** PUBLIC DISCLOSURE COPY **

Form **990**

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.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

2016 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A	or th	e 2016 calendar year, or tax year beginning	an	d ending			
	Check if	C Name of organization			D Employer ide	ntifica	tion number
	Addre	SADDLE UP:					
	Name chang	Doing business as			58	-193	30303
	Initial	Number and street (or P.O. box if mail is not delivered to	street address)	Room/suite	E Telephone nui	nber	
	Final				(6	15)	794-1150
	termi	City or town, state or province, country, and ZIP or f	oreign postal code		G Gross receipts \$	V	2,273,615.
	Amen				H(a) Is this a gro	retu	m
	Applie tion		GNER		for st	2	Yes X No
	pendi	SAME AS C ABOVE			H(b) Are hordina	tes inc :	ded? Yes No
1	Гах-ех	empt status: X 501(c)(3)	ert no.) 4947(a)(1	1) or 527	No, tta	ch a lis	t. (see instructions)
JI	Websi	te: WWW.SADDLEUPNASHVILLE.ORG			H(c, ~v sxem	ption r	number
K	orm o	forganization: X Corporation Trust Association	n Other >	L Year	of formatio. 199	1 M S	State of legal domicile: TN
Pa	art I	Summary					
4	1	Briefly describe the organization's mission or most signific	ant activities: 201	6 WAS A	MILESTON	E YE	EAR AS WE
Governance		CELEBRATED OUR 25TH ANNIVERSAL	RY OF BEING	A "CAN	DO" PLAC	E W	HERE THE
ma	2	Check this box if the organization discontinued	its operations or disp	oser'ore	than 23% of its ne	asset	S.
Ve	3	Number of voting members of the governing body (Part VI,	line 1a)			3	17
Ğ	4	Number of independent voting members of the governing				4	17
Activities &	5	Total number of individuals employed in calendar year 201				5	0
ritie	6	Total number of volunteers (estimate if necessary)				6	500
cţi	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.
A	b	Net unrelated business taxable income from Form 990-T, li	ne 34			7b	0.
			A Chi		Prior Year		Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		[696,72	4.	1,286,004.
	9				171,24	3.	162,043.
946	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d		74,29	7.	356.	
č	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c			134,72	0.	129,684.
	12	Total revenue - add lines 8 through 11 (must equal Par			1,076,98	4.	1,578,087.
	13	Grants and similar amounts paid (Part IX, column (A)nes				0.	0.
П	14	Benefits paid to or for members (Part IX, column /A), v.				0.	0.
40	15	Salaries, other compensation, employee benefits ** 1X,			600,95	0.	643,587.
1Se	16a	Professional fundraising fees (Part IX, column (A), line 3)				0.	0.
Expenses	b	Total fundraising expenses (Part IX, column. line 25)	152, 2	230.			
ŭ	17	Other expenses (Part IX, column (A), lin 19-1			359,489	9.	347,202.
		Total expenses. Add lines 13-17 (mu equa 'art IX, colum			960,43	9.	990,789.
		Revenue less expenses. Subtract li. 3 f n line 12			116,54		587,298.
OF					inning of Current Ye		End of Year
ets	20	Total assets (Part X, line 16)			7,107,27		7,948,452.
ASS	21	Total liabilities (Part X, line 26)	***************************************).	0.
Net Ass	22	Net assets or fund balances. Subtract line 21 from line 20			7,107,279		7,948,452.
Pa	rt II	Signature Block					
Unde	er pena	Ities of perjury, I declare that I have examined this return, including	accompanying schedul	es and stateme	nts, and to the best o	f my kn	owledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is base					
		Nelsrah Venman			181	7/1	7
Sign	1	Signature of officer			Date		
Here		DEBORAH NEWMAN, TREASURER					
		Type or print name and title					
		Print/Type preparer's name Prepare	r's signature	D	ate Check	X	PTIN
Paid		SARA G. MOON			If self-e	nployed	P00034774
Prep	arer	Firm's name FRASIER, DEAN & HOWAI	RD, PLLC		Firm's EIN	> 6	2-1073578
Use	Only	Firm's address 3310 WEST END AVE ST	₹ 550				
		NASHVILLE, TN 37203			Phone no.	515-	383-6592
May	the IF	S discuss this return with the preparer shown above? (see	instructions)				X Yes No
	1 11-1			ions,			Form 990 (2016)

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	SADDLE UP!'S MISSION IS TO PROVIDE CHILDREN AND YOUTH WITH
	DISABILITIES THE OPPORTUNITY TO GROW AND DEVELOP THROUGH THERAPEUTIC,
	EDUCATIONAL AND RECREATIONAL ACTIVITIES WITH HORSES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 X 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,d by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to rest, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	ONE HORSE + ONE CHILD = CHANGED LIVES.
	THAT IS THE ESSENCE OF SADDLE UP!. WHETHER OUR PROGRAMS ARE TEACHING
	RIDING SKILLS, PROVIDING PHYSICAL/OCCUPATIONAL THERAPY, OR TEACHING
	LIFE OR ACADEMIC SKILLS, THEY ALL BOIL DOWN TO BRINGING TOGETHER THE
	HORSE AND CHILD - AND WATCHING THE MAGIC HAPPEN! OF COURSE, OUR
	PARTICIPANTS AREN'T THE ONLY ONES WHOSE LIVES ARE CHANGED. FAMILIES,
	VOLUNTEERS, STAFF, FRIENDS, SUPPORTERS AND OTHERS ALSO SHARE THAT. AND
	IT ALL WORKS BECAUSE OF THE POWER OF THE HORSE!
	SADDLE UP! HAD ANOTHER SOLID YEAR IN 2016 INCLUDING:
4b	(Code:) (Expenses \$ including grants \) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
<u></u>	Other program services (Describe in Schedule O.)
·u	(Expenses \$ including grants of \$) (Revenue \$)
<u>4</u> e	Total program service expenses > 777,060.

Form 990 (2016) SADDLE UP! 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_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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			٦,
_	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 rest to			х
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Concerns Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space	l _		х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? II. complete			х
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability erve. custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or continegotia on services?	_		х
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarilisticted Englewments, permanent	40	х	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Λ	
11	If the organization's answer to any of the following questions is "Yes," then complete S adule D arts VI, VII, VIII, IX, or X			
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part V line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in rt X, line that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part '/I	11b		x
С	Did the organization report an amount for investments - program relate. Part A, in e 13 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part Y in e 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities ir X. line If "Yes," complete Schedule D, Part X	11e		Х
f				
	the organization's liability for uncertain tax positions unde 48 (C 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent au d fine statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, penden udited financial statements for the tax year?			
	If "Yes," and if the organization answered "Include on the completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in .ctioi 70(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenue 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 other assistance to or for any			
	foreign organization? 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 other assistance to			
	or for foreign individuals? 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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		7.7	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	١		37
	complete Schedule G, Part III	19		X

Form 990 (2016) SADDLE UP! Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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? <i>If</i> "Yes," <i>complete</i>			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and com-			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during thetrace ease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the ear?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in all xcess be fit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqual prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 99 or 990-E. If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or per to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, direc trustee, sy employee, substantial			
	contributor or employee thereof, a grant selection committee member. or to 5% cr., rolled entity or family member			7.7
	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 follow parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exc *ions):	00		v
a	A current or former officer, director, trustee, or key employee? If . "cc Jlete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, transport to former of former officer, director, transport to former officer, director, di	28b		Λ
С	An entity of which a current or former officer, director, tructee. Imployee (or a family member thereof) was an officer,	28c		х
29	director, trustee, or direct or indirect owner? If "Yes," corr., 2 Sc! Jule L, Part IV	29	Х	21
30	Did the organization receive contributions of art. historica. asures, or other similar assets, or qualified conservation	25		
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or live ase operations?	"		
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispersion of the organization sell, exchange and the organization sell, exchange and the organization of the organization sell, exchange and the organization sell, exchange and the organization of the organization o			
	Schedule N, Part II	32		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, 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		
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 11b and 19?		37	
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2016) **Part V** Sta Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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 0			
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)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other author ver, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account BAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax yr	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter nsaction	5b		Х
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,00 and did uncorganization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that h contrictions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170/01			
а	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	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or vices pro ded?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible parson. Toper on which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or inc ty, r a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intel propedid the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats urple 5, other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised . Dir . donor advised fund maintained by the			
	sponsoring organization have excess business holding the year?	8		
9	Sponsoring organizations maintaining donor advised . 's.			
а	Did the sponsoring organization make any taxa. 4istributi s under section 4966?	9a		
b	Did the sponsoring organization make a dis' 'iorı or, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions dr on Part VIII, line 12	4		
b	Gross receipts, included on Form 990, Part \ "ine 12, for public use of club facilities	-		
1	Section 501(c)(12) organizations. Enter:			
а	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.)	10		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
_	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
ı.	Note. See the instructions for additional information the organization must report on Schedule O.			
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 Enter the amount of receives an hand	-		
	Enter the amount of reserves on hand Did the organization receive any payments for indeed tapping services during the tay year?	11-		Х
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yos " has it filed a Form 720 to report those payments? If "No " are visit on a surface in Cabadyla O.	14a		_^
a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	L

Form 990 (2016) SADDLE UP! 58-1930303 Pag
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 or note to any line in this Part VI			X
Sec	tion 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			
	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			
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 supervan			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w 'ad?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's asset	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) memt s, stockh ders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken y the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who can reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schodule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not y uired by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures gove the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization rempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 99' 'a 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 review this Form 990.			
12a	Did the organization have a written conflict of interest polir "No." y 3 line 13	12a	X	
b	Were officers, directors, or trustees, and key employees require to dis use nually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor at orce ompliance 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	Х	
14	Did the organization have a written document is tion and estruction policy?	14	X	
15	Did the process for determining compensation of the language and approval by independent			
	persons, comparability data, and conter grane is substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Directory op management official	15a	Х	
	Other officers or key employees of the organ.	15b	Х	
	If "Yes" to line 15a or 15b, describe the process Schedule O (see instructions).			
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		Х
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶TN			
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) as	/ailable	e	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	PEGGY PLUNKETT - 615-794-1150			
	1549 OLD HILLSBORO ROAD, FRANKLIN, TN 37069			

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

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 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 trustees of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer rector or trustee.

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

(A)	(B)	Jiga	ilizai	(C		преп	Said	(D)	recti or trustee. (E)	(F)
Name and Title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box,	box, unless person is both an officer and a director/trustee)		compens	c npensation	amount of			
	week		cer an	a a a	recto	or/trust	tee)	fro	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or di	tee			sated		organizat. (V / 1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	al trus		yee	mpen		(* 71099-10130)		and related
	below	Individual trustee or director	Institutional trustee	7.	Key employee	Highest compensated employee	er			organizations
	line)	Indivi	Instit	Officer	Key e	Highe	Former			· ·
(1) NANCY BASS	2.00									
BOARD MEMBER		X				1 4		0.	0.	0.
(2) JILL BOSSE	1.00									
BOARD MEMBER		X						0.	0.	0.
(3) WILLIAM A. CALDWELL	2.00									
SECRETARY		X		Х				0.	0.	0.
(4) KAREN MALIN GARFIELD	1.00									
BOARD MEMBER		Х		_ \	Ų	V 4		0.	0.	0.
(5) MARK DIETZE	1.00					1		_	_	
BOARD MEMBER		X	4					0.	0.	0.
(6) SARAH INGRAM	3.00			41						
BOARD MEMBER		X	<u>.</u>	Δ				0.	0.	0.
(7) LISA MCINTURFF	1.00							_	_	
BOARD MEMBER		X						0.	0.	0.
(8) BOB JENNER	2.00							_		
BOARD MEMBER		Х						0.	0.	0.
(9) CHRISTINA WHITE	1.00							_		
BOARD MEMBER	H	Х						0.	0.	0.
(10) JEFF WAGNER	2.00							_		
PRESIDENT		Х		Х				0.	0.	0.
(11) KEN WILMES	0.50							_		
EX-OFFICIO		Х		Х				0.	0.	0.
(12) DEBORAH NEWMAN	2.00									
TREASURER		Х		Х				0.	0.	0.
(13) SETH ESTEP	2.00									•
VICE-PRESIDENT		Х		Х				0.	0.	0.
(14) CONNIE JOHNSON	0.50									
BOARD MEMBER	1 00	Х						0.	0.	0.
(15) AMES KREBS	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(16) ANNA ROBERTSON	2.00									^
BOARD MEMBER	1 00	Х				\vdash		0.	0.	0.
(17) LORIE DUKE	1.00									^
BOARD MEMBER		X						0.	0.	0.

Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	l Hi	ghes	st C	compensated Employee	s (continued)				
(A)	(B)					(C)		(D)	(E)			(F)	
Name and title	Average	(do	Position (do not check more					Reportable	Reportable		Es	stimate	∍d
	hours per	box	oox, unless p		rson i	is botl	n an	compensation	compensation		ar	nount	
	week		T	iu a u	recio	T	lee)	from	from related			other	
	(list any hours for	recto						the	organization		l	pensa	
	related	or di	ee			sated		organization	(W-2/1099-MI	SC)	l	rom th	
	organizations	ruste	trus		ee ee	npen		(W-2/1099-MISC)			ı -	janizat d relat	
	below	dual t	tiona	١.	yoldr	st cor					l	anizati	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				Orgo	ai iizati	0110
(18) DAVID GRAVES	1.00	_	_		×	1							
BOARD MEMBER		Х						0.		0.			0.
(19) MARGARET ORTHWEIN	1.00												
BOARD MEMBER		Х						0.		0.			0.
(20) CHERYL SCUTT	40.00												
EXECUTIVE DIREC				Х				83,680.		0.		7,2	84.
						_							
		1											
		<u> </u>				\vdash		 					
		1											
-						\vdash							
		1						1					
						Ť							
				L									
1b Sub-total					(>	83,680.		0.	<u> </u>	7,2	
c Total from continuation sheets to Part VI	I, Section A							0.		0.	<u> </u>		0.
d Total (add lines 1b and 1c)			-	·				83,680.		0.		7,2	<u>84.</u>
2 Total number of individuals (including but n	ot limited to th	ose	liste		ာve	1, 1	o re	eceived more than \$100,	000 of reportabl	е			•
compensation from the organization			<u> </u>	_		_						Yes	0 No
2 Did the examination list any former officer	divoctor or t		lea		مام		۰.	high act compandated or	malayaa aa	1		res	NO
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			. KE	y ı	пріо	уее,	Or	highest compensated er	ripioyee ori		3		Х
4 For any individual listed on line 1a, is the su			 mne	 ensa	tion	and	 I otk	ner compensation from t	he organization		Ŭ		
and related organizations greater than \$150								•	•		4		х
5 Did any person listed on line 1a receive or								ed organization or individual					
rendered to the organization? f "Yes." c					-						5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co	n., sated inc	depe	nde	nt co	ontra	acto	rs tl	hat received more than \$	3100,000 of com	pensa	tion fro	om	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thir	the organization's tax y	ear.				
(A) Name and business	addross	3.77	~ ****	7				(B) Description of s	convicos	_ ((C Compe		n
- Ivallie and business	address	11/	ONI	<u>. </u>				Description of s	SEI VICES	 	ompe	iisalio	
										<u> </u>			
2 Total number of independent contractors (i	ncluding but p	ot lir	niter	t to	thor	ما مع	ted	above) who received m	ore than				
\$100,000 of compensation from the organic		J. 111			()	, .cu	abovo, who received the	oro triair				
·				_	_	_	_			_	_	~~~	_

58-1930303

Form 990 (2016) SADDLE
Part VIII Statement of Revenue

		Check if Schedule O contains a response	onse or note to any lin	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
တ္ တ	1 a	Federated campaigns 1	a				3,2 3,1
ant		Membership dues 1					
Contributions, Gifts, Grants and Other Similar Amounts		Fundraising events 1	44 444				
ifts ar A		Related organizations 1					
nis.		Government grants (contributions) 1					
Sir		All other contributions, gifts, grants, and					
her	-	, , , ,	1,274,841.				
Ę	а	Noncash contributions included in lines 1a-1f: \$	31,191.		,		
Sor		Total. Add lines 1a-1f		1,286,004.	l		
			Business Code				
a	2 a	LESSON FEES	900099	155,843.	155,843.		
Program Service Revenue		CLINICS & SEMINARS	611710	6,200.	6,200.		
Ser	С			•			
an eve	d		_				
Beg	е						
Pro	f	All other program service revenue					
		Total. Add lines 2a-2f		162,043.			
	3	Investment income (including dividends,		1			
		other similar amounts)	· •	36,088.			36,088.
	4	Income from investment of tax-exempt be					-
	5	Royalties					
		(i) Rea					
	6 a	Gross rents					
	b	Less: rental expenses					
		Rental income or (loss)					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securi					
		assets other than inventory 613,19					
	b	Less: cost or other basis					
		and sales expenses 640,53	21. 8,410.				
	С	Gain or (loss) -27,32	$\overline{22.}, -8, 4\overline{10}.$				
		Net gain or (loss)		-35,732.			-35,732.
	8 a	Gross income from fundraising events (no					
nue		including \$ 11,163.					
eve		contributions reported on line 1c).					
Ř		Part IV, line 18	a 175,819.				
Other Reven	b	Less: direct expenses	ь 46,597.				
0	С	Net income or (loss) from fundraising eve	n	129,222.			129,222.
	9 a	Gross income from gaming activities. See	e				
		Part IV, line 19	а				
	b	Less: direct expenses	b				
	С	Net income or (loss) from gaming activities	es				
	10 a	Gross sales of inventory, less returns					
		and allowances	а				
	b	Less: cost of goods sold	b				
Ĺ	С	Net income or (loss) from sales of inventor	ory				
		Miscellaneous Revenue	Business Code				
	11 a	OTHER INCOME	900099	462.			462.
	b						
	С						
		All other revenue					
	е	Total. Add lines 11a-11d	>	462.			
		Total revenue. See instructions.	•	1,578,087.	162.043	0.	130,040.

Form 990 (2016) SADDLE UP! Part IX Statement of Functional Expenses

<u>Secti</u>	on 501(c)(3) and 501(c)(4) organizations must comp				
_	Check if Schedule O contains a respons	se or note to any line in (A)	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
					
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	02 600	65 020	4,510.	12 2/12
	trustees, and key employees	83,680.	65,828.	4,510.	13,342.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and		ا		
	persons described in section 4958(c)(3)(B)	452 224	256 224	04 545	
7	Other salaries and wages	453,924.	356,994.	24,547.	72,383.
8	Pension plan accruals and contributions (include		4		
	section 401(k) and 403(b) employer contributions)	21,631. 31,939.	17,016. 25,126.	1,166.	3,449. 5,092. 8,357.
9	Other employee benefits	31,939.	<u>25,126.</u>	1,721.	5,092.
10	Payroll taxes	52,413.	41,231.	2,825.	8,357.
11	Fees for services (non-employees):				
а	Management				
b					
	Accounting	13,981.	4,231.	8,941.	809.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	240.	73.	153.	14.
12	Advertising and promotion	10,627.	7,561.	6.	14. 3,060. 2,305.
13	Office expenses	16,184.	11,903.	1,976.	2,305.
14	Information technology			·	•
15	Royalties				
16	Occupancy	18,055.	18,055.		
17	Travel	1,741.	1,072.	293.	376.
18	Payments of travel or entertainment expens	7,122			
10	for any federal, state, or local public offic s				
19	Conferences, conventions, and meeting	8,313.	7,563.	600.	150.
20		0,010	,,,,,,,,,		1500
21	Payments to affiliates				
21	Depreciation, depletion, and amortization	107,292.	96,563.	10,729.	
		49,373.	47,853.	1,520.	
23	Other expenses. Itemize expenses not covered	±J,J/J•	±1,000•	1,520.	
24	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 0.) FUNDRAISERS	37,300.			37,300.
a		34,277.	24 277	-	37,300.
b	HORSE, LESSON AND CAMPS		34,277. 25,542.	+	
c	REPAIRS & MAINTENANCE	25,542.		020	2 700
d	EXPENSES COVERED BY GRA	15,543.	10,911.	932.	3,700.
	All other expenses	8,734.	5,261.	1,580.	1,893.
25	Total functional expenses. Add lines 1 through 24e	990,789.	777,060.	61,499.	152,230.
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)				000

Form 990 (2016) Part X Balance Sheet

Pai	ΤΧ	balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing		1	327,436.
	2	Savings and temporary cash investments		2	1,117,520.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5_	
	6	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			1
ş		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 3,802,188	•		
	b	Less: accumulated depreciation 10b 1,325,360		10c	2,476,828.
	11	Investments - publicly traded securities		11	4,026,668.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	7,107,279.	16	7,948,452.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Sc. Tule F		21	
S	22	Loans and other payables to current and former offir irecto, ustees,			
Ě		key employees, highest compensated employees and diffuse and persons.			
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unre. Ithin lies		23	
	24	Unsecured notes and loans payable to unrelated true parties		24	
	25	Other liabilities (including federal income ayable o related third			
		parties, and other liabilities not include a line +). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 thrc 2'	. 0.	26	0.
		Organizations that follow SFAS 117, 958), check here X and			
es		complete lines 27 through 29, and lines 3 and 34.	6 040 204		7 107 466
anc	27	Unrestricted net assets		27	7,127,466.
Bal	28	Temporarily restricted net assets	5,495.	28	13,536.
5	29	Permanently restricted net assets	252,400.	29	807,450.
Ŀ		Organizations that do not follow SFAS 117 (ASC 958), check here			
ŏ		and complete lines 30 through 34.			
šets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	7 040 450
~	33	Total net assets or fund balances		33	7,948,452.
	34	Total liabilities and net assets/fund balances	7,107,279.	34	7,948,452.

Form 990 (2016) SADDLE UP! 58-1930303 Page **12**

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,57	8,0	<u>87.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		0,7	
3	Revenue less expenses. Subtract line 2 from line 1	3		7,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,10		
5	Net unrealized gains (losses) on investments	5	25	3,8	<u>75.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	\vdash			
9	Other changes in net assets or fund balances (explain in Schedule O)	<u> </u>			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		7 04	0 4	F 2
Dai	column (B))	10	7,94	8,4	<u>54.</u>
Fai	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		Yes	No
_	Accounting weather would be present the Forms 200s. V Cook.			162	NO
1	Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," exp. n in Sche use				
20	Were the organization's financial statements compiled or reviewed by an independent accounta.	0.	2a		х
Za	If "Yes," check a box below to indicate whether the financial statements for the year were applied on reviewed by an independent accountation	 I on a	<u>Za</u>		
	separate basis, consolidated basis, or both:	iona			
	Separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and arrate bigs.				
b			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the war were audited on a separat	hasis			
	consolidated basis, or both:	<i>5</i> 54515,			
	X Separate basis Consolidated basis Both conso ated and sparate basis				
С		e audit,			
	review, or compilation of its financial statements and selection of an inc. Pderic accountant?		2c	Х	
	If the organization changed either its oversight process or selection process ing the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to dergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or 3? If to ganization did not undergo the requ	red audit			
	or audits, explain why in Schedule O and describe any s str and indergo such audits		3b		
			Form	990	(2016)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

Total

(Form 990 or 990-EZ)

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Employer identification number Name of the organization SADDLE UP! 58-1930303 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). city, and state: An organization operated for the benefit of a college or university owned or operated by a government 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). X An organization that normally receives a substantial part of its support from a governmental unit or fro. e general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in cor, ation a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the requirement of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from tributio, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no mo 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from hysinesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public 'ety. See ection 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to reform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a, or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organizatio. 9d complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoin. elec majority of the directors or trustees of the supporting organization. You must complete Part IV, Section nd B. Type II. A supporting organization supervised or untro a onnection with its supported organization(s), by having control or management of the supporting organiza. √este in the same persons that control or manage the supported +ions organization(s). You must complete Part IV. Type III functionally integrated. A supporting org ation operated in connection with, and functionally integrated with, its supported organization(s) (see instruc ু:). You ust complete Part IV, Sections A, D, and E. Type III non-functionally integrater' sup. organization operated in connection with its supported organization(s) that is not functionally integrated ne or nization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You complete Part IV, Sections A and D, and Part V. Check this box if the organization rec day a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

2	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to	(a) 2012 661,824.	(b) 2013 710,037.	(c) 2014 783, 453.	(d) 2015 696,724.	(e) 2016 1268004.	(f) Total 4120042.	
2	membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities	661,824.	710,037.	783,453.	696,724.	1268004.	4120042	
2	include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities	661,824.	710,037.	783,453.	696,724.	1268004.	4120042	
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf The value of services or facilities	661,824.	710,037.	783,453.	696,724.	1268004.	1120012	
3	ization's benefit and either paid to or expended on its behalf The value of services or facilities						4140044.	
3	or expended on its behalf The value of services or facilities							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	661,824.	710,037.	783,453.	696,724.	1268004.	4120042.	
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)						657,254.	
	Public support. Subtract line 5 from line 4.						3462788.	
	tion B. Total Support							
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	2014	(d) 2015	(e) 2016	(f) Total	
7	Amounts from line 4	661,824.	710,037.	783,453.	696,724.	1268004.	4120042.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources	69,110.	68,377.	83 <u>,696</u> .	79,199.	36,088.	336,470.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain	ļ						
	or loss from the sale of capital							
	assets (Explain in Part VI.)	1,620.	2,441.	740.	1,173.	462.	6,436.	
	Total support. Add lines 7 through 10						4462948.	
	Gross receipts from related activities,						<u>,596,793.</u>	
	First five years. If the Form 990 is for		, second, third	I, fourth, or fifth ta	x year as a section	501(c)(3)	. —	
	organization, check this box and stop tion C. Computation of Public						>	
	•	_		- l (5)		44	77.59 %	
	Public support percentage for 2016 (li					14	0 = 40	
	Public support percentage from 2015					15		
	33 1/3% support test - 2016. If the c							
	stop here. The organization qualifies a 33 1/3% support test - 2015. If the organization							
	and stop here. The organization quali							
						nd line 14 is 10% (
		ū					•	
	_			-		-		
		-						
	,		•					
	Private foundation. If the organization			•	,			
b	7a 10% -facts-and-circumstances test - 2016. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Sec	ction A. Public Support	elow, please comp	nete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and		. ,				
	membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	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						
c	Add lines 7a and 7b		^				
8 Se	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 13	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	first, second, thi	rd, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
	check this box and stop here						>
	ction C. Computation of Publi					1 1	
	Public support percentage for 2016 (li			column (f))		15	<u>%</u>
	Public support percentage from 2015					16	%
	ction D. Computation of Inves					т г	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2016. If the						7 is not
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2015. If the						>
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how a organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for sect (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such se.
- Was any supported organization not organized in the United States ("foreign supported organization not organized in the United States ("foreign supported organization not organized in the United States ("foreign supported organization not organized in the United States ("foreign supported organization not organized in the United States ("foreign supported organization not organized in the United States ("foreign supported organization not organized in the United States ("foreign supported organization not organized in the United States ("foreign supported organization not organized in the United States ("foreign supported organization not organized in the United States ("foreign supported organization not organized in the United States ("foreign supported organization not organized in the United States ("foreign supported organization not organized in the United States ("foreign supported organized in the Unite
- **b** Did the organization have ultimate control and discretion in deciding whether to make ants to to foreign supported organization? If "Yes," describe in Part VI how the organization had such cooking and controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI whe controls the organization used to ensure that all support to the foreign supported organization was used expurposes.
- Did the organization add, substitute, or remove any supported organiza. during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including the names and EIN numbers of the supported organizations added, substituted, or roved; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document auting and (iv) how the action was accomplished (such as by amendment to the organizing authority under the organizing authority under the organization's organization.
- **b** Type I or Type II only. Was any added or substituted so york on hization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result cever. ond the organization's control?
- 6 Did the organization provide support (whether in the formarants or the provision of services or facilities) to anyone other than (i) its supported organization. "individes that are part of the charitable class benefited by one or more of its supported organization." individes that are part of the charitable class benefited by one or more of its supported organizations organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compassion, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
		. 50	
	1		
	2		
	3a		
	3b		
	3с		
	4-		
	4a		
	4b		
	4c		
	5a		
	Ju		
	5b		
	5c		
	6		
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	,		
	8		
	9a		
	Ja		
	9b		
	9c		
	10a		
_	10b		00:5
n 9	90 or 99	W-EZ)	2016

Has the organization accepted a gift or contribution from any of the following persons?	Par	t IV	Supporting Organizations _(continued)			
a A person who directly or indirectly controls, ether alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A startly member of a person described in (a) above? A 35% controlled entity of a second described in (a) above? A 35% controlled entity of a second described in (a) above? 10bid the directors, fustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization directions or fustees at all times during the tax year? Why, "searchie in Fat! V how the supported organizations effectively operated, supervised, or controlled the organization's activities. If the organization have then one supported organization, describe how the powers to appoint and/or remove directors or fustees were allocated among the support or organization's activities, or controlled the supported organization other than the supported organization, describe how the powers to appoint and/or remove directors or fustees were allocated among the support organization, describe how the powers to appoint and/or remove directors or fustees were allocated among the support organization, described in a support and/or remove directors or fustees were allocated among the support organization, described and appoint and/or remove directors or fustees were allocated among the support organization, described organization of the supporting organization. Section C. Type II Supporting Organizations Ves No Were a majority of the organization's directors or fustees during the tax year also a mility of II frectors or fustees of each of the supported organization's activation or supported organization as supported organization or supporte					Yes	No
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b. A SB% controlled entity of a person described in (a) above? A SB% controlled entity of a person described in (a) a for (b) above? If "Yes" to a, b, or c, provide detail in Part Vi. 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If "No," describe how the powers to appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If "No," describe how the powers to appoint and/or remove directors or trustees at all times during the care and the organizations activities. If the organization derives the mesuported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the support organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the support organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the support organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the support organization, and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization providing such benefit carried out the purposes of the supported organization? If "Yes," experim in Part V. In the power to appoint and/or remove appoint and/or remove the supported organization? If "Yes," experim in Part V. In the supporting Organizations Section C. Type II Supporting Organizations 1 Were a majority of the organization's supported organizations by the late of the supported organization or supported organization and the supported organization provide to each of its supported organizations and the supported organization or supported organization or supported organization or supported organization in the supported organization in the supported organization in the supported	а	A per	son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
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1 Did the directors, fustless, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If YNO, "describe in Part VI how the supported organization's effectively operated, supervised, or controlled the organization's activities. If the organization and more than one supported organization, describe how the powers to appoint and/or remove effectors or trustees were allocated among the support organizations and what conditions or restrictors, if any, applied to such powers during the tax year. 1 Did the organization operated for the benefit of any supported organization of the than the supported organization(s) that operated, supervised, or controlled the supporting organization of the than the supported organization(s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations 1 Were a majority of the organization's directors or trustees during the tax year also a m. rity of ttl. sectors or trustees does not the organization's supported organization(s). 1 Were a majority of the organization's directors or trustees during the tax year also a m. rity of ttl. sectors or trustees of each of the organization's directors or trustees of each of the organization's directors or trustees of each of the organization's tax year, if a copy of the Form 99th tax was not recently field as of the date or including the prior tax year, if is copy of the Form 99th tax was not recently field as of the date or including the prior tax year, if it is organization's provided organization's	Sect	tion I	B. Type I Supporting Organizations			
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of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	b		•			
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activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3a 4 b 5 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each						
 Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 				2b		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3		· · · · · · · · · · · · · · · · · · ·	-		
trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			* * * * * * * * * * * * * * * * * * * *			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	_			За		
	b					
	-			3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Suppor	ting Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a quality	fying trust on N	ov. 20, 1970 (explain in F	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must	t complete Sec	tions A through E.	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5	A	
6	Portion of operating expenses paid or incurred for production or			\
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prio	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b	7	
	Fair market value of other non-exempt-use assets	1		
d	Total (add lines 1a, 1b, and 1c)	1,		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, III. COIL A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Sec. 8, line 8 column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 . Iir 4, unless subject to			
	emergency temporary reduction (see instruc.	6		
7	Check here if the current year is the organ∟ation's first as a non-function	nally integrated	d Type III supporting orga	anization (see
	instructions).	-	· ·	

Schedule A (Form 990 or 990-EZ) 2016

Par	rt V Type III Non-Functionally Integrate	ed 509((a)(3) Supporting Orga	nizations _(continued)	
Secti	tion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomp	olish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthe	rs exemp	ot purposes of supported		
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt	purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval requ	ired)			
6	Other distributions (describe in Part VI). See instruc				
7	Total annual distributions. Add lines 1 through 6			A	
8	Distributions to attentive supported organizations to	which th	ne organization is responsive		
	(provide details in Part VI). See instructions				
9	Distributable amount for 2016 from Section C, line 6	3			
10	Line 8 amount divided by Line 9 amount				
	•		(i)	(;	(iii)
			Excess Distributions	Underd. 'hut' is	Distributable
}ecti	tion E - Distribution Allocations (see instructions)			Pre-と	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6	;			
2	Underdistributions, if any, for years prior to 2016 (real				
	able cause required- explain in Part VI). See instructi				
3	Excess distributions carryover, if any, to 2016:				
а					
b					
С	From 2013				
d	From 2014				
е	From 2015				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2016 distributable amount				
i	Carryover from 2011 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2016 from Section D,				
	line 7: \$		+ - -		
а	Applied to underdistributions of prior years	_/			
b	Applied to 2016 distributable amount		' <u> </u>		
С	Remainder. Subtract lines 4a and 4b from 4				
5	Remaining underdistributions for years prior to 2016	i, if			
	any. Subtract lines 3g and 4a from line 2. For re	oreater			
	than zero, explain in Part VI. See instruction				
6	Remaining underdistributions for 2016. Sutrac ne	es 3h			
	and 4b from line 1. For result greater the expl	ain in			
	Part VI. See instructions				
7	Excess distributions carryover to 2017. Add lin.es	3 j			
	and 4c				
8	Breakdown of line 7:				
а					
b	Excess from 2013				
С	Excess from 2014				
<u>d</u>	Excess from 2015				
е	Excess from 2016				

Schedule A (Form 990 or 990-EZ) 2016

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

2016

OMB No. 1545-0047

Name of the organization

Employer identification number

SADDLE UP! 58-1930303 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private founda n 501(c)(3) taxable private foundation Check if your organization is covered by the **General Rule** or a **Special Rule**. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the Coneral Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, ing the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instruction for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filir Form 550 990-EZ that met the 33 1/3% support test of the regulations under le A / Jrm 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Sc. 's ot . any one contributor, during the year, total contribu eater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section (c) (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than ,000 xclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children confirms. Complete Parts I, II, and III. For an organization described in section 501(L₁/7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization Employer identification number

SADDLE UP!

58-1930303

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 206,750.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total conu	(d) Type of contribution
2		\$\$28,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP 4	(c) Total contributions	(d) Type of contribution
4		\$ 71,538.	Person X Payroll
(a) No.	اد Name, address, a. d ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$530,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SADDLE UP! 58-1930303

Part II	Noncash Property (See instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c' FMV (or est.) (See 'tior.	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash propers_ en	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Name of organization Employer identification number SADDLE UP! 58-1930303 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship trar eror to transferee (a) No. from (b) Purpose of gift (c) Use of gift escription of how gift is held Part I (e) Transf of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift 'se ur gift (d) Description of how gift is held (e) Transfer of gift Relationship of transferor to transferee Transferee's name, and ZIP + 4 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

SADDLE UP!

Employer identification number 58-1930303

Part	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir		
		(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor advisors in	_	
	are the organization's property, subject to the organization's		
	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
Part	impermissible private benefit?		Yes No
	Somplete in the si		, r ¹ V, lin e 7.
1	Purpose(s) of conservation easements held by the organization		atani Arima artantian da ara
	Preservation of land for public use (e.g., recreation or e		stori ıly important land area
	Protection of natural habitat	Preser 1 of a Co	cimed historic structure
•	Preservation of open space		
	Complete lines 2a through 2d if the organization held a quali	iffied conservation contribution in the conservation contribution c	
	day of the tax year.		Held at the End of the Tax Year
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
	Number of conservation easements included in (c) acquired listed in the National Register.		2d
	listed in the National Register		
	year	sleased, extinguit of terminated by the	le organization during the tax
-	Number of states where property subject to conservation ea	iseme₁ ¹oca 」▶	
	Does the organization have a written policy regarding the		_ f
	violations, and enforcement of the conservation easeme s i		
	Staff and volunteer hours devoted to monitoring, inspect.		
ì	b	diran , or violations, and emercing con	noorvation cacomonic daring the year
7 /	Amount of expenses incurred in monitoring, inspecting, n.	"ling of violations, and enforcing conserv	ration easements during the year
	> \$	ing of violations, and emoroting concerv	ation outsine daming the year
		ve satisfy the requirements of section 170	O(h)(4)(B)(i)
	and section 170/b\(4\/P\(ii\)2		□ Voc □ No
	In Part XIII, describe how the organization of s conservation		
	include, if applicable, the text of the footnot he organiza	· ·	,
	conservation easements.		
Part		f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Forn		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ement and balance sheet works of art,
ŀ	historical treasures, or other similar assets held for public ex	hibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
b I	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemer	nt and balance sheet works of art, historical
t	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:	•	
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			L A
	If the organization received or held works of art, historical tre		ial gain, provide
	the following amounts required to be reported under SFAS 1		<u> </u>
	Revenue included on Form 990, Part VIII, line 1	-	> \$
	Assets included in Form 990, Part X		_

	dule D (Form 990) 2016 SADDLE				58-19			age 2
Pai	t III Organizations Maintaining C					, , , ,		
3	Using the organization's acquisition, accession	on, and other records	, check any of the fol	lowing that are a si	gnificant use of its c	ollection	items	
	(check all that apply):							
a Public exhibition d Loan or exchange programs								
b Scholarly research e Other								
С	Preservation for future generations							
4	Provide a description of the organization's co		•	-		XIII.		
5	During the year, did the organization solicit or				assets	7		1
D	to be sold to raise funds rather than to be ma					Yes		No
Pai	t IV Escrow and Custodial Arrang		te if the organization	answered "Yes" or	n Form 990, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par							
1a	Is the organization an agent, trustee, custodia		•			7		1
	on Form 990, Part X?					Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	owing table:					
						Amount	<u>:</u>	
	Beginning balance				<u>1c</u>			
	Additions during the year				1 <u>d</u>			
е	Distributions during the year				/e			
f	Ending balance				1f	7	_	1
	Did the organization include an amount on Fo				<i>y</i> ?∟	Yes		No
	If "Yes," explain the arrangement in Part XIII.							
Pai	T V Endowment Funds. Complete i					T		
		(a) Current year	(b) Prior year	Two yes back	(d) Three years back	(e) Four	-	
	Beginning of year balance	3,113,305.	3,060,774.	2,818,062.	2,490,090.	2,	,229,1	
	Contributions	655,050.	200,000.	124,100.	25,000.		25,9	
	Net investment earnings, gains, and losses	258,313.		118,612.	302,972.		235,0	J 3 5 .
	Grants or scholarships							
е	Other expenditures for facilities							
_	and programs							
f	Administrative expenses	4 006 660	2 112 205	2 262 554	0.010.000		400 /	
g	End of year balance	4,026,668.	3,113,305.	3,060,774.	2,818,062.	2,	490,0	J90,
2	Provide the estimated percentage of the curr			neld as:				
	Board designated or quasi-endowment	79.95	%					
	Permanent endowment ► 20.05	%						
С	Temporarily restricted endowment							
	The percentages on lines 2a, 2b, and 2c shou							
За	Are there endowment funds not in the posses	ssion of the \ \nizat	ion that are held and	administered for the	ne organization	Г		
	by:						Yes	No
	(i) unrelated organizations					3a(i)		X
	(ii) related organizations					3a(ii)		X
b	If "Yes" on line 3a(ii), are the related org.					3b		
4 Do	Describe in Part XIII the intended uses of the		ment funds.					
Pal	t VI Land, Buildings, and Equipm							
	Complete if the organization answered	1 "Yes" on Form 990	Part IV line 11a See	Lorm 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		655,730.		655,730.
b Buildings		2,484,948.	883,354.	1,601,594.
c Leasehold improvements		389,337.	228,394.	160,943.
d Equipment		128,797.	119,355.	9,442.
e Other		143,376.	94,257.	49,119.
Total Add lines 1a through 1e (Calumn (d) must equa	2 476 828.			

Schedule D (Form 990) 2016

Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	valuation: Cost or end-	of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11c. See Form 990.	Part X, 1. 13.	
(a) Description of investment	(b) Book value	(c) Method	aluc ר: Cu i or end-o	of-year market value
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)		7 7		
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990, Part IV,	1d. See Form 990,	Part X, line 15.	
(a)	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990. Part	e 15.)		>	
Part X Other Liabilities.	,			
Complete if the organization answered "Y.s"	on Form 990, Part IV,	line 11e or 11f. See Form	n 990, Part X, line 25.	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
Total. (Column (b) must equal Form 990. Part X. col. (B) line	25)			

^{2.} Liability for uncertain tax positions. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII

	TXI Reconciliation of Revenue per Audited Financial Stateme	nts With I	Revenue per Re	turn.	- ruge
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ı .			
1	Total revenue, gains, and other support per audited financial statements			1	1,928,517.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	253,875.		
b	Donated services and use of facilities	2b	42,398.		
С	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)	2d	54,157.		
е	Add lines 2a through 2d			2e	350,430.
3	Subtract line 2e from line 1			3	1,578,087.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		,	
b	Other (Describe in Part XIII.)	. 4b		\	
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	\\/:41-		5	1,578,087.
Ра	rt XII Reconciliation of Expenses per Audited Financial Statem		Expe 35 3r F	teturi	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				1 007 400
1	Total expenses and losses per audited financial statements			1	1,097,429.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1.1	42 200		
a	Donated services and use of facilities		42, <u>398.</u>	-	
b	Prior year adjustments			-	
C			64,242.	-	
d	,				106 640
	Add lines 2a through 2d			2e	106,640. 990,789.
3	Subtract line 2e from line 1			3	330,103.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	, , , ,	a		-	
b				4c	0.
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 1			5	990,789.
	rt XIII Supplemental Information.				33077031
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, line and , Part	: IV. lines 1b a	and 2b: Part V. line 4	: Part >	(. line 2: Part XI.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this			,	.,
	,				
PAI	RT V, LINE 4:				
THI	E SADDLE UP! BOARD OF DIRECTORS ESTABLISHED	D POLIC	IES FOR AN	ENI	OOWMENT
FUI	ND ON OCTOBER 18, 2006. THE POLICY STATES	THAT I	HE BOARD A	NTI	CIPATES
KE	PING THE ENDOWMENT IN PERPETUITY, BUT IT I	RESERVE	S THE RIGH	T T) WITHDRAW
FUI	NDS FOR OTHER USES. THE ENDOWMENT FUNDS A	RE SEGR	EGATED FOR	THI	E PURPOSE
OF	REPORTING TO DONORS AND MONITORING SPENDING	NG FOR	DESIGNATED	PUI	RPOSES.
		_			
FUI	RTHER, THE POLICY STATES THAT UNTIL THE FU	ND'S AS	SETS REACH	Α .	COTAL OF
<u>\$5</u>	MILLION, NO DISTRIBUTION SHALL BE ALLOWED	• AFTE	R THAT, IT	IS	SADDLE
	. I.a. Doz Tav. mo. D. amp. T			 -	
UP	'S POLICY TO DISTRIBUTE ANNUALLY 4% OF A	THKEE-Y	EAR MOVING	AVI	EKAGE TO
CTT-	DODE DROODANG AND ODERAMIONS COME TO THE TOWN	DED 66.3.	IDING MILL	m++ + +	a anemnara
SU.	PPORT PROGRAMS AND OPERATIONS, WITH THE UNI	DEKSTAN	TNG THAT	THI	SPENDING
יגם	DE DING THEIRMAN WILL NOW NODWALL A STORES	mur mo	יייניותיום זגתו	. E.D.	OM.
KA.	TE PLUS INFLATION WILL NOT NORMALLY EXCEED	TUT IC	TAL KETUKN	r K(JIJ .

Part XIII | Supplemental Information (continued)

INVESTMENTS OF THE FUND.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF

THE INTERNAL REVENUE CODE AND HAS BEEN CLASSIFIED AS OTHER THAN A PRIVATE

FOUNDATION. ACCORDINGLY, NO PROVISION HAS BEEN MADE FOR INCOME TAXES IN

THE ACCOMPANYING FINANCIAL STATEMENTS.

THE ORGANIZATION FOLLOWS FASB ASC GUIDANCE THAT CLARIFIES THE ACCOUNTING

FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL

STATEMENTS. THIS GUIDANCE PRESCRIBES A MINIMUM PROBABILITY THRESHOLD THAT

A TAX POSITION MUST MEET BEFORE A FINANCIAL STATEMENT BENEFIT IS

RECOGNIZED. THE MINIMUM THRESHOLD IS DEFINED AS A TAX POSITION THAT IS

MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPLICABLE

TAXING AUTHORITY, INCLUDING RESOLUTION OF ANY RELATED APPEALS OR

LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE

TAX BENEFIT TO BE RECOGNIZED IS MEASURED AS THE LARGEST AMOUNT OF BENEFIT

THAT IS GREATER THAN FIFTY PERCENT

LIKELY OF BEING REALIZED UPON ULTIMATE

SETTLEMENT. THE ORGANIZATION HAS NO TAX PENALTIES OR INTEREST REPORTED IN

THE ACCOMPANYING FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES

CONVERSION TO CASH BASIS

7,560.

TOTAL TO SCHEDULE D, PART XI, LINE 2D

54,157.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES 46,597.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

Name of the organization Employer identification number 58-1930303 SADDLE UP! Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trust key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under whic. .draiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? 'v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gros eceipts (or retained by) (ii) Activity to (or retained by) ÷γ fundraiser or entity (fundraiser) from a organization listed in col. (i) Yes No Total 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.

58-1930303 Page 2 Schedule G (Form 990 or 990-EZ) 2016 SADDLE UP! Fundraising Events. Complete if the organization answered "Yes" on 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 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through GRAND PRIX col. (c)) (event type) (event type) (total number) 186,982. 186,982. 1 Gross receipts 2 Less: Contributions 11,163. 11,163. 175,819. 3 Gross income (line 1 minus line 2) 175,819. 20,000. 20,000. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs _____ 713. 713. 7 Food and beverages 8 Entertainment 25,884. 25,884 9 Other direct expenses 46,597. **10** Direct expense summary. Add lines 4 through 9 in column (d) 129,222 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 95 rart IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Pull to instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue hingu, پ. عssive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 3 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2016 SADDLE UP!	58-19303	303	Page 3
	Does the organization conduct gaming activities with nonmembers?			No
	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 conducted in:			
	The organization's facility	13a		%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record			
	Name			
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue		Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$	unt		
	of gaming revenue retained by the third party \$\bigs\\$			
c	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address			
16	Gaming manager information:			
	Name ►			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Director/officer Employee Inc. ident contractor			
	Mandatory distributions:			
a	Is the organization required under state law to make c. 'able butions from the gaming proceeds to			—
	retain the state gaming license?		Yes	∟ No
k	Enter the amount of distributions required under 'a law to addistributed to other exempt organizations or spent in	n the		
Pa	organization's own exempt activities during ** x y \$ Int IV Supplemental Information. Pro use the explanations required by Part I, line 2b, columns (iii) and (v); and P	ort III. linns 0. 0	h 10h	15h
	15c, 16, and 17b, as applicable.	art III, IIIIes 9, 9	b, Tuc	, 130,
_	5vide any additional information. See instructions			
_				

Schedule G	(Form 990 or 990-EZ)	SADDLE UP!	58-1930303	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation _(continued)		
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization SADDLE UP! **Employer identification number** 58-1930303

га	irt i Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of	Noncash contribution	Method of de			
		applicable		amounts reported on Form 990, Part VIII, line 1	noncash contrib	ution ar	nounts	3
1	Art - Works of art		TECHNO COMMINGUO	<u> </u>				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5								
	Clothing and household goods							
6	Cars and other vehicles				$\overline{}$			
7	Boats and planes				+			
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22								
	Historical artifacts	_	<u> </u>					
23	Scientific specimens	\rightarrow						
24	Archeological artifacts	v	2	21 201	COMDADICON			
25	Other (MEALS & DRINK)	X	3		. COMPARISON			
26	Other (HORSES)	X	3	9,800	. COMPARISON			
27	Other (7						
28	Other (
29	Number of Forms 8283 received by the ni	_	•					
	for which the organization completed Form c	Part IV, I	Donee Acknowledg	jement 29				
							Yes	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, lines 1 thro	ugh 28, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be	used for			
	exempt purposes for the entire holding period?					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard contrib	utions?	31		Х
	Does the organization hire or use third parties							
	contributions?		~			32a		Х
h	If "Yes," describe in Part II.					JEU		
33	If the organization didn't report an amount in c	olumn (c) for	r a type of property	for which column (a) is ch	ecked			
55	describe in Part II.	G.G.1111 (G) 101	a type of property	ioi willon column (a) is ci	oonou,			
	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 000	1	Schedule M	(Eorm	990) /	2016)

Schedule M (Form 990) (2016)

SCHEDULE 0

(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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Inspection

Name of the organization

SADDLE UP!

Employer identification number 58-1930303

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
POWER OF THE HORSE CHANGES THE LIVES OF CHILDREN/YOUTH WITH
DISABILITIES. PARTICIPANTS IN OUR PROGRAMS GROW AND DEVELOP THROUGH
THAT POWER OF THE HORSE PAIRED WITH NATIONALLY CERTIFIED INSTRUCTORS
AND SPECIALLY TRAINED VOLUNTEERS.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
-SERVING 274 TOTAL PARTICIPANTS WITH 61% BOYS AND 39% GIRLS FROM MIDDLE
TENNESSEE.
-CONTINUING OUR EQUINE ASSISTED LEARNING PROGRAM PARTNERSHIP WITH
BENTON HALL ACADEMY.
-SEEING PROGRESS OF PATIENTS IN OUR PHYSICAL OR OCCUPATIONAL THERAPY
PROGRAM.
-PROVIDING A TOTAL 5,546 TOTAL HOURS OF PROGRAMS, A 23% INCREASE SINCE
2011.
-ENDING THE YEAR WITH ONLY 108 CHILDREN ON OUR WAITING LIST - A HUGE
DECREASE FROM THE 340-PLUS OF THE PAST.
-BENEFITTING FROM THE TALENTS AND TIME OF OVER 500 VOLUNTEERS WHO GAVE
MORE THAN 16,000 HOURS OF SERVICE!
-EXPERIENCING THE POWER OF THE HORSE IN ALL OF OUR PROGRAMS TO CHANGE
LIVES!
PROGRAMS ARE OFFERED YEAR-ROUND AT OUR STATE-OF-THE-ART, ADA COMPLIANT
FACILITY ON OUR 34-ACRE FARM NEAR FRANKLIN, TN. OUR EQUINE-BASED
PROGRAMS ARE FOR CHILDREN/YOUTH WITH DISABILITIES FROM AGES 4 THROUGH
18 WITH THE EXCEPTION OF HIPPOTHERAPY WHICH REGINS AT AGE 2.

Employer identification number Name of the organization 58-1930303 SADDLE UP! SADDLE UP! IS A PREMIER ACCREDITED CENTER OF THE PROFESSIONAL ASSOCIATION OF THERAPEUTIC HORSEMANSHIP (PATH) INTERNATIONAL, WHICH SETS THE STANDARDS FOR QUALITY AND SAFETY IN EQUINE-BASED PROGRAMS. WE ARE THE ONLY FACILITY MEMBER IN TENNESSEE OF THE AMERICAN HIPPOTHERAPY ASSOCIATION. INFORMATION ON SPECIFIC PROGRAMS FOLLOW: RECREATIONAL THERAPEUTIC HORSEBACK RIDING PROGRAM. OUR RECREATIONAL THERAPEUTIC RIDING PROGRAM IS OUR FOUNDATION PROGRAM AND REPRESENTS THE BIGGEST MAJORITY OF PARTICIPANTS SERVED. THOUGH RECREATIONAL, THE PROGRAM DEFINITELY DELIVERS THERAPEUTIC BENEFITS. FOR EXAMPLE, CHILDREN WITH CEREBRAL PALSY CAN GAIN CORE STRENGTH WHICH IMPROVES THEIR MOBILITY, POSTURE AND BREATHING. CHILDREN ON THE AUTISM SPECTRUM CAN INCREASE SOCIAL AND COMMUNICATIONS SKILLS. WE'VE LITERALLY HAD CHILDREN SAY THEIR FIRST WORD EVER TO THEIR HORSE! FOR MANY PARTICIPANTS, THIS IS THEIR ONLY RECREATIONAL OUTLET. AS A GROUP, THE RIDERS DAILY DEAL WITH MORE THAN 50 TYPES OF DISABILITIES INCLUDING AUTISM, CEREBRAL PALSY, DEVELOPMENTAL DELAYS, DOWN SYNDROME, LEARNING DISABILITIES, AND HEARING OR VISION LOSS. IN A RECREATIONAL THERAPEUTIC RIDING LESSON EACH PARTICIPANT HAS A SADDLE UP! TEAM THAT INCLUDES: -A SADDLE UP! INSTRUCTOR WHO HAS EARNED CERTIFICATION FROM THE PROFESSIONAL ASSOCIATION OF THERAPEUTIC HORSEMANSHIP INTERNATIONAL, THE

Schedule O (Form 990 or 990-EZ) (2016) Page 2 Name of the organization **Employer identification number** 58-1930303 SADDLE UP! ORGANIZATION THAT SETS THE STANDARDS FOR SAFETY AND QUALITY. -SPECIALLY TRAINED VOLUNTEERS WHO SERVE AS HORSE LEADERS OR SIDEWALKERS. THE MAJORITY OF SADDLE UP! RIDERS REQUIRE ONE TO THREE VOLUNTEERS FOR THEIR LESSONS. A FEW RIDERS ARE ABLE TO PROGRESS TO RIDING INDEPENDENTLY UNDER THE DIRECTION OF THE INSTRUCTOR. VOLUNTEERS FOUNDED SADDLE UP! AND REMAIN THE LIFEBLOOD OF THE ORGANIZATION, SERVING IN ALL CAPACITIES FROM BOARD GOVERNANCE TO BARN CLEANING. IN 2016, OUR 500-PLUS VOLUNTEERS GAVE MORE THAN 16,000 HOURS OF SERVICE WITH A VALUE OF \$379,811 (BASED ON THE INDEPENDENT SECTOR VOLUNTEER VALUE PER HOUR IN TENNESSEE). -AND, OF COURSE, THE HEROIC HORSE, THAT FOUR-LEGGED CREATURE WHOSE MOVEMENT AND BOND WITH HUMANS BRINGS OUT THE BEST IN PARTICIPANTS, VOLUNTEERS AND STAFF. THE PROGRAM WOULD NOT WORK WITHOUT THE POWER OF THIS MAGNIFICENT ANIMAL. SADDLE UP!'S "HORSE STAFF" AVERAGED 24 SPECIALLY TRAINED EQUINES. PLUS OUR 2 MINIATURE HORSES WHO PLAY BIG ROLES IN PROGRAMS. THOUGH THE RIDERS SEE IT AS FUN - AND, YES, IT IS, BIG TIME! - THE LESSONS PROVIDE MULTIPLE BENEFITS. FOR CHILDREN WITH MOBILITY PROBLEMS, HORSEBACK RIDING MIMICS THE EXPERIENCE OF WALKING. FOR THOSE WITH COGNITIVE DISABILITIES, IT IMPROVES CONCENTRATION, RECOGNITION, VOCABULARY, AND TASK COMPLETION. THE HORSE-HUMAN BOND CAN HELP IMPROVE PERSONAL RELATIONSHIPS, PATIENCE AND BEHAVIOR FOR CHILDREN WITH

"WHEN WE FIRST ARRIVED AT SADDLE UP! FOR OUR FIRST LESSON, I REALIZED

IMPROVEMENTS THAT INCREASE THEIR EVERYDAY MOBILITY. AS ONE PARENT SAID,

PSYCHOLOGICAL OR EMOTIONAL CHALLENGES. IN FACT, SEVERAL CHILDREN HAVE

SAID THEIR FIRST WORDS TO THEIR HORSES AT SADDLE UP!. OTHERS HAVE

DEMONSTRATED PROGRESS, FOR EXAMPLE, WITH POSTURE AND STRENGTH

Name of the organization **Employer identification number** 58-1930303 SADDLE UP! THIS IS WAY MORE THAN A RIDING PROGRAM ... I WAS COMPLETELY BLOWN AWAY." SADDLE UP! FOCUSES ON THE ABILITIES OF EACH CHILD. THAT MEANS EVERY CHILD WORKS TOWARD ACHIEVING HIS OR HER INDIVIDUAL POTENTIAL, WHATEVER THAT MAY BE. THE IMPACT FOR THE CHILD CAN BE SEEN IN SOME RECENT COMMENTS BY PARENTS: -"THIS HAS BEEN VERY VALUABLE FOR MY SON. NOT ONLY HAS HIS PHYSICAL STRENGTH IMPROVED, BUT ALSO HIS SOCIAL SKILLS." -"IT PROVIDES A SENSE OF FREEDOM AND INDEPENDENCE THESE CHILDREN MAY NOT OTHERWISE EXPERIENCE WHILE BUILDING SELF-CONFIDENCE." -"OUR FAMILY IS SO THANKFUL TO BE PART OF SADDLE UP!. IT IS SUCH A WONDERFUL PROGRAM!" -"OUR CHILD, WHO IS BASICALLY NONVERBAL, REALLY ENJOYS HIS TIME SPENT IN THE SADDLE AND TAKING CARE OF 'HIS' HORSE." -"THIS IS THE BLESSING PLACE FOR MY CHILDREN. I LOVE TO SEE MY SON RIDING THE HORSE. THANK YOU FOR BEING PART OF OUR LIFE. GOD BLESS YOU ALL." 2. SADDLE UP! EQUESTRIAN CLUB (SUEC). THE SUEC SERVES MORE ADVANCED AND INDEPENDENT RIDERS. IT OFFERS THE CHANCE TO LEARN MORE ABOUT HORSE CARE, BARN WORK AND RIDING. THE PARTICIPANTS EARN RECOGNITION FOR VARIOUS LEVELS OF INDIVIDUAL ACHIEVEMENT AS THEY INCREASE THEIR SKILLS AND KNOWLEDGE. THE PROGRAM IS MODELED AFTER THE UNITED STATES PONY CLUB.

Name of the organization Employer identification number SADDLE UP! 58-1930303

3. THERAPY SERVICES. OUR PHYSICAL AND OCCUPATIONAL THERAPY PROGRAM A

MEDICALLY-BASED AND REQUIRES A MEDICAL REFERRAL AND SPECIALLY CERTIFIED

THERAPISTS (PHYSICAL THERAPIST, OCCUPATIONAL THERAPIST OR

SPEECH-LANGUAGE PATHOLOGIST). SADDLE UP! BEGAN ITS HIPPOTHERAPY PROGRAM

AS A SMALL PILOT IN THE SPRING OF 2012. THE BOARD OF DIRECTORS APPROVED

MAKING IT A REGULAR PROGRAM OFFERING IN THE FALL 2013 BASED ON THE

SUCCESS OF THE PILOT PROGRAM. SADDLE UP! IS THE ONLY FACILITY MEMBER IN

TENNESSEE OF THE AMERICAN HIPPOTHERAPY ASSOCIATION.

4. PROFESSIONAL TRAINING AND CERTIFICATION PROGRAM.

SADDLE UP! HAS LONG PROVIDED OPPORTUNITIES FOR CANDIDATES SEEKING

NATIONAL CERTIFICATION AS A REGISTERED LEVEL INSTRUCTOR BY PATH INTL.

WE ALSO OFFER AN INSTRUCTOR-IN-TRAINING PROGRAM FOR CANDIDATES TO BE

TRAINED, MENTORED AND HAVE HANDS-ON EXPERIENCE WITH LESSONS TO PREPARE

FOR THE WORKSHOP AND CERTIFICATION PROCESS. INSTRUCTORS ARE THE KEY TO

ENSURING THAT SADDLE UP! PARTICIPANTS HAVE LESSONS THAT FOCUS ON

ABILITIES AND NEEDS OF EACH INDIVIDUAL CHILD/YOUTH AND THAT ARE

CONDUCTED WITH THE HIGHEST STANDARDS FOR QUALITY AND SAFETY. SADDLE UP!

REQUIRES ITS INSTRUCTORS TO BE CERTIFIED BY PATH INTERNATIONAL, WHICH

SETS THE STANDARDS FOR QUALITY AND SAFETY FOR THERAPEUTIC EQUINE

ASSISTED ACTIVITIES AND PROGRAMS.

IN 2014, WE EXPANDED OUR PROFESSIONAL TRAINING OPPORTUNITIES BY

OFFERING A LEVEL 1 COURSE OF THE AMERICAN HIPPOTHERAPY ASSOCIATION

(AHA) THAT IS NOW PART OF OUR ONGOING COMMITMENT TO HELP INCREASE THE

NUMBER OF CERTIFIED THERAPISTS.

Schedule O (Form 990 or 990-EZ) (2016) Page 2 **Employer identification number** Name of the organization 58-1930303 SADDLE UP! OUR WORKSHOPS TYPICALLY DRAW CANDIDATES FROM 10 TO 15 STATES, PLUS SADDLE UP!'S CANDIDATES. PROVIDING THIS PROGRAM BENEFITS SADDLE UP! THROUGH DEVELOPING A STRONG CORE OF QUALIFIED INSTRUCTORS AND THE THERAPEUTIC EQUINE ASSISTED FIELD BY PROVIDING A PLACE FOR CANDIDATES FROM OTHER PROGRAMS TO EARN CERTIFICATIONS. 5. WORKSHOPS, SEMINARS AND COMMUNITY EDUCATION. WE ALSO PROVIDE EDUCATIONAL OPPORTUNITIES THAT ARE OPEN TO OTHER EQUINE-ASSISTED PROGRAMS AS PART OF OUR COMMITMENT TO THE FIELD. WORKSHOPS AND SEMINARS ARE OFFERED THROUGHOUT THE YEAR ON A VARIETY OF TOPICS FROM AMERICAN SIGN LANGUAGE TO FIRST AID TO EQUINE CARE. FORM 990, PART VI, SECTION A, LINE 4: OUR MEMBERSHIP VOTED TO AMEND THE CORPORATE CHARTER. THE AMENDMENT, EFFECTIVE DECEMBER 10, 2016, CHANGED SADDLE UP! FROM A MEMBER ORGANIZATION TO A NONMEMBER ORGANIZATION. FORM 990, PART VI, SECTION B, LINE 11B: LINE 11A EXPLANATION - THE TREASURER THOROUGHLY REVIEWS THE 990. IT IS THEN E-MAILED TO THE BOARD, AND THEY ARE GIVEN A SPECIFIC AMOUNT OF TIME TO ASK QUESTIONS PRIOR TO THE RETURN BEING FINALIZED. FORM 990, PART VI, SECTION B, LINE 12C: ANNUAL DISCLOSURE. WE REVIEW THE POLICY WITH THE BOARD ANNUALLY AND MONITOR COMPLIANCE WITH THE WRITTEN DOCUMENT. BOARD MEMBERS ARE EXPECTED

TO COMMUNICATE IF ANY CONFLICT ARISES AND RECUSE THEMSELVES WHEN A CONFLICT