian Program, Inc

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

Part VII	Compensation of Officers, Directors, Trustees, Rey Employees, 183
	· · · · · · · · · · · · · · · · · · ·
	Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of organization's tax year. 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.

compensated employees; and former such pers	sons.							tad ony curren	t officer director.	or trustee.
compensated employees; and former such pers  Check this box if neither the organization no	r any relate	d orga	aniz	atio	n co	mpe	nsa	ted any curren	t officer, an exten	
(A) Name and Title	(B) Average hours per	Position (do not check more than one box, unless person is both an officer and a director/trustee)					one an	(D) Reportable	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below dotted line)	Individua or directo		Officer	Key employee	Highest compensated employee	Form	the the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DAVORKA SUVAK- Founder & Program Dir	e 40 Hours				1			42,000	0	0
2173 White Cornus LN Reston, VA 2019 (2) MINDY GRIFFITHS (President)	As Neede		-		Ť					
109 Oak Street SW, Vienna, VA 22180		<u> </u>		1			ļ	0	0	
(3) TAWNY HANNOND (Vice President) 5802 Accimac St, Springfield, VA 22150	As Neede			1				0	0	0
(4) LOUISE PETERSON- Treasurer 4455 Dogwood Tree CT- Haymarket, VA 201	As Neede			1				0	0	0
(5) CATHY GRUBER (Secretary)				1				0	0	0
10968 Stuart Mill Rd., Oakton VA 22124 (6) JULIA SCOVILLE- Director 11400 Washington Plaza- Reston, VA 20190	As Neede	1						0	0	0
(7) DIANE PIRES - Director 12363 Pinafore Ct, Oak Hill, VA 20171	As Neede	1						0	0	0
(8) LAURA MCNICHOL- Director  12601 Builders RD, Herndon, VA 20170	As Neede	1						0	0	0
(9) SARAH SANDERS-BUELL- Director 1824 Horseback Trail, Vienna, VA 22182	As Neede	1							0	0
(10)										
(11)		-								
(12)		-								
(13)										
(14)		-								Form <b>990</b> (2013

Spirit Open Equestrian Program, Imc

Part V	(2013)  // Section A. Officers, Directors, Trust  (A)  Name and title	(B) Average hours per	(do no box, u office	Posi eck s per	tion more rson irecte	re than one n is both an tor/trustee)		(D) Reportable compensation from	(E) Reportable compensation related	om	(F) Estimated amount of other		
		week (list any hours for related organizations below dotted line)	ndividual or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	ic)	compensation from the organization and related organization	1
(15)													
(16)													
(17)													
(18)													
(19)													<u>,                                    </u>
(20)													
(21)											_		
(22)													
(23)													
(24)													
(25)			-										
C	Sub-total  Total from continuation sheets to Par  Total (add lines 1b and 1c)	t VII, Secti				٠		<b>*</b> * *	42,000	0	0		0
2	Total (add lines 1b and 1c)  Total number of individuals (including but reportable compensation from the organization)	it not limite	d to t	hos	e lis	ted	abov	e) v	who received n	nore than \$10		Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete	-Scheaule :	u ioi s	เนต	1 11 15	<i>1171</i> 0	uai	•		•			1
4	For any individual listed on line 1a, is the organization and related organizations	e sum of re greater t	eporta han \$	able 3150	00 0,00	mp∈ 0?	ensati If "Ye		complete de			4	1
5	Did any person listed on line 1a receive for services rendered to the organization	or accrue on? If "Yes,"	comp	ense	Sc Sc	n tro	m an Iule J	for	such person			5	1
	on B. Independent Contractors			1		dos	t oon!		tore that receiv	ved more tha	n \$100	,000 of	
1	Complete this table for your five highest compensation from the organization. Revear.	port comp	ensat	ion	for	the	calen	dar	year ending w	ith or within t	he org		tax
	(A) Name and business ac	ldress						_	(B) Description of	services		(C) Compensation	
	· · NONE · ·							+					
								#				<u></u>	
2	Total number of independent contract received more than \$100,000 of compe	tors (includ	ding to	out orq	not aniz	lim atio	ited n ►	to	those listed a	bove) who	algio e si	Form <b>9</b> 9	<b>A</b>

Part	VIII		nue		u to Alain	Dod VIII		🔽
		Statement of Rever Check if Schedule O	contains a res	oonse or note to	(A) Total revenue	Related or exempt	business	( <b>D)</b> Revenue excluded from tax under sections
						function revenue	revenue	512-514
		12.00	1a					
ints		Federated campaigns	1 41-					
G g		Membership dues . Fundraising events .			**************************************			
An ts	C	Related organizations	1d				4.5	
ia cit	d	Government grants (cont	· · · -					
ıs,	_	All other contributions, gif	fte grants			1	and the second	
Contributions, Gifts, Grants and Other Similar Amounts	f	and similar amounts not inc	luded above 1f	354,338				
효환		Noncash contributions include		265,356		100		
ng tr	9	Total. Add lines 1a-1f	f		88,982			
	<u>h</u>	Total. Add lines to 11		Business Code				
n a	2a	RIDER FEES, See Sche	dule O Detai		97,415	97,415		
Rev	b							
9	С	***************************************						
ē	d							
Program Service Revenue	е		***************************************					
gra	f	All other program sen	vice revenue .		07.415			
ď	g	Total. Add lines 2a-2	<u>f</u>	tde interest	97,415			
	3	Investment income	(including divid	jenas, interest,				
		and other similar amo	ounts)	and proposeds				
	4	Income from investment						
	5	Royalties	(i) Real	(ii) Personal				
			(7.102)	· · · · · · · · · · · · · · · · · · ·		100	L	
	6a	Gross rents						
	b	Less: rental expenses Rental income or (loss)						
	С	Net rental income or		▶				
	d	Gross amount from sales of	(i) Securities	(ii) Other			L. Carrier	A region of the second
	7a	assets other than inventory			]	A STATE OF THE RESERVE OF THE PARTY OF THE P		
	b	Less: cost or other basis					4.	
		and sales expenses			J. Santario	and the second		
	С	Gain or (loss)			es es resent			
	d	Net gain or (loss)					A CONTRACTOR OF THE CONTRACTOR	e Carte de la companya de la company
		_				-	A STATE OF THE STA	
g	8a	Gross income from fu	undraising					1
e e		events (not including \$			100			
ě		of contributions report	ted on line 1c).		4 11 14 15	1		to a silver
er I		000 ( 41111)		a 5,337	A COST OF ANGEL BANKS (STUDY) COOKING	1.76		
Other Reven	b	Less: direct expense	s	b 2,500		10.00		2.10.414 87.15
0	С	Net income or (loss)	from fundraisin	g events . 🕨	2,837			
	9a			а				
		Occ ratery men		b	1	1		
	b	Net income or /loss)	from gaming ac		10.0000 0000000000000000000000000000000	A STATE OF THE PARTY OF THE PAR		
	20-	بأكم بيا مما	nventory less			La de		
	10a	returns and allowand	es	а	a i sagarita sagari		1	
				b		er pero para	Action Control	
	b	New terrano or floor)	from sales of in					
	c	Miscellaneous	Revenue	Business Code				Barrachan, Profesion All
	11a							
	b			.		<del>                                     </del>	+	
	C				<del> </del>		+	
	d	All other revenue				and the second		
	е	Total. Add lines 11a	-11d .	置	189,23			
	12	Total revenue. See	instructions.	<u> </u>	107,23	31		Form <b>990</b> (20

Spirit Open Equestrian Program, Inc 20-8492941 Page 10 Form 990 (2013) Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (B) Program service (C) Do not include amounts reported on lines 6b, 7b, (A) Management and general expenses Fundraising Total expenses expenses expenses 8b, 9b, and 10b of Part VIII. Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in 2 the United States. See Part IV, line 22 . . . . Grants and other assistance to governments, 3 organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members . . . . . Compensation of current officers, directors, 12,000 trustees, and key employees . . . . . 30,000 42,000 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages . . . . . . 7 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) Other employee benefits . . . . . . 9 918 2,295 3,213 10 Fees for services (non-employees): 11 b 6,690 6,690 Accounting . . . . C d Professional fundraising services. See Part IV, line 17 е Investment management fees . . . . . f Other. (If line 11g amount exceeds 10% of line 25, column g (A) amount, list line 11g expenses on Schedule O.) Advertising and promotion . . . . . 12 2,409 2,409 Office expenses . . . . 13 Information technology . . . 14 15 19,582 19,582 16 Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings . 19 20 21 14,950 Depreciation, depletion, and amortization . 14,950 22 23 Insurance 2

	Decreasion depietion and atturition	14,330			
22 23	Depreciation, depletion, and amortization .	4,892	4,892		
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.)			11 a 2 a 2 a 2 a 2 a 2 a 2 a 2 a 2 a 2 a	
-	FEED & HAY FOR HORSES	15,741	15,741		
b	VET SERVICES	10,196	10,196		
c	CONTRACT LABOR	13,620	13,620		
d	SUPPLIES	11,715	11,715		1,807
e	All other expenses	21,493	12,529		
25	Total functional expenses. Add lines 1 through 24e	166,501	135,520	29,174	1,007
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)				Form <b>990</b> (2013)

Form 990 (2013)

**Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 38,426 1 27,885 2 50 Savings and temporary cash investments 50 2 3 Pledges and grants receivable, net 3 4 2,000 850 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 802 Loans and other 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). Complete Part II of Schedule L. . . . . . . . . 6 7 Notes and loans receivable, net . . . . . 8 8 9 Prepaid expenses and deferred charges 9 Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a 103,082 70,541 10c 10b Less: accumulated depreciation . . . . . b 11 Investments—publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 12 13 Investments-program-related. See Part IV, line 11 13 14 14 15 2,700 Other assets. See Part IV, line 11 . . . . . . . . . . . . . . . . . 15 114,519 16 113,712 Total assets. Add lines 1 through 15 (must equal line 34) 16 3,133 17 554 Accounts payable and accrued expenses 17 18 18 19 4,115 Deferred revenue 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D . 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . . 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 7,248 26 554 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . . . . . . . . . 30 31 70.541 84,927 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 36,730 Retained earnings, endowment, accumulated income, or other funds . 28,231 32 107,271 33 113,158 33 114,519 113,712 Total liabilities and net assets/fund balances . . . . . . . 34 Form 990 (2013)

Form 9	90 (2013) Spirit Open Equestrian Program, Inc 20-8	4929	141	Pa	ige <b>12</b>			
Par	t XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				V			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		18	39,234			
2	Total expenses (must equal Part IX, column (A), line 25)	2		16	6,501			
3	Revenue less expenses. Subtract line 2 from line 1	3		2	22,733			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		11	13,158			
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9		(28	<u>8,620)</u>			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	33, column (B))	10		10	7,271			
Part	Financial Statements and Reporting Check if Schedule O contains a response or note to any line 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:							
b	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:							
c	Separate basis Consolidated basis Both consolidated and separate basis							
	Schedule O.	E	Lårvi					
3a	the Single Audit Act and OMB Circular A-133?		3a		<b>√</b>			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	ergo the udits.	30					
			Forn	n <b>990</b>	(2013)			